CTMUHB Public Board Meeting

Thu 30 January 2025, 09:00 - 13:00

The Hub, Royal Glamorgan Hospital Site, 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 - 09:30
20 min

3. STAFF AND SERVICE USER EXPERIENCE

3.1. Shared Listening & Learning Story - CAMHS/AMHS Transition

Discussion *Ana Llewellyn, Care Group Nurse Director & Robert Richards, Lead Nurse CAMHS & Specialised Services*

09:30 - 10:00
30 min

4. SETTING THE SCENE

4.1. Chairs Report

Decision *Jonathan Morgan, Health Board Chair*

4.1 Chair's Board Report UHB 30 January 2025.pdf (6 pages)

4.2. Chief Executive Report

Discussion *Paul Mears, Chief Executive Officer*

4.2 CEO Board Update Report UHB 30 Januaary 2025.pdf (7 pages)

10:00 - 11:20
80 min

5. BOARD GOVERNANCE ARRANGEMENTS

5.1. Action Log

Discussion *Jonathan Morgan, Health Board Chair*

5.1 Board Action Log 30 January 2025.pdf (5 pages)

5.2. Matters Arising not contained within the Action Log

Discussion *Jonathan Morgan, Health Board Chair*

5.3. Charitable Funds Annual Report and Annual Accounts

Decision *Sally May, Executive Director of Finance*

5.3a CTM NHS Charity Annual Report & Accounts 2023-24 UHB 30 January 2025.pdf (5 pages)
5.3b Appendix 1 - FINAL CTM NHS General Charitable Fund Annual Report & Accounts 2023-24.pdf Combined.pdf (30 pages)
5.3c Appendix 2 4657A2025 CTMHB FHOT Audit of Accounts Report 2023-24 FINAL.pdf (28 pages)

5.4. Board Assurance Framework

Discussion *Gareth Watts, Director of Corporate Governance/Board Secretary*

5.4a Board Assurance Framework - Cover Paper - January 2025.pdf (5 pages)
5.4b Appendix 1 - BAF Report January 2025.pdf (49 pages)

5.5. Board Committee and Advisory Group Highlight Reports

Discussion *Committee & Advisory Group Chairs*

Where there are matters to escalate

5.5.1. Quality & Safety Committee 19 November 2024

Discussion *Carolyn Donoghue, Independent Member/Committee Chair*

5.5.1 Quality Safety Committee Highlight Report 19 November 2024 UHB 30 January 2025.pdf (6 pages)

5.5.2. Quality, Safety & Experience Committee 21 January 2025

Discussion *Carolyn Donoghue, Independent Member/Committee Chair*

5.5.2 QSEC Highlight Report to Board 21.1.2025 UHB 30 January 2025.pdf (10 pages)

5.5.3. Digital & Data Committee 29 November 2024

Discussion *Ian Wells, Independent Member/Committee Chair*

5.5.3 Digital and Data Committee Highlight Report 29 November 2024 UHB 30 Jan 2025.pdf (6 pages)

5.5.4. Mental Health Act Monitoring Committee 4 December 2024

Discussion *Geraint Hopkins, Independent Member/Committee Chair*

5.5.4 MHAM Committee Meeting 4 December 2024 Highlight Report UHB 30 January 2025.pdf (4 pages)

5.5.5. People & Culture Committee Highlight Report 5 December 2024

Discussion *Dilys Jouvenat, Independent Member/Committee Chair*

5.5.5 PCC Highlight Report to Board 05.12.24 UHB 30 January 2025.pdf (5 pages)

5.5.6. Local Partnerships Forum 10 December 2024

Discussion *Hywel Daniel, Executive Director for People*

5.5.6 LPF Highlight Report 10th December 2024 UHB 30 January 2025.pdf (5 pages)

5.5.7. Strategic Development Committee 16 January 2025

Discussion *Kath Palmer, Vice Chair/Committee Chair*

To include an update on the discussion held on progress being made with the Acute Clinical Services Plan

5.5.7 SDC 16.1.25 Highlight Report to Board UHB 30 January 2025.pdf (7 pages)

11:20 - 12:40
80 min

6. DELIVERING OUR PLAN

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

Discussion *Linda Prosser, Executive Director of Strategy & Transformation*

6.1 HB Integrated Performance Dashboard UHB 30 January 2025 v1.pdf (40 pages)

6.2. Financial Performance Report Month 9

Discussion *Sally May, Executive Director of Finance*

6.2 M9 Finance Report Final UHB 30 January 2025.pdf (23 pages)

6.3. Stroke Services - Update

Discussion *Gethin Hughes, Chief Operating Officer*

6.3a Stroke Services Update UHB 30 January 2025.pdf (10 pages)
6.3b Stroke Services Update - Presentation UHB 30 January 2025.pdf (7 pages)

6.4. Integrated Medium Term Plan - Verbal Update

Discussion *Linda Prosser, Executive Director of Strategy & Transformation*

6.5. Primary Care & Community Development

Discussion *Gethin Hughes, Chief Operating Officer*

6.5 Primary & Community Care Update UHB 30 January 2025.pdf (6 pages)

12:40 - 12:45
5 min

7. STRATEGIC PLANNING

7.1. Digital Cellular Pathology Business Case

Decision *Stuart Morris, Director of Digital*

This item has been deferred to the March 2025 Board meeting

12:45 - 12:50
5 min

8. CONSENT AGENDA

8.1. FOR APPROVAL

8.1.1. Unconfirmed Minutes of the meeting held on 28 November 2024

Decision *Jonathan Morgan, Health Board Chair*

8.1.1 Unconfirmed Minutes Board Meeting 28th November 2024 UHB 30 January 2025.pdf (17 pages)

8.1.2. Unconfirmed Minutes of the In Committee meeting held on 28 November 2024

Decision *Jonathan Morgan, Health Board Chair*

8.1.2 Unconfirmed In Committee Minutes Health Board 28 November 2024 UHB 30 January 2025.pdf (2 pages)

8.1.3. Creating Health Strategic Delivery Plan

Decision *Philip Daniels, Executive Director of Public Health*

- 8.1.3a Creating Health Strategic Delivery Plan UHB 30 January 2025.pdf (4 pages)
- 8.1.3b APPENDIX 1 Creating Health Strategic Delivery Plan 2024 UHB 30 January 2025.pdf (29 pages)
- 8.1.3c Appendix 2 Creating Health Dashboard UHB 30 January 2025.pdf (13 pages)

8.1.4. 5-Year Strategic Plan for Offering Clinical Consultations in Welsh under Welsh Language Standard 110

Decision *Hywel Daniel, Executive Director for People*

- 8.1.4a Covering Paper Welsh Language 5 Year Strategy Standard 110 UHB 30 January 2025.pdf (5 pages)
- 8.1.4b Appendix 1 Standard 110 Part A UHB 30 January 2025.pdf english and welsh v1.pdf (68 pages)
- 8.1.4c Appendix 2 5 Year Strategic Plan Englissh aand Welsh v1.pdf (64 pages)

8.1.5. Healthy Travel Charter

Decision *Philip Daniels, Executive Director of Public Health*

- 8.1.5a HTC Board Report UHB 30 January 2025.pdf (6 pages)
- 8.1.5b APPENDIX A - Healthy Travel Charter.pdf (1 pages)
- 8.1.5c Appendix A (2) (CYM) - Healthy Travel Charter.pdf (1 pages)

8.1.6. Joint Commissioning Committee Governance Framework

Decision *Gareth Watts, Director of Corporate Governance/Board Secretary*

- 8.1.6a JCC Governance Framework UHB 30 January 2025.pdf (7 pages)

8.1.7. Safeguarding Strategy 2024-2027

Decision *Greg Dix, Executive Director of Nursing/Deputy CEO*

- 8.1.7a Safeguarding Strategy Cover Paper UHB 30 January 2025.pdf (4 pages)
- 8.1.7b Safeguarding Strategy 2024-2027 UHB 30 January 2025.pdf (9 pages)

8.2. FOR NOTING

8.2.1. Non-Routine Board Business (Forward Plan)

Information *Gareth Watts, Director of Corporate Governance / Board Secretary*

- 8.2.1 Non Routine Board Business Forward Plan 2025 UHB 30.01.2025.pdf (3 pages)

8.2.2. Annual Cycle of Business

Information *Gareth Watts, Director of Corporate Governance / Board Secretary*

- 8.2.2 CTMUHB Board Cycle of Business 2025 UHB 30 January 2025.pdf (4 pages)

8.2.3. Board Committee and Advisory Group Highlight Reports

Information *Committee & Advisory Group Chairs*

Where there are no items to escalate

- 8.2.3a Board Committee and Advisory Group Highlight Reports UHB 30 January 2025.pdf (4 pages)
- 8.2.3b Appendix 1 PHP Highlight Report to Board 13.11.24 UHB 30 January 2025.pdf (6 pages)
- 8.2.3c Appendix 2 PPFC Highlight Report to Board 14.11.24 UHB 30 January 2025.pdf (7 pages)
- 8.2.3d Appendix 3 CTMUHB ARC Highlight Report 17.12.24 UHB 30 January 2025.pdf (5 pages)
- 8.2.3e Appendix 4 ARC HB Highlight Report 17.12.24 UHB 30.1.25 Final.pdf (5 pages)
- 8.2.3f Appendix 5 SRG Chair's Highlight Report 9 January 2025 UHB 30 January 2025.pdf (5 pages)
- 8.2.3h Appendix 6 Charitable Funds Committee Highlight Report UHB 30 January 2025.pdf (5 pages)

8.2.4. IMTP 2024-2027 – Quarter Two Review

Information *Linda Prosser, Executive Director of Strategy & Transformation*

8.2.4a Board Report - IMTP 24-24 Q2 Review 2024 UHB 30 January 2025.pdf (6 pages)
8.2.3b Appendices IMTP Report UHB 30 January 2024.pdf (56 pages)

8.2.5. NHS Wales Shared Services Partnerships Committee Assurance Report

Information *Gareth Watts, Director of Corporate Governance / Board Secretary*

8.2.5 SSPC Assurance Report 21 November 2024 UHB 30 January 2025.pdf (6 pages)

12:50 - 12:55
5 min

9. CLOSE OUT BUSINESS

9.1. Any Other Business

Discussion *Jonathan Morgan, Health Board Chair*

9.2. Meeting Feedback

Discussion *Jonathan Morgan, Health Board Chair*

- Is there anything we should do more or less of?
- Have we managed our time well and allowed open and balanced discussion?
- Have we considered our values and acted in a way that supports embedding our values across CTM?
- Have we maintained a strategic focus?
- Have we received sufficient assurance from a range of sources?
- Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals?

12:55 - 12:55
0 min

10. Private/Closed Session Business

Discussion *Jonathan Morgan, Health Board Chair*

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

12:55 - 13:00
5 min

11. Date & Time of the Next Meeting

Information *Jonathan Morgan, Health Board Chair*

Thursday 27 March 2025 at 9:00am

Agenda Item
4.1

CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
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	Jonathan Morgan, Chair

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CEO	Chief Executive Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
MS	Members of the Senedd

MP	Member of Parliament
Q&A	Question and Answer
EMRTS	Emergency Medical Retrieval Service

1. Background

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

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

2. Specific Matters for Consideration

2.1 Chair Update

As this is the first public Board of 2025 I want to wish everyone a Happy New Year, and I want to place on record my thanks and that of the entire Board to all our staff who over Christmas, the new year and this winter period have worked so hard to care for patients coming into our healthcare system at a time of significant increases in demand. The numbers of people hospitalised due to Flu and respiratory illnesses has put huge pressure on our hospital environment, and I am ever in awe at the dedication of our staff in responding.

Before Christmas we took the difficult but necessary decision to centralise our Stroke services. Without this action our service would not have been sustained in CTM. Despite the difficulties in doing so, it was right that we put patient safety and care at the heart of this decision. Over this coming year I want us to work with our staff and neighbouring health boards to scope out an ambitious future for this service area to ensure not just the long term viability of a Stroke service but services that aim for higher standards and better outcomes.

I know we are ambitious to be better at what we do. The public should expect more from us in improving access and patient outcomes, in bringing care closer to where people live and in innovating through new models of care, better use of technology to care for people at home and to empower them in supporting good health. In doing this we need an honest conversation about the future based on ambition and excitement for what our health service could become.

2.2 Independent Member Vacancies/Updates

I am delighted to advise the Board that the Cabinet Secretary has extended Patsy Roseblade's appointment as an Independent Member for Cwm Taf Morgannwg UHB. Patsy's re-appointment will commence on the 1st March 2025 and is for 4 years. I would like to congratulate Patsy on her re-appointment and I am delighted to have her continue her role as a valuable member of the Board.

2.3 Board Development Session – 12 December 2024

The Board Development session covered the following:

- **Discussion of potential IMTP priorities for 25-26 taking into account the financial position and Board's future financial plans** – The Board received an update on the financial back drop; potential care model; approach to appraising proposed investments and commissioning intentions and POAPs.
- **Outcome of the QI Review of approach to IM Exec Walkarounds** - The Board discussed planned and unplanned walkabouts, walkaround methodology and proposed next steps.
- **Development of Primary & Community Care** – The Board received an update on the current arrangements for general practice and cluster working in CTMUHB and the challenges facing primary and community services.

The next Board Development session will focus primarily on the development of our Integrated Medium Term Plan (IMTP) for 2025 – 2028 and the ambition for our budget for 2025/26. Whilst we need to set out a plan to address the requirements set out in the planning framework we need to respond to a number of challenges in the next financial year to start the transformation work we all want to deliver.

2.7 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
- Welsh NHS Confederation Board Meeting
- Leadership Group
- CTMUHB Public Board Meeting and In Committee Board Meeting
- CTMUHB Board Briefing Meetings
- NHS Retirement Fellowship Lunch
- NHS Boards / Trusts Assurance Meeting
- Meeting with Helen Howson
- NHS Chairs Assurance Meetings with the Cabinet Secretary
- Meeting with RCN

- Public Leaders Forum
- Visit to Princess of Wales Hospital (POW)
- Visit to Ysbyty Cwm Cynon (YCC)
- Visit to Ysbyty Cwm Rhondda (YCR)
- Meeting with St John's Ambulance
- Meeting with Trivallis, Housing Association.
- Meeting with the Future Generations Commissioner
- Independent Member Appraisal Meetings
- Meeting with Rhondda Cynon Taf County Borough Council
- Meeting with the Cabinet Secretary to progress the Llantrisant Health Park project
- Med Tech discussions with Imspex

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;

- **Minor Works Building Contract - Agreement Between Cwm Taf Morgannwg University Health Board and Amberwell Engineering Services Ltd of Unit 3 Plot 120, Village Farm Industrial Estate, Pyle, Bridgend, CF33 6BL** - replacement of the existing fuse boards with new MCCB boards across the ground floor and first floor templates of the hospital at the Royal Glamorgan Hospital.
- **Standard Building Contract - Agreement Between Cwm Taf Morgannwg University Health Board and Andrew Scott Limited whose registered office is at Scott House, Enterprise Park, Charter Ct, Llansamlet, Swansea, SA7 9DH** - roof replacement on first floor, window replacement works, theatre refurbishment, fire compartmentation works, ITU works and second floor flat roof replacement work at Princess of Wales Hospital, Bridgend
- **Lease Between Cwm Taf Morgannwg University Health Board and Schoolhouse Daycare Limited whose registered office is at 45 De La Beche Road, Sketty, Swansea, SA2 9EA** - relating to crèche premises at Princess of Wales Hospital, Bridgend
- **Minor Works Building Contract - Agreement Between Cwm Taf Morgannwg University Health Board and Amberwell Engineering Services Ltd whose registered office is at Unit 3 Plot 120, Village Farm Industrial Estate, Pyle, Bridgend, CF33 6BL** - for the electrical periodic testing of existing distribution boards at Royal Glamorgan Hospital
- **Lease - Between Cwm Taf Morgannwg University Health Board and Joseph Macdonald Brooksbank & Ann Beatrice**

Brooksbank of 29 Oakfield Crescent, Tonteg, Pontypridd, CF38 1NG - relating to Leith House, Pontypridd Road, Porth, CF39 9PH.

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

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(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	Yes: ☒	No: ☐

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Outcome: The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- Members of the Board are asked to:
- **NOTE** the report.
- **RATIFY** the Affixing of the Common Seal as captured in section 3.1

Agenda Item
4.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
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	
AW	Audit Wales
BCI	Business Continuity Incident
FEN	Fire Enforcement Notice
HIW	Healthcare Inspectorate Wales
IQPD	Integrated Quality, Performance and Delivery
ITU	Intensive Therapy Unit
POW	Princess of Wales

SCP	Single Cancer Pathway
STAMP	Strategic Transformation of Acute Medicine Programme
TI	Targeted Intervention
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

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

Our performance improvement programme of work continues to be monitored via monthly Integrated Quality, Performance and Delivery (IQPD) and oversight meetings with Welsh Government colleagues. In conjunction with this, the next tripartite meeting will take place in February, whereby our escalation status will be reviewed.

As a reminder, Welsh Government colleagues meet with Health Inspectorate Wales (HIW) and Audit Wales (AW) at least twice yearly to review the status of each health board.

I am pleased to report that our compliance against the 62 day Single Cancer Pathway (SCP) for November 2024 has been validated at 61.2%. This is the highest level of compliance the organisation has delivered since the start of our targeted intervention work. Our ambition was to achieve 60% compliance by end of the calendar year, and we remain on track to meet the 70% compliance target for our health board by March 2025.

In terms of our planned care and urgent and emergency care performance, the significance of winter pressures, some of the highest ambulance conveyance rates in Wales, together with the impact of the Princess of Wales hospital roof replacement programme has meant progress against the criteria set out in the WG escalation framework for these areas is slightly behind trajectory. However, a number of programmes of work including the restart of elective (inpatient) procedures and the Strategic Transformation of Acute Medicine Programme (STAMP) will bring us closer to achieving our agreed trajectories by the end of Q4.

As a reminder, our overarching escalation status is summarised in the table below:

Area	**New Status**
Planning and Finance	Enhanced Monitoring
Performance: Planned Care	Targeted Intervention

Performance: Cancer	Targeted Intervention
Performance: Urgent and Emergency Care	Targeted Intervention
Performance: Child and Adolescent Mental Health Services	Enhanced Monitoring

2.2 Princess of Wales hospital update

Following the critical incident last September, an urgent programme of works to replace the Princess of Wales hospital roof began mid-November 2024, with a forecast completion of August 2025.

The scope of the works primarily includes replacement of the main pitched roof and guttering, replacement of a number of first floor windows and a level of internal refurbishment following water ingress. Works associated with an existing Fire Enforcement Notice (FEN) were already being planned when the critical incident occurred, last year. Therefore, it makes most efficient use of vacated clinical space to also address the required fire compartmentation works as a concurrent schedule of works.

At the time of this report, the handover of Neonatal, Wards 11 and 12 together with the new 6 Bed Intensive Therapy Unit (ITU) was achieved on schedule, on Monday 13th January. The works have been witnessed by NHS Wales Shared Services Partnership- Specialist Estates Services.

Initial phases (Areas 1A and 1B) of the roof installation have also been completed on schedule and the scaffolding is being removed and erected to the theatres template, ready for that phase of the works.

Overall, the programme is reported to be on track with contract completion expected in August 2025. It is important to note that some external construction work, including removal of scaffolding, will be ongoing with patients in situ, however, very carefully managed by the programme and site teams to ensure patients are not at risk or dignity compromised.

Furthermore, funding has been released by Welsh Government for works to also increase capacity at Ysbyty George Thomas (YGT) and Ysbyty Cwm Cynon (YCC) to support the wider programme of works to manage reduced physical capacity at the POW site. Work commenced on site in December, with the first phase due to complete at the end of January.

The work package at YCC to create an additional 15 beds has been tendered and returned, with details submitted to NWSSP Specialist Estates Service

(SES) for review. The programme is estimated to be 14 weeks and options are being considered to support an earlier completion.

2.3 Winter Pressures

The Board have been kept informed of operational challenges over the winter season to date. The demand on each of our acute sites, as well as significant demand for ambulances in the community has, at times, put extreme pressure on our hospitals. Notably, the acuity of patients attending our sites this winter has been particularly challenging, although broadly in line with overall projections. The operational challenge of this has been exacerbated by continued pathway of care delays, at a time where our bed base is currently 75 fewer than this time last year.

On a number of occasions, the severity of this challenge has resulted in a Business Continuity Incident (BCI) declaration and stand up of Gold command structure to manage the extreme pressure.

I am very grateful to the countless operational and clinical staff that have consistently gone above and beyond to mitigate the risks of such pressures and worked tirelessly to ensure patients receive safe and timely care.

2.4 Seren awards

Since my last report, I have been pleased to present two further Seren of the Month Awards to dedicated and compassionate members of staff.

In November, our winner was Kathryn Lloyd, Health Care Support Worker.

Kathryn was nominated for demonstrating true leadership qualities in her day to day role, and being a valuable, supportive member of the team:

"Kath is supportive of existing staff and those new to the team regardless of grade or experience. She has been a valuable member of the service for over twelve years and has a wealth of experience and knowledge, in fact she is our 'go to girl'. Kath always advocates for the service, suggesting smarter ways of working and she has an ability to look beyond existing ways of working. Her voice and opinion is always valued. She is a fantastic role model to all her colleagues and our patients adore her too for her kindness, patience and compassion.

"We as her colleagues have so much respect for Kath and as team leader, I would personally like to commend Kath on her dedication to her patients, colleagues and the service as a whole. Kath most certainly embodies the values of CTMUHB. Please never change and continue to make us smile with your funny stories and the fact you can hold a tune, especially if it is Doris Day. Thank you Kath, I hope you realise the difference you make each day."

October's Seren winner was Michael Owens, an Alcohol Care Team Associate Practitioner.

Michael was nominated for being "the most kind hearted, compassionate and genuine human being".

Michael's nominator said: "He goes above and beyond for every single one of his patients and nothing is ever too much. Michael has been within the trust for over a decade now and I believe he deserves to be recognised for what he has achieved within his time here."

I congratulate Kathryn and Michael on their awards and thank them for their contributions to our organisation.

3. Key Risks / 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 *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	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.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

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 **27 March 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	**In progress** While the national reviews have been undertaken, final reporting and distribution has not been completed. It is anticipated that all reports will be finalised by the end of the calendar year.
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	Open	**Proposed for Closure** 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	Open	**Proposed for Closure** 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

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/Chief Operating Officer	Executive Director of Finance Executive Director of Finance/Chief Operating Officer	30.01.2025	Open	**In progress** Further update on the works being undertake at the Princess of Wales Hospital to be included in the Chief Executive Officers report for the January Board

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

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
30.11.2023	6.4.1		Regional Partnership Board & Public Services Board 6 Monthly Report	Consideration to be given to holding a focussed Board Development session on the Six Goals Programme and Further Faster agenda to provide Board Members with a greater understanding of the work being undertaken	Director of Strategy & Transformation	Director of Strategy & Transformation	23-sep-24	Closed	Completed Topic has been added to the Board Development forward work programme
30.11.2023	7,2		Llantrisant Health Park Project	Further update on progress to be presented to the Board in Summer 2024	Chief Executive Officer	Chief Executive Officer	25.07.2024	Closed	Completed An update was received at the meeting held on 26 September 2024
28-mar-24	7,1		Integrated Medium Term Plan and Budget for 2024/2025	G Watts to include the request to consider years two and three finances within a Board Development Session within the next six months to consider the support required for Primary Care, prevention and early intervention	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	30-mai-24	Closed	Completed Topic has been added to the Board Development forward work programme
30-mai-24	4,2		Chief Executives Report	Consideration to be given to inviting some of the Seren Award winners to meet with the Board at a future meeting.	Chief Executive Officer	Chief Executive Officer	24-okt-24	Closed	Completed Director of Communications, Engagement & Fundraising has recommended that this is picked up as part of the wider piece of work being undertaken in relation to staff reward and recognition and has suggested that this action is closed on the Board Action Log. The Board will be kept up to date with progress in regards to the programme of work regarding reward and recognition
30-mai-24	6,1		Integrated Performance Dashboard	Report from the multi-agency event held at the Princess of Wales Hospital on 10 April 2024 to be shared at either the Quality & Safety Committee or Planning, Performance & Finance Committee so that learning could be shared	Chief Operating Officer	Chief Operating Officer	26-sep-24	Closed	Completed Report was shared with the Planning, Performance & Finance Committee at its meeting held on 14 November 2024
25-jul-24	5,1		Listening and Learning Story	To collectively as a Board take forward the learning from Joanne's shared experience.	Board Members	Board Members	26-sep-24	Closed	Completed Will be ongoing action and commitment by Board Members.
25-jul-24	8,1		Integrated Performance Dashboard	Bring a report back to a future Board meeting on Neurodevelopment Services activity.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	23-sep-24	Closed	Completed Topic has been added to the Board Development forward work programme

25-jul-24	8,1		Integrated Performance Dashboard	Identify a session in the Board Development programme for further exploration on the optimal design of health pathways from primary care to secondary care, with invites extended to the Service Director and Medical Director of the Primary Care and Community Care Group as well as Community Pharmacists.	Chief Operating Officer/Director of Corporate Governance	Chief Operating Officer/Director of Corporate Governance	23-sep-24	Closed	Completed Topic has been added to the Board Development forward work programme. Scheduled for discussion on 12 December 2024
26-sep-24	3,1		Listening & Learning Story – Robotics Surgery	Discussion to be held outside the meeting in regards to undertaking further promotion via social media channels in relation to bowel screening	Director of Communications, Engagement & Fundraising	Director of Communications, Engagement & Fundraising	28-nov-24	Closed	Completed The Communications Team is part of the Robotic Assisted Surgery Steering Group, which is continuing work to identify a patient suitable and willing to participate in external communications activity. Health board colleagues leading recruitment and retention activities have also been linked in to the steering group to ensure advances in surgery technology feature within relevant recruitment activities. CTMUHB will feature within the All Wales Robotic Assisted Surgery public relations activity this month, celebrating the milestone of 500 patients having now undergone robotic assisted surgery.
26-sep-24	6,3		Board Assurance Framework	Comments to be considered outside the meeting in relation to the reduction of the Likelihood score for Strategic Risk 3 and the comments made regarding the growing size of the report.	Director of Corporate Governance	Director of Corporate Governance	28-nov-24	Closed	Completed The Strategic Risk 3 on the Board Assurance Framework Report has been updated in light of the comments received at the September Board meeting. The updated version is captured at agenda item 5.4 in the agenda for November Board. The Board Assurance Framework Report has also been reformatted to improve the flow of information captured and this has resulted in a significant reduction in the length and size of the report.

26-sep-24	6,4		Effective Management of Board Business Review	Further thought to be given to setting some metrics that would help to determine the effectiveness of the change.	Director of Corporate Governance	Director of Corporate Governance	28-nov-24	Closed	Completed Success measures have been considered and the intention is to use Office 365 Forms to seek feedback from Board Members at an appropriate time reflecting back on the principles that were set out in the proposal of the Committee Review to test whether the changes have delivered the objectives that were set at the outset. This will be further complemented by Committee and Board Self Assessments and informal feedback at the "How did we do" section in the close out of Committee meetings.
26-sep-24	7,1		Integrated Performance Dashboard	Update to be presented to a future Board Development session in the Reset Fortnight that had been undertaken at Prince Charles Hospital	Chief Operating Officer	Chief Operating Officer	28-nov-24	Closed	Completed Topic has been added to the Board Development forward work programme.
26-sep-24	7,1		Integrated Performance Dashboard	Discussion to be held at future Board Development session in relation to what plans needed to be out into place to address the increase in numbers of patients awaiting a new first outpatient appointment. The work undertaken on Health Pathways and wider pathway redesign to be discussed at this session	Chief Operating Officer	Chief Operating Officer	28-nov-24	Closed	Completed Topic has been added to the Board Development forward work programme.

Agenda Item
5.3

CTM Health Board

Cwm Taf Morgannwg NHS Charity Annual Reports & Accounts 2023-24

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Owen James – Head of Corporate Finance
Cyflwynydd yr Adroddiad / Report Presenter	Owen James – Head of Corporate Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Charitable Funds Committee	22/01/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	

1. Situation /Background

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

1.2 The registered charity "Cwm Taf Morgannwg NHS General Charitable Fund" requires annual accounts and an annual report to be prepared and submitted to the Charity Commission prior to the 31 January 2025.

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

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

2. Specific Matters for Consideration

2.1 Annual accounts and an annual report for the period 1 April 2023 to 31 March 2024 have been prepared by Cwm Taf Morgannwg UHB and then examined by Audit Wales. These are attached to this report in Appendix 1.

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

2.3 Audit Wales examine the accounts and look to provide assurance on whether the accounts have been prepared in accordance with the Charities Act 2011 and United Kingdom Generally Accepted Accounting Practice (UK GAAP), and that they provide a 'true and fair' view.

2.4 Audit Wales will do this on the basis of 'materiality'. Materiality is any misstatement that might otherwise cause the user of accounts to be misled, and is set at £13,800 (2% of 2023/24 gross expenditure). For the 2023/24 accounts, there are no uncorrected material misstatements being reported by Audit Wales.

2.5 Audit Wales will also report any misstatements above £690 (5% of the materiality level), this is known as the 'trivial level'.

2.6 There are a small number of non-trivial misstatements that remain uncorrected. These are detailed on page 11 of the Audit Wales proposed 'Audit of Accounts Report' attached in Appendix 2, and relate to the following:

- The audit fee accrual included in Note 16 (and associated narrative in Note 12) is understated by £1,840;
- Expenditure of £1,946 was included in 23-24 instead of being recorded as a prepayment of 24-25 expenditure;

- The estimated recharge for central services costs was less than the actual costs by £2,189; and
- Grant income of £ 2,250 was recognised in 2023-24, but the underlying transactions relate to the previous two financial years.

2.7 The total of the above errors totals £8,225, below the level of materiality, and all of the above relate to transactions or creditors that will be corrected in the financial year 2024/25 when the actual charge is posted. As they are not material and will be corrected in the financial year 2024/25 it is proposed that these remain uncorrected in these financial statements.

2.8 There are further recommendations provided by Audit Wales in the 'Audit of Accounts Report' detailed on pages 24-28 of the report. Management accept all recommendations and have provided responses within the report.

2.9 Once the accounts are approved and signed by the Trustees, these will be shared with Audit Wales for the Auditor General for Wales' certification prior to submission to the Charity Commission by the 31 January 2025.

3. Key Risks / Matters for Escalation

3.1 An annual return including the annual report and accounts needs to be submitted to the Charity Commission within 10 months of the end of the financial year. Therefore, the annual report and accounts for 2023/24 need to be approved, certified and submitted by 31 January 2025.

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**	Whole-systems Perspective
	If more than one applies please list below:

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not applicable
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not applicable
Cyfreithiol / Legal	Yes (Include further detail below)	
	Charitable funds are required to be managed in accordance with charity legislation and requirements of the Charity Commissioner.	
Enw da / Reputational	Yes (Include further detail below)	
	A qualified opinion could have reputational damage to the Charity	
Effaith Adnoddau *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The accounts highlights the resources received and the use of those resources for 2023-24 in accordance with Welsh Government and Charity Commission requirements. No specific People implications.	

5. Recommendation

5.1 The Board is requested to:

Approve the annual report and accounts to the Board of Trustees for approval.

Approve the signing of the letter of representation shown in Appendix 2 of the Audit Wales – ' Audit of Accounts report' by the Chair of the Board and Chief Executive.

6. Next Steps

6.1 Following approval will be sent to Audit Wales for certification before submission on the Charity Commission website by 31st January 2025.

Cwm Taf Morgannwg NHS General Charitable Fund

Trustee's Annual Report and Accounts

2023-24

For the Charitable Funds managed by

Cwm Taf Morgannwg University Health Board

FOREWORD

The Annual Report for the year ended 31 March 2024 has been prepared by the Trustees of Cwm Taf Morgannwg NHS General Charitable Fund in accordance with Part 8 of the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2005. This should be read together with the Cwm Taf Morgannwg NHS Charitable Funds Annual Accounts, which are appended to the report.

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

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

REFERENCE AND ADMINISTRATIVE DETAILS

The full name of the charity is:

Cwm Taf Morgannwg NHS General Charitable Fund

There are two special purpose subsidiary charities:

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

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

The principal registered address of the charity is:

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

Statutory Background

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

The Corporate Trustee

Those persons who have acted as Directors of the Corporate Trustee during the financial period 1st April 2023 to 31st March 2024 are as follows:

Executive Directors:

Paul Mears	Chief Executive	
Gethin Hughes	Chief Operating Officer	
Sally May	Director of Finance	
Dom Hurford	Medical Director	
Greg Dix	Director of Nursing, Midwifery and Patient Care	
Linda Prosser	Director of Strategy & Transformation	
Hywel Daniel	Director of People	

Philip Daniels	Director of Public Health	From 24 April 2023
Lauren Edwards	Director of Therapies and Health Sciences	

Independent Members:

Jonathan Morgan	Chair	From 1st April 2023
Jayne Sadgrove	Vice-Chair	End date 31st August 2023
Kath Palmer	Vice-Chair	From 13th November 2023
Patsy Roseblade	Independent Member – Finance	
James Hehir	Independent Member-Legal	End date 30th September 2023
Helen Lentle	Independent Member – Legal	Start date 2nd January 2024
Ian Wells	Independent Member-Information Technology	
Mel Jehu	Independent Member-Community	
Nicola Milligan	Independent Member – Staff	
Dilys Jouvenat	Independent Member-Third Sector	
Carolyn Donoghue	Independent Member - University	
Lynda Thomas	Independent Member - Corporate Business	
Cllr Geraint E Hopkins	Independent Member-Local Authority	

Bankers

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

Internal Auditors

NHS Wales Shared Services Partnership
Audit & Assurance Services

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

External Auditors

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

Investment Advisors

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

STRUCTURE, GOVERNANCE and MANAGEMENT

The charity is made up of a total of 157 individual funds as at 31st March 2024 (2022-23, 157). Notes 19b and 19c of the accounts distinguish the types of funds held and disclose separately all material funds.

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

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

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

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

Exposure to Risk

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

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

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

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

OBJECTIVES and ACTIVITIES for the public benefit

Objects and Purposes

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

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

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

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

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

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

Grant Making Policy

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

ACHIEVEMENTS and PERFORMANCE

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

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

During the year the Charity paid total grants and support costs of £690k (2022-23: £669k); these are detailed in note 7 of the accounts.

Examples of how the Charity has achieved its objectives are:

Patients Expenditure - including purchase of specialist chairs, items for the improving relative's room, artwork and garden items.

Research - Research grants were used to enable staff to attend conferences and modification of a website.

Technical - This included specialised equipment, breast retractor and Bilevel positive airway pressure (BiPAP) machine.

Capital - This included paediatric patient monitors and surgical instruments for mastectomy.

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

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

FINANCIAL REVIEW

Reserves Policy

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

As the Charity's financial procedures do not allow expenditure to be committed without the funds in place then the charity will always be able to meet its commitments as they fall due. The unrestricted reserves at 31st March 2024 stand at £3,265k, with £141k from this amount being committed for future expenditure.

Movement in Net Assets

The net assets of the Charitable Funds as at 31st March 2024 were £4,338k (2022-23: £3,761k). This comprised of unrestricted funds of £3,199k (2022-23: £2,644k) and restricted funds of £1,139k (2022-23: £1,117k). Overall net assets increased by £577k, while expenditure remained similar to last year there was an increase in donations and legacies received, and there was a net gain in the value of investments. The Charity's Trustees are under a duty to apply the charity's income within a reasonable time of receiving it. Fund managers have, therefore, been actively encouraged to identify expenditure that would further the objectives of the Charity.

Income

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

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

The table below demonstrate the various sources of income for the year 2023-24.

STATEMENT OF INCOME FOR THE YEAR ENDED 31 MARCH 2024

	Unrestricted	Restricted	**2023-24**	**2022-23**
	£000	£000	**£000**	**£000**
Donations	157	14	**171**	**118**
Legacies	543	0	**543**	**87**
Grants	159	1	**160**	**39**
Interest and dividends	83	27	**110**	**94**
Other trading activities	0	12	**12**	**15**
Total Incoming Resources	**942**	**54**	**996**	**353**

Donations

During 2023-24 a total of £171k (2022-23: £118k) was received in the form of donations. A variety of donations were received throughout the year, a few examples of which are listed below:

- A total of £50k was donated by one donor to the Acute Clinical Team in Bridgend.
- A total of £14k was donated to the Special Care Baby Unit in Prince Charles Hospital.
- A total of £54k has been donated to Y Bwythyn Newydd.

Legacies

During the year, the Charity was a beneficiary of some significant legacies with a total value of £543k (2022-23: £87k), of this £482k was left to Y Bwythyn Newydd and £49k was left to the Urology department.

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

All donations and legacies are gratefully received, and we wish to thank all contributors for their generosity.

Grants

During the year, the Charity received grants totalling £160k (2022-23: £39k). The majority of this was received from NHS Charities Together Stage 2 and Stage 3 grants for Community Partnership and Recovery Grant.

Investments

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

Total amount invested in the Charities Ethical Investment Fund as at 31st March 2024 was £2,100k with a market value of £3,032k. No other investments were held.

The Market Value of the fund at 31st March 2024 was £3,032k, showing a cumulative net gain of £932k. The market value during the year increased by £271k, as detailed within Note 13 of the Financial Statements.

During the year the Charity received £85k (2022-23: £84k) as a dividend on the Ethical Investment Fund. The charges levied by CCLA are reflected within the market price of the units, and therefore, the value of the investment at the Balance Sheet date.

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

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

Expenditure

The Charity is primarily a grant making body, providing grants to the Cwm Taf Morgannwg UHB, from which many areas of service provision benefit. During 2023-24, charitable expenditure on direct charitable activity, including support costs, totalled £690k (2022-23: £669k).

ANALYSIS OF EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2024

	Unrestricted £000	Restricted £000	2023-24 £000	2022-23 £000
Fundraising trading: costs of goods sold and other costs	0	0	**0**	**0**
Charitable Activities	592	98	**690**	**669**
Total Resources Expended	**592**	**91**	**690**	**669**

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

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

- Purchase of specialist equipment across the Health Board, including specialist chairs and bed sensor pads.
- Expenditure on patient and staff wellbeing including, resting areas refurbishment, artwork, garden furniture and Christmas gifts.
- Expenditure on staff training and development.

Support Costs

The support costs of administration for 2023-24 were £112k (2022-23: £108k). These figures are shown in the annual accounts within Note 7 and Note 10 under support costs and split between finance and administration costs.

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

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

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

Signed

Chairperson*:* _____ *Date*:

Cwm Taf Morgannwg UHB

On behalf of the Trustees

Cwm Taf Morgannwg NHS General Charitable Fund

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

FOREWORD

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015

STATUTORY BACKGROUND

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.

The Trustees have been appointed under s11 of the NHS and Community Care Act 1990.

MAIN PURPOSE OF THE FUNDS HELD ON TRUST

The main purpose of the charity is to apply income for any charitable purposes relating to the National Health Service wholly or mainly for the services provided by the Cwm Taf Morgannwg University Health Board.

Cwm Taf Morgannwg General Charitable Fund Statement of Financial Activities for the year ended 31 March 2024

	Note	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2023-24 £000
Incoming resources from generated funds:				
Donations and legacies	3	859	15	**874**
Charitable activities		0	0	**0**
Other trading activities		0	12	**12**
Investments	5	83	27	**110**
Other - Funds transferred from another NHS body				**0**
Total incoming resources		**942**	**54**	**996**
Expenditure on:				
Raising Funds	6	0	0	**0**
Charitable activities	7	592	98	**690**
Other		0	0	**0**
Total expenditure		**592**	**98**	**690**
Net gains / (losses) on investments	13	271	0	**271**
Net income / (expenditure)		**621**	**(44)**	**577**
Transfer between funds	18	0	0	**0**
Net movement in funds		**621**	**(44)**	**577**
Reconciliation of Funds				
Total Funds brought forward	19	2,644	1,117	**3,761**
Total Funds carried forward		**3,265**	**1,073**	**4,338**

Cwm Taf Morgannwg General Charitable Fund Statement of Financial Activities for the year ended 31 March 2023

	Note	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2022-23 £000
Incoming resources from generated funds:				
Donations and legacies	3	212	32	**244**
Charitable activities		0	0	**0**
Other trading activities		0	15	**15**
Investments	5	70	24	**94**
Other		0	0	**0**
Total incoming resources		**282**	**71**	**353**
Expenditure on:				
Raising Funds	6	0	0	**0**
Charitable activities	7	578	91	**669**
Other		0	0	**0**
Total expenditure		**578**	**91**	**669**
Net gains / (losses) on investments	13	(145)	0	**(145)**
Net income / (expenditure)		**(441)**	**(20)**	**(461)**
Transfer between funds	18	0	0	**0**
Net movement in funds		**(441)**	**(20)**	**(461)**
Reconciliation of Funds				
Total Funds brought forward	19	3,085	1,137	**4,222**
Total Funds carried forward		**2,644**	**1,117**	**3,761**

Cwm Taf Morgannwg General Charitable Fund Balance Sheet as at 31 March 2024

	Note	Unrestricted funds £000	Restricted Income funds £000	Total 31 March 2024 £000	Total 31 March 2023 £000
Fixed assets:					
Investments	13	2,149	883	**3,032**	2,761
Total fixed assets		**2,149**	**883**	**3,032**	**2,761**
Current assets:					
Debtors	14	33	11	**44**	68
Cash and cash equivalents	15	1,337	185	**1,522**	1,082
Total current assets		**1,370**	**196**	**1,566**	**1,150**
Liabilities:					
Creditors: Amounts falling due within one year	16	(254)	(6)	**(260)**	(150)
Net current assets / (liabilities)		**1,116**	**190**	**1,306**	**1,000**
Total assets less current liabilities		**3,265**	**1,073**	**4,338**	**3,761**
Creditors: Amounts falling due after more than one year	16	0	0	**0**	0
Total net assets / (liabilities)		**3,265**	**1,073**	**4,338**	**3,761**
The funds of the charity:					
Endowment Funds	19	0	0	**0**	0
Restricted income funds	19	0	1,073	**1,073**	1,117
Unrestricted income funds	19	3,265	0	**3,265**	2,644
Total funds		**3,265**	**1,073**	**4,338**	**3,761**

The notes on pages 17 to 29 form part of these accounts

Signed : .....

Name : .....(Chair of Trustees)

Date : .....

Cwm Taf Morgannwg General Charitable Fund Statement of Cash Flows for the year ending 31 March 2024

	Note	Total Funds 2023-24 £000	Total Funds 2022-23 £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	17	**330**	**(424)**
Cash flows from investing activities:			
Dividend, interest and rents from investments	5	110	94
Proceeds from the sale of investments	13	0	0
Purchase of investments	13	0	0
Net cash provided by (used in) investing activities		**110**	**94**
Change in cash and cash equivalents in the reporting period		**440**	**(330)**
Cash and cash equivalents at the begining of the reporting period	15	1,082	1,412
Cash and cash equivalents at the end of the reporting period	15	**1,522**	**1,082**

Note on the accounts

1 Accounting Policies

(a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a ‘true and fair’ view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a ‘true and fair view’. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year’s accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meets the definition of a public benefit entity under FRS 102.

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

- A restricted fund or
- An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from appeals or legacies for specified purposes.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment).

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 19.

(c) Incoming resources

Income consists of donations, legacies, income from charitable activities, income from other trading activities, and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

Income from other trading activities, relates to income from sponsorships which cannot be considered pure donations.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable, whichever falls sooner.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

(e) Incoming resources from endowment funds

The Charity has not received nor does it hold any endowment funds.

(f) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(g) Recognition of expenditure and associated liabilities as a result of grants

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

The Trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached. However, when they are then those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised but a contingent liability is disclosed.

(h) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 10. Where costs are apportioned to unrestricted funds the cost is charged to a general purpose fund, where costs are apportioned to restrictced funds, the cost is charged to each individual fund.

(i) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objects. The Charity does not currently undertake any fund raising activity.

(j) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 7.

(k) Debtors

Debtors are amounts owed to the Charity. They are measured on the basis of their recoverable amount.

(l) Fixed Asset Investments

Investments are a form of basic financial instrument. Fixed Asset investments are initially recognised at their transaction value and are subsequently measured at their fair value (market value) at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposal throughout the year. Quoted stocks and shares are included in the Balance Sheet at the current mid price market value quoted by the investment analyst, excluding dividend. The SORP recommends that the bid price market price be used in valuing stocks and shares, although the difference between the bid and mid market price is not material. Other investments are included at the trustees' best estimate of market value.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to the wider economic conditions, the attitude of investors to investment risk and changes in sentiment concerning equities and within particular sectors or sub sectors. Further information on the Charity's investments can be found in note 13.

(m) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the Charity as they fall due. Cash equivalents are short term, highly liquid investments, are invested in a long-term plan under charities ethical investment fund.

(n) Creditors

Creditors are amounts owed by the Charity. They are measured at the amount that the Charity expects to have to pay to settle the debt.

Amounts which are owed in more than a year are shown as long term creditors.

(o) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value (or purchase date if later).

2. Related party transactions

Cwm Taf Morgannwg Health Board is the Corporate Trustee of the Charity.

During the year, other than noted below, there are no other material related party transactions involving the Corporate Trustee and the Board Members.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made and are available to be inspected by the public.

The Charity has made revenue and capital payments of £690k (2022-23 £592k) to the Cwm Taf Morgannwg University Health Board.

Senior Officers where there has been an identified related party transaction with the Charity are detailed below.

Name	Details	Related Party Interests
Kath Palmer	Vice Chair	Interim CEO Cynon Taf Community Housing Group - Cwm Taf Care & Repair is a subsidiary of Cynon Taf Community Housing Group
Mel Jehu	Independent Member	Independent Member - Merthyr Tydfil County Borough Council Standards Committee
Lisa Curtis-Jones	Associate Member	Statutory Director of Social Services in Merthyr Tydfil County Borough Council
Geraint Hopkins	Independent Member	Elected Member, Rhondda Cynon Taf County Borough Council
Carolyn Donoghue	Independent Member	Independent Governor University West of England

Related Party	Expenditure	Income	Creditors	Debtors
Care & Repair	44	0	44	0
Merthyr Tydfil County Borough Council	2	0	0	0
University of the West of England	3	0	0	0
Rhondda Cynon Taf Council	5	0	3	0

3. Income from donations and legacies

	Unrestricted funds £000	Restricted Income funds £000	Total 2023-24 £000	Total 2022-23 £000
Donations	157	14	**171**	**118**
Legacies	543	0	**543**	**87**
Grants	159	1	**160**	**39**
	859	**15**	**874**	**244**

4. Role of volunteers

Like all charities, the Charity is reliant on a team of volunteers for our smooth running.

They run events such as cake sales, sponsored events, sports challenges, tea parties and collections in order to raise funds.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

5. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	Total 2023-24 £000	Total 2022-23 £000
Fixed asset equity and similar investments	64	21	**85**	**84**
Short term investments, deposits and cash on deposit	19	6	**25**	**10**
	83	**27**	**110**	**94**

6. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	Total 2023-24 £000	Total 2022-23 £000
Fundraising office	0	0	**0**	0
Fundraising events	0	0	**0**	0
Investment management	0	0	**0**	0
Support costs	0	0	**0**	0
	0	**0**	**0**	**0**

7.Analysis of charitable activity

	Grant funded activity £000	Support costs £000	Total 2023-24 £000	Total 2022-23 £000
Medical research	9	2	**11**	**26**
Purchase of new equipment	38	7	**45**	**153**
Building and refurbishment	5	1	**6**	**14**
Staff education and welfare	225	44	**269**	**306**
Patient education and welfare	229	43	**272**	**168**
Other	73	14	**87**	**2**
	579	**112**	**690**	**669**

Note 10 sets out an analysis of support costs.

8.Analysis of grants

The Charity does not make grants to individuals. All grants are made to Cwm Taf Morgannwg Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity, is disclosed in note 7.

The trustees operate a scheme of delegation for the majority of the charitable funds, under which fund advisors manage the day to day disbursements on their projects in accordance with the directions set out by the trustees in charity standing orders and financial instructions. Funds managed under the scheme of delegation represent ongoing activities and it is not possible to segment these activities into discrete individual grant awards. The trustees do make individual grant awards based on invited applications from Cwm Taf Morgannwg Health Board.

9. Movements in funding commitments

	Current liabilities £000	Non-current liabilities £000	Total 31 March 2023-24 £000	Total 31 March 2022-23 £000
Opening balance at 1 April (see note 16)	150	0	**150**	**141**
Movement in liabilities	110	0	**110**	**9**
Closing balance at 31 March (see note 16)	**260**	**0**	**260**	**150**

As described in notes 7 and 8, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants, especially those relating to research and development or for funding a specific posts are multi-year grants paid over a longer period.

10. Allocation of support costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of a charity. The average fund balance is used as the general basis of apportionment of support costs. Where the cost is apportioned to an unrestricted fund this is charged to the health board wide general pupose fund, and where it is apportioned to a restricted fund this is charged to each individual fund.

	Raising funds £000	Charitable activities £000	Total 2023-24 £000	Total 2022-23 £000	Basis
Governance					
External audit	0	29	**29**	30	Average fund balance
Finance and administratio	0	0	**0**	0	
Other professional fees	0	0	**0**	0	
Total governance	**0**	**29**	**29**	**30**	
Finance and administratio	0	82	**82**	77	Average fund balance
Other professional fees	0	0	**0**	0	
Other costs	0	1	**1**	1	
	0	**112**	**112**	**108**	

	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total Funds 2023-24 £000	Total Funds 2022-23 £000
Raising funds	0	0	0	**0**	0
Charitable activities	85	27	0	**112**	108
	85	**27**	**0**	**112**	**108**

11. Staff costs, Trustees' remuneration, benefits and expenses

The Charity does not make any payments for remuneration nor to reimburse expenses to the Charity trustees for their work undertaken as trustee.

The charity has no employees. Staff services are provided to the Charity from Cwm Taf Morgannwg Health Board, the corporate Trustee of the charitable trust, which has received reimbursement from the charitable trust of £81,792 (2023: £76,742)

12. Auditors remuneration

Auditors' remuneration of £28,750 relates to Audit Wales' audit of the statutory annual report and accounts for 2023-24 (£28,750 2022-23).

13. Fixed asset investments

Movement in fixed assets investments

	Total 2023-24 £000	Total 2022-23 £000
Market value brought forward	2,761	**2,906**
Add: additions to investments at cost	0	**0**
Less disposals at carrying value	0	**0**
Add net gain / (loss) on revaluation	271	**(145)**
Market value as at 31st March 2024	**3,032**	2,761

All investments are carried at their fair value.

Total amount invested in the Charities Ethical Investment Fund managed by CCLA Fund Managers Ltd, the cumulative amount invested at the start of the year was £2.1m. No additional funds were invested during the financial year 2023-24 and the Market Value of the fund at 31st March 2024 was £3.032m, showing an overall cumulative net gain of £0.932m, with a £0.271m gain in year.

In 2022/23 £0.497m was distributed to funds for use in line with the investment strategy, meaning unrealised gains of £0.435m remain undistributed to particular funds.

No other investments were held.

The main investment risk lies in the volatility of the investment markets which affects both the value of those investments and dividend yields. The Charity attempts to manage this risk by:

· Investing long-term, and only investing cash not required for operational purposes in the foreseeable future
· Appointing CCLA to provide advice on investments and market situations
· Investing in a highly diversified fund thus spreading risk over asset classes and geographical areas.

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

14. Analysis of current debtors

Debtors under 1 year	Total 31 March 2024 £000	Total 31 March 2023 £000
Accrued income	28	**23**
Prepayments	11	**33**
Other debtors	5	**12**
	44	**68**

15. Analysis of cash and cash equivalents

	Total 31 March 2024 £000	Total 31 March 2023 £000
Cash at bank	1,522	**1,082**
Notice deposits (less than 3 months)	0	**0**
	1,522	**1,082**

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

16. Analysis of liabilities

	Total 31 March 2024 £000	Total 31 March 2023 £000
Creditors under 1 year		
Trade creditors	223	**32**
Other creditors	1	**1**
Accruals	36	**117**
	260	**150**
Creditors over 1 year		
Trade creditors	**0**	**0**
Other creditors	**0**	**0**
Accruals	**0**	**0**
	0	**0**
Total creditors	**260**	**150**

17. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2023-24 £000	Total 2022-23 £000
Net income / (expenditure) (per Statement of Financial Activities)	577	**(461)**
Adjustment for:		
Depreciation charges	0	**0**
(Gains) / losses on investments	(271)	**145**
Dividends, interest and rents from investments	(110)	**(94)**
Loss / (profit) on the sale of fixed assets	0	0
(Increase) / decrease in stocks	0	0
(Increase) / decrease in debtors	24	**(23)**
Increase / (decrease) in creditors	110	**9**
Net cash provided by (used in) operating activities	**330**	**(424)**

18. Transfer between funds

The transfers between funds reflect the consolidation of small value or little used funds to ensure they remain of suitable value and better purpose to meet the objectives of the fund. Where similar purpose funds are identified there may also be transfers between those funds.

The Investment Strategy of the Charitable Funds states that " Should the reserve exceed 20% of overall investment, any excess will be distributed to individual fund balances, subject to Charitable Fund Committee approval."

There were no further distribution of unrealised gains in 2023/24 and at the end of the financial year the undistrubuted realised gains was £435k.

19. Analysis of funds

a. Analysis of endowment fund movements

The Charity does not hold any endowment funds.

b. Analysis of restricted fund movements

		Balance 1 April 2023 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2024 £000
A	Giving to Pink	**355**	12	(37)	0	0	**330**
B	Edward Rees Davies	**279**	7	(7)	0	0	**279**
C	GP Vocational Training Scheme (VTS)	**66**	9	(9)	0	0	**66**
D	Heart Failure	**54**	2	(5)	0	0	**51**
E	Medical Unit Wards Fund	**45**	1	(4)	0	0	**42**
F	Rheumatology Research	**34**	1	(1)	0	0	**34**
G	Maxillo Facial Unit	**26**	1	(2)	0	0	**25**
H	Restricted Colorectal Res & Ed Fund Coloplast	**25**	2	(6)	0	0	**21**
I	Radiology Scanner Fund	**19**	3	(3)	0	0	**19**
J	Rosslyn Chidgey	**17**	0	0	0	0	**17**
K	Urology Research	**16**	0	0	0	0	**16**
L	X-Ray	**19**	0	(4)	0	0	**15**
M	Ward D4 (Rhondda Medical Unit)	**12**	0	0	0	0	**12**
N	East GP Tutors Account	**9**	5	(2)	0	0	**12**
Other restriced funds (35)		**141**	**11**	**(18)**	**0**	**0**	**134**
		1,117	**54**	**(98)**	**0**	**0**	**1,073**

The objects of the most significant restricted funds are as follows:

Giving to Pink is a charity group that make donations for a 'specialist breast care unit' within Cwm Taf Morgannwg University Health Board.

The Edward Rees Davies fund is a legacy left for the care and treatment of the stroke patients across the Health Board.

c. Analysis of unrestricted and most significant designated fund movements

		Balance 1 April 2023 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2024 £000
A	Y Bwthyn Newydd	**200**	536	(24)	0	0	**712**
B	POW Diabetic Adults	**246**	0	(15)	0	0	**231**
C	POW General Purpose	**182**	0	(10)	0	0	**172**
D	PCH General Purposes Fund	**165**	5	(4)	0	0	**166**
E	YCC & MHP WARDS/DEPTS FUND	**229**	2	(90)	0	0	**141**
F	Maesteg General Purposes	**130**	0	(3)	0	0	**127**
G	Pathology Fund	**127**	0	(20)	0	0	**107**
H	Palliative Hospital Fund	**63**	13	(10)	0	0	**66**
I	Intensive Care Unit Fund	**59**	0	0	0	0	**59**
J	RGH General Purpose Fund	**56**	1	(1)	0	0	**56**
K	Covid-19 Coronavirus	**103**	0	(48)	0	0	**55**
L	Cardiac/Coronary Care Fund	**62**	0	(8)	0	0	**54**
M	POW Urology	**2**	49	0	0	0	**51**
N	ACT Bridgend	**0**	50	0	0	0	**50**
O	Enablement Fund	**50**	0	0	0	0	**50**
Other unrestriced funds (93)		**970**	286	(359)	0	271	**1,168**
		2,644	**942**	**(592)**	**0**	**271**	**3,265**

The POW Diabetic Adults is designated for the welfare and benefit of patients and staff of the Princess of Wales Hospital Diabetic Unit.

The Y Bwthyn Newydd fund is designated for the welfare and benefit of staff and patients of the Y Bwythyn Newydd Unit.

The fund balance for YCC & MHP Wards/Departments mainly includes a legacy left by Mr Edward Rees Davies for the benefit of patients being cared for at Ysbyty Cwm Cynon.

A cumulative balance of £435k relating to unrealised gains on investments (as detailed in note 13) is included within the other unrestricted funds' balances above.

All unrestricted funds are designated except for the general purpose and enablement funds.

20. Commitments

As at 31/03/24 the Charity has committed the following amounts against its funds:

	£000
Restricted funds:	
Giving to Pink	7
	7
Unrestricted and designated funds:	
General Purposes - LHB wide	15
YCC & MHP Wards/Departments Fund	6
POW SCBU	5
POW Diabetic Adults	3
Other	2
	31
Total commitments	**38**

Commitments detail grants that have been agreed but have not yet been made. All commitments are planned to be delivered within the next two financial years. Commitments are only made when funding exists within the relevant fund.

21. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on XXXX and are expected to be certified by the Auditor General for Wales on XXXXX. There were no significant events after the reporting period.

Statement of Trustee's Responsibilities

The Trustee is responsible for preparing the Trustee's Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards.

The law applicable to Charities in England and Wales requires the trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period.

In preparing these financial statements, the trustee is required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles of the Charities SORP;
- Make judgments and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity which enable them to ensure that the financial statements comply with the Charities Act 2022, the Charity (Accounts and Reports) Regulations and the provisions of the trust deed. The trustee is also responsible for safeguarding the assets of the charity and taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustee confirms that they have complied with the above requirements in preparing the accounts.

By order of the trustee:

Signed:

Trustee …… Dated……..
Jonathan Morgan
Chair of Board of Trustees

Financial Trustee…….. Dated…25 January 2024…

Sally May
Director of Finance - Cwm Taf Morgannwg University Health Board

Audit of Accounts Report – Cwm Taf Morgannwg University Health Board Charity

Audit year: 2023-24

Date issued: January 2025

Document reference: 4657A2025



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.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

No responsibility is taken by the Auditor General, the staff of the Wales Audit Office or, where applicable, the appointed auditor in relation to any member, director, officer or other employee in their individual capacity, or to any third party.

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, the Wales Audit Office and, where applicable, the appointed auditor are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@audit.wales.

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

About Audit Wales

Our aims and ambitions

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



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

Contents

Introduction

Your audit at a glance	6
Detailed report	7
Financial statements' materiality	7
Ethical compliance	8
Proposed audit opinion	9
Issues arising during the audit	10
Recommendations	12

Appendices:

Appendix 1 – Proposed audit report	13
Appendix 2 – Letter of representation	18
Appendix 3 – Summary of corrections made	21
Appendix 4 – Recommendations	22
Audit quality	26
Supporting you	27

Introduction

I have largely completed my audit in line with my Audit Plan dated July 2024.

This Audit of Accounts Report summarises the main findings from my audit of your 2023-24 annual report and accounts. My team have already discussed these issues with the relevant officers.

I am very grateful to your officers for their support in undertaking this audit.



Adrian Crompton
Auditor General for Wales

Your audit at a glance

Audit opinions

We are proposing to give an unqualified opinion on the accounts.

We have nothing to report under the other sections of my report, i.e. those relating to going concern; other information; other matters; or matters I report by exception.

Significant issues

There are four uncorrected non-trivial (and immaterial) misstatements in the audited accounts.

I have raised one audit recommendations for improvement, which include management's responses.

Materiality

Materiality	£13,800
Reporting threshold ('trivial')	£690

Areas of specific interest:

• Related party disclosures	£5,000 (trivial level of £250)

Financial statements' materiality



Materiality £13,800

My aim is to identify and correct material misstatements, i.e. those that might otherwise cause the user of the accounts to be misled.

Materiality is calculated using:

- 2023-24 audited account's gross expenditure of £690,000
- Materiality percentage of 2%

I apply the materiality percentage to gross expenditure to calculate materiality.

I will report to you any misstatements above £690, calculated as 5% of materiality (called the 'trivial level').



Areas of specific interest

There are some areas of the accounts that may be of more importance to the user of the accounts. We set lower materiality levels for these as follows:

- For related party disclosures I apply a materiality level of £5,000. I will report to you any misstatements above £250, calculated as 5% of materiality.

Ethical compliance



Compliance with ethical standards

We believe that:

- we have complied with the ethical standards we are required to follow in carrying out our work;
- we have remained independent of yourselves;
- our objectivity has not been comprised; and
- we have no relationships that could undermine our independence or objectivity.

Proposed audit opinion



Audit opinion

We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation (see below).

Our proposed audit report is set out in **Appendix 1.**



Letter of representation

A Letter of Representation is a formal letter in which you confirm to us the accuracy and completeness of information provided to us during the audit. Some of this information is specified as being necessary by auditing standards; other information may relate specifically to your audit.

The letter we are requesting you to sign is included in **Appendix 2**.

Issues arising during the audit



Misstatements

A misstatement arises where information in the accounts is not in accordance with accounting standards.

Uncorrected misstatements

There are four uncorrected non-trivial (and immaterial) misstatements as set out below:

- The audit fee accrual included in Note 16 (and associated narrative in Note 12) is understated by £1,840;
- Expenditure of £1,946 was included in 23-24 instead of being recorded as a prepayment of 24-25 expenditure;
- The estimated recharge for central services costs was less than the actual costs by £2,189; and
- Grant income of £2,250 was recognised in 2023-24, but the underlying transactions relate to the previous two financial years.

These uncorrected misstatements have been included in the letter of representation in **Appendix 2.**

Corrected misstatements

During our audit, we identified misstatements that have been corrected by management, but which we consider should be drawn to your attention.

They are set out in **Appendix 3**.

Other significant issues

In addition to misstatements identified during the audit we also report other significant issues to you.

There were no such issues identified during the audit.

Recommendations

At **Appendix 4** we have set out one finding and recommendation, with management's response. We will monitor progress against the it as part of next year's audit and report on the action taken.

Last year we raised four recommendations, one of which has been implemented by management as intended. Management has not implemented the other three recommendations, as they had intended within their management response last year. We provide commentary at **Appendix 4**.

Appendix 1

Proposed audit report

The independent auditor's report of the Auditor General for Wales to the trustee of Cwm Taf Morgannwg University Local Health Board Charity

Opinion on financial statements

I have audited the financial statements of Cwm Taf Morgannwg University Local Health Board Charity for the year ended 31 March 2024 under the Charities Act 2011.

The financial statements comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and related notes, including the material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2024 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other

ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all the information and explanations I require for my audit;

- sufficient accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustee's report.

Responsibilities of the trustee for the financial statements

As explained more fully in the statement of trustee's responsibilities set out on page 45-46, the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustees determine is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees anticipate that the services provided by the charity will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Cwm Taf Morgannwg University Local Health Board Charity's Head of Internal Audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Cwm Taf Morgannwg University Local Health Board Charity's policies and procedures concerned with:
    - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
    - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
    - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in respect of posting of unusual journals.
- Obtaining an understanding of Cwm Taf Morgannwg University Local Health Board Charity's framework of authority as well as other legal and regulatory frameworks that the Cwm Taf Morgannwg University Local Health Board Charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Cwm Taf Morgannwg University Local Health Board Charity.
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Cwm Taf Morgannwg University Local Health Board Charity's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Adrian Crompton
Auditor General for Wales
31 January 2025

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Appendix 2

Letter of representation

Auditor General for Wales

Audit Wales

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

30 January 2025

Representations regarding the 2023-24 financial statements

This letter is provided in connection with your audit of the financial statements of Cwm Taf Morgannwg NHS General Charitable Fund for the year ended 31 March 2024. It is for the purpose of expressing an opinion on the financial statements' truth and fairness and their proper preparation We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- The preparation of the financial statements in accordance with legislative requirements and the Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith.
- The design, implementation, maintenance and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- Full access to:

- all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to staff from whom you determined it necessary to obtain audit evidence.

- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Cwm Taf Morgannwg NHS General Charitable Fund and involves:
  - management;
  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. There are four non-trivial (immaterial) misstatements within the accounts, with a (absolute) total value of £8,225, which officers have not corrected. We have been advised by officers that the misstatements have not been corrected because they are immaterial. We are content that our officers have not amended the misstatements.

Representations by those charged with governance

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Trustee on 30 January 2025.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:	**Signed by:**
Chief Executive	**Trustee Chair**
30 January 2025	**30 January 2025**

Appendix 3

Summary of corrections made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention in the exhibit below. None of the corrections affected the Charity's overall outturn position for 2023-24. The uncorrected misstatements detailed at page 10 would have affected the outturn position, if they had been corrected, albeit immaterially.

Exhibit 1: summary

Value of correction	Nature of correction	Reason for correction
£62,000	**Balance Sheet** Analysis of the funds, across restricted and unrestricted was corrected.	To correct the Balance Sheet because there was a difference of £62,000 in the 'Analysis of Funds' Note 19; and the equivalent Balance Sheet totals for restricted and unrestricted funds.
£55,000	**Note 14 – 'Analysis of current debtors'** Accrued income, prepayments and other debtors were amended from £99,000 to £44,000.	To correct the overstatement within Note 14.
Various	Narrative amendments to Note 13 'Fixed Asset Investments' and Note 18 'Transfer Between Funds'.	To provide clearer disclosures for users of the accounts.
Various	Several rounding adjustments were made within the accounts.	To aid consistency in the accounts.

Appendix 4

Recommendations

Exhibit 2 sets out our recommendations for improvement this year, along with management's responses.

Recommendation from this year's audit

Exhibit 2: matter arising 1

Matter arising 1 – Assessment of Related Parties	
Findings	We found that for some of the declarations made by Members, officers had not adequately assessed and recorded their considerations against the requirements of the relevant accounting standard (and 'The Charities Statement of Recommended Practice'). In essence, to assess and record whether a declared item represented a position/pecuniary interest of significant influence, and if it did, disclosure in the accounts. While there were weaknesses in this year's application of the process, no audit adjustments arose.
Recommendation	Officers should review all submitted declarations, and clearly record all judgements made on whether a related party disclosure is required.
Accepted in full by management	Yes
Management response	An additional process will be added review of related parties where a record is kept of the determination of the interest.
Implementation date	April 2025

Matter arising 2 – Investment Manager operating controls.	
Findings	Our review of Investment Fund balances involved reviewing the controls operating at CCLA – the Charity's investment manager for its investment management processes. CCLA commissioned a review of their controls via a 'Type 1' controls report rather than a 'Type 2'. The difference between the two is that a Type 1 report does not test all controls and doesn't cover the full 12-month period. It therefore provides reduced assurance than a Type 2 controls report, with regard to CCLA having sound investment management controls in place.
Recommendation	From 2024-25, each year the Charity should obtain a Type 2 controls report, to provide the Charity with an improved level of assurance regarding its investment manager's controls, and, to provide assurance to us as your auditors.
Accepted in full by management	Yes
Management response	We will discuss with CCLA about providing a full Type 2 report for the 2024-25 financial year.
Implementation date	April 2025

Recommendations from last year

Exhibit 3 sets out last year's four audit recommendations, which management accepted, for implementation agreed for 2023-24. The exhibit provides an update on their status.

Exhibit 3: progress against last year's recommendations

Audit Year	Recommendation	Progress
R1	The Charity should routinely provide us with all key information at the start of the audit, such as the external review of the investments and the evaluated position on the mid and bid investment-market prices.	Management accepted the recommendation last year, with implementation agreed for 2023-24. While management delivered improvement, there were some delays. For example, delays with replies to some of our audit planning and the requested breakdown of balances to enable us to determine our detailed testing. Some of our audit work therefore took longer than anticipated.
R2	Ahead of each year's audit, the Charity should provide us with a ledger-based trial-balance that supports the accounts submitted for audit.	Management accepted the recommendation last year, with implementation agreed for 2023-24. Management did not implement this recommendation for 2023-24, explaining that they unexpectedly lost some key finance staff. The accepted recommendation remains in place and we will assess implementation as part of our 2024-25 audit.

R3	The Charity should develop its own risk register, which should be regularly updated by officers and reviewed and discussed by Trustee Members.	Management accepted the recommendation last year, with implementation agreed for 2023-24. Management did not implement this recommendation for 2023-24, explaining that they unexpectedly lost some key finance staff. The accepted recommendation remains in place and we will assess implementation as part of our 2024-25 audit.
R4	The Charity should use the 'bid' price to value its year-end investments, in accordance with the Statement of Recommended Practice.	Management accepted the recommendation last year, with implementation agreed for 2023-24. Management applied the recommendation as intended.

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We 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 QAD*, and our Chair acts as a link to our Board on audit quality. For more information see our Audit Quality Report 2023.



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

* QAD is the quality monitoring arm of ICAEW.

Supporting you

Audit Wales has developed a range of resources to support the scrutiny of Welsh public bodies and to support those bodies in continuing to improve the services they provide to the people of Wales.

Visit our website to find:

	our Good Practice work where we share emerging practice and insights from our audit work in support of our objectives to assure, to explain and to inspire.
	our newsletter which provides you with regular updates on our public service audit work, good practice, and events.
	our publications which cover our audit work completed at public bodies.
	information on our forward performance audit work programme 2023-2026 which is shaped by stakeholder engagement activity and our picture of public services analysis.
	various data tools and infographics to help you better understand public spending trends including a range of other insights into the scrutiny of public service delivery.

You can find out more about Audit Wales in our Annual Plan 2024-25 and Our Strategy 2022-27.



Audit Wales

1 Capital Quarter

Tyndall Street

Cardiff CF10 4BZ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Agenda Item
5.4

CTM Health Board

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Strategic Risk Owner updates	December 2024 / January 2025	Reviewed and signed Off
Executive Leadership Group	13 January 2025 – via email	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.

2.3 The latest Organisational Risk Register will be uploaded to the meeting date "document folder" in Admincontrol so although not published it is fully accessible to Board Members should they wish to view the detail behind the linked risks noted in the BAF.

3. Key Risks / Matters for Escalation

3.1 The critical incident regarding the integrity of the roof at the Princess of Wales Hospital has impacted the Strategic Risks this period as captured in the detailed updates in Appendix 1.

3.2 The unprecedented demand and operational challenges seen during December 2024 and January 2025 has impacted the Operational Teams capacity to undertake a full review of the BAF this period (Strategic Risks 1a and 1b), however, they will endeavour to ensure a review is captured in the next iteration.

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 6 – Leadership and Management,** the risk score has been reviewed and decreased from a 12 to an 8. The rationale is that in recognition of the controls set out under this risk, the new programmes and tools launching into the system and with the first module of Inspire taking place January 2025 a risk score of 8 is appropriate. In reaching a risk score of 8 the target score has been met and this risk is proposed for closure.
- **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 16. The Month 8 position was a £(2.8)m surplus and the Month 8 Year to Date (YTD) position is now a £0.4m deficit. The significant improvement reported in Month 8 was due to £7.5m of additional financial support received from Welsh Government which is why the risk score has decreased from a 20 to a 16 this period.

3.6 The Executive Director of Finance has given further thought to the development of **strategic risks for capital and estates** and suggests that there are two distinct risks which need to be developed 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

Further discussions and collaboration between the Executive Director of Finance and Assistant Director of Planning (Capital and Estates) with support from the Assistant Director of Governance and Risk and Director of Corporate Governance will now take place to help formulate and articulate the risks. The Board will be kept apprised of progress and updates as we move to incorporating these new strategic risks into future iterations of the BAF.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: Sustaining Our Future
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well
	If more than one applies please list below: Dying Well, Growing Well, Living Well, Starting Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Leadership
	If more than one applies please list below: Culture and Valuing People, Data to knowledge, Learning, Improving and Research, Whole- system Perspective
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below: Efficient, Equitable, Person Centred, Timely, Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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

5. Recommendation

5.1 The Health Board is asked to:

APPROVE

- The updates to the BAF Report for January 2025 as captured in Appendix 1.
- The changes outlined in Section 3 of this report.
- The closure of Strategic Risk 6 – Leadership and Management

6. Next Steps

6.1 Routinely review the risks captured in the BAF so it clearly sets out the risks, actions and relevant sources of internal and external assurances to provide a clear picture of the 'health' of the organisation and the high level risks threatening delivery of the Board's strategic goals.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

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	**20** (C4xL5)	No change this period. ⟷
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 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 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 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 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 this period. ⟷
6	**Leadership and Management** **Click Here for Risk 6**	**Inspiring People**	Executive Director for People	Operational Delivery Committee Strategic Development Committee	**8** (C4xL2) ~~**12** (C4xL3)~~	Decrease in risk score from a 12 to an 8 ↓
7	**Culture, Values and Behaviours** **Click Here for Risk 7**	**Inspiring People**	Executive Director for People	Strategic Development Committee	**12** (C4xL3)	No change 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 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 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	**16** (C4 x L4) ~~20 (C4xL5)~~	Decrease in risk score from a 20 to a 16 ↓

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***	**4,6,7,** ***1a,2,5,9,10***	**2,3, 5,8, 10** ***1b***	**1a, 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.

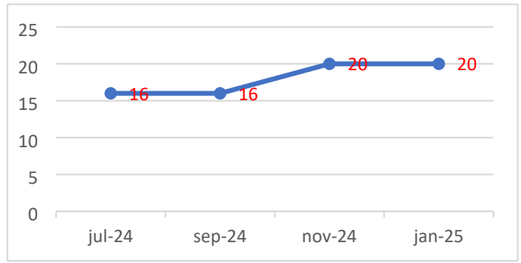
Risk Lead	• Chief Operating Officer • Executive Director of Strategy & Transformation	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee (Performance Targets)

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**5**	**20**
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to the risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	• Critical incident declared at Princess of Wales 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 RGH to respond to the critical incident. • Planning continues on 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. • Until 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 Prince Charles Hospital will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. • The current Fire enforcement notice at Princess of Wales hospital will 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.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

Productivity, improvement and transformation programme (PIT)

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

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

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

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

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

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

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

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

Planned Care Recovery Programme

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

Current Control Measures Cont.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW.

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

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

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

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

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

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

Escalation Status programme work

Regional Working

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

- 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
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
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
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 up additional theatre activity until theatre plan fully recruited to. • Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). • In Development – Clinical Services Plan.

Linked National Priority Measures

Access to Timely Planned Care

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

Current Performance Highlights

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

- Theatre
- Outpatient
- cancer
- and diagnostic indicators







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

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

Associated Risks escalated to the Organisational Risk Register

5932	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.	20 – New risk escalated to the Organisational Risk Register in November 2024.
5961	Remedial roof works to resolve the water ingress at POWH.	20 - New risk escalated to the Organisational Risk Register in November 2024.
4071	Failure to sustain services as currently configured to meet cancer targets	**20**
4103	Sustainability of a safe and effective Ophthalmology service	**20**
4491	Failure to meet the demand for patient care at all points of the patient journey	**20**
5462	Adult weight management service - Insufficient capacity to meet demand. New escalation to the Organisational Risk Register in July 2023.	**20**
5821	Provision of secondary care immunology services by external provider (this is a service that is not provided by CTMUHB). New risk added to the organisational risk register in July 2024.	**20**
5417	Paediatric dentistry – General Anaesthetic theatre list. New risk escalated to the Organisational Risk Register in March 2024.	20 - Risk Score increased to 20 in November 2024.

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.	

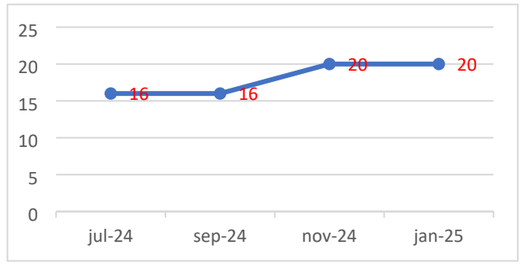
Risk Lead	• Chief Operating Officer	Assurance committee	• Quality, Safety & Experience Committee • Operational Delivery Committee (Performance Targets)

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**5**	**20**
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to the risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	• 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 • 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.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

Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023):

- Admission Avoidance
- Integrated Front Door
- Acute Hospital Flow and Discharge
- Integrated Discharge

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

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

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

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

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

Programme

- 6 Goals Programme Board

- Stroke Programme Board
- MTC Programme Board
- Improving Care Board
- Speciality Specific and Cancer Improvement Trajectories Completed.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards
- Optimise Project Board
- SDEC Project Board
- UTC Project Board
- FLS Project Board
- Frailty Project Board
- Diabetes Project Board

All updates feed into the Improving Care Board.

Annual Planning Process

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
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 • Reconfiguration of ED footprint • 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.

Linked National Priority Measures

Ministerial Measures:

Access to Timely USC Services

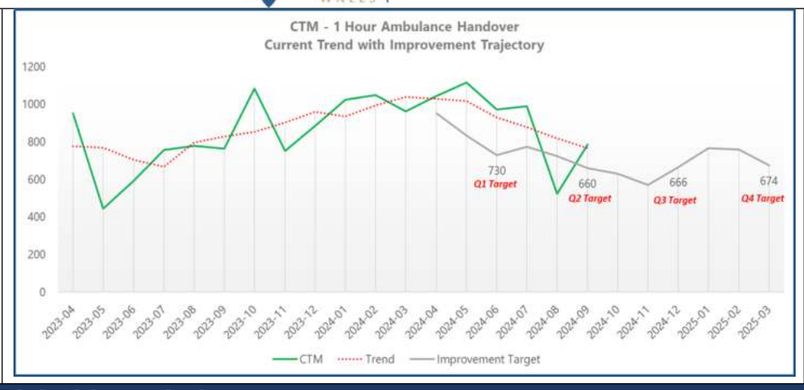
- 12 Hour ED Performance requires a reduction of 20% by September 2024 and an additional 20% by March 2025
- 1 Hour Ambulance Handovers require a 30% reduction on March 2024 baseline
- Improvement in 4-hour performance with a current baseline of 65%. To achieve an 80% target by March 2025,

Access to Timely Planned Care Services in USC

- As per Planned Care BAF

Current Performance Highlights





National Improvement Trajectories 24/25

MEASURE	TARGET		BASELINE	PERFORMANCE TRAJECTORY											
			Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of ambulance patient handovers over 1 hour	Improvement trajectory towards a national target of zero by March 2025	Target	970	952	834	730	774	725	660	630	572	666	766	760	674
		Actual		1045	1116	974	991	525	788						
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2025	Target	1855	1781	1710	1642	1576	1513	1452	1394	1338	1285	1233	1172	1113
		Actual		1734	1987	1888	1914	1549	1585						

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

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

Associated Risks escalated to the Organisational Risk Register

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**

IMPROVING CARE	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

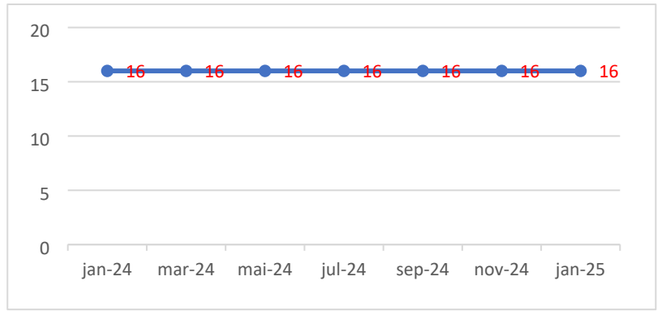
Risk Leads	• Executive Nurse Director • Executive Medical Director	Assurance committee	• Quality, Safety & Experience Committee • Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**4**	**16**
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	Whilst improvement against trajectories continue to improve the risk score has been reviewed and remains unchanged on this occasion. Detailed discussion was held in August 2023 to consider reducing the likelihood score to a 3, in response to the positive progress being made e.g. HIW AW Joint Review into Quality Governance arrangements review outcome. However, in triangulating the risk description with incidents and complaints data, and in considering the mitigation activity still underway a decision was made to retain the likelihood score at a 4. Phase 2 of the Organisational Change Process is complete however, as that structure matures and develops the risk score will remain unchanged with a review in coming months. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service. It is also recognised that cultural change can only be achieved over time.
Risk Treatment Assessment *i.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. 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 approved by the Board in January 2023, which is aligned to the Care Group Model, is fully embedded across CTM. 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.
- 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;
- 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.
- Listening & Learning Framework launched and implemented at the Listening and Learning Event in September 2022. A further Listening and Learning Event was held in May 2023 and event took place on the 26th June 2024. Awareness of the new Quality Act was shared at this session, along with other learning for the organisation. An event took place on 13 November 2024, and we are planning a further event in late spring/early summer 2025.
- 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.
- CTM Allied Health Professionals and Health Care Science Delivery Plan.
- Assistant Medical Director for Quality & Safety post in recruitment process. Appointment made due to commence in March 2025.

Learning from Experience

- New Patient Experience Forum established, with the inaugural meeting held in April 2024, with regular meetings to be held moving forwards.
- 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.
- 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. A Mortality Board proposal is being discussed on Monday 16 December 2024 led by the Medical Director.
- 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.
- Community Acquired Pressure Ulcer Collaborative. A new collaborative has been created for falls reduction / harm reduction. Forum for shared learning on prevention and improvement with internal and external stakeholders and Local Authorities. Steering Groups established and inaugural meetings have taken place with continued reporting to Quality & Safety Committee.
- 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 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 Committee;
- Active Forums such as "My Maternity My Way" which includes past and present service users;
- Real-time patient feedback (current system Civica) being rolled out across the Health Board (PREMS), now rolled out across Emergency Departments. New software procured to replace Civica and to collect PREMS and PROMS - 2024 roll out 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 2024 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 1,700 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. This is now a work stream within the Unscheduled Care Group. There is an End of Life 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

- Quality Improvement showcase event held in July 2023 to highlight and share best practice improvement initiatives across CTM. 2024 event took place in July 2024.
- Improvement Community of Practice implemented with over 30 QI champions currently in place.
- Healthcare Pathways Initiative completed – writing and establishing guidelines from primary to secondary care referrals.
- Theatre Utilisation Group established to pilot the WG initiative to drive efficiency and standardise theatre processes across the Health Board.
- iCTM (Improvement & Innovation) department in place and 2022-2025 iCTM business plan developed aligned to CTM 2030 focusing on Experience, Efficiency and Effectiveness all underpinned by Improved outcomes and Patient Safety; Team working 2026-2028 business plan.
- Leading for Patient Safety with Improvement Cymru and Institute for Healthcare Improvement (IHI) launched. Work plan established and programme continuing for 2023/2024; Shared learning event held in November 2023. Working with Improvement Cymru to develop the continuation of the collaborative, following its completion in May 2024. Phase 2 of the Safe Care Collaborative from Improvement Cymru 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 commenced from June 2022 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;
- Value Based Healthcare programme in place aligned to national Value in Health priorities;
- Enhanced resources in place for business analysis / data analysis to identify areas of improvement and change through data;
- Innovation programme aligned to Value Based Healthcare principles;
- Leading and empowering Improvement and Innovation built into the new Ignite, Aspire and Inspire leadership programmes;
- Implementation of Care Group Improvement Faculties;
- Medical Workforce & Nursing Workforce Productivity Programme established. Medical Workforce Productivity Group has been recently repurposed to allow scrutiny at senior level across Care Groups. Additional scrutiny in place from August 2024 with Executive Director meetings with Care Group Operational and Medical leads;
- 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 awaiting final approved report.
- 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.
- 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 Q&S committee and Board.
- Falls and pressure ulcer collaborative for acute sites launched October 2024.

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

- Nursing Productivity Groups operational
- Reset Fortnight / Optimise

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

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); Completed. Plan in place to roll out to all Care Group Clinical Directors and equivalents within this financial year.
- 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.

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;
- Board Briefing regarding Regional Stroke Developments held in December 2022 and followed up in January 2023;
- Discussions are urgently being undertaken with C&VUHB to mitigate CTMUHB's stroke service fragility. Two Locum posts have been secured to ensure safe service delivery while options are considered for improvements to local service delivery and regional conversations are progressed
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

- Falls and pressure ulcer steering groups in place since September 24 giving strategic oversight of falls and pressure damage across the HB

External Assurance

- National Neonatal Audit Programme provided report identified Prince Charles Hospital as 'Outstanding' for the NNAP 2023 audit measure two-year follow-up. PCH neonatal service has been identified as scoring 100% (National average result was 77%).
- 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 and results are awaited.
- 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;
- MSOP stood down as of December 2022, oversight and scrutiny now conducted through internal Board mechanisms and to Welsh Government via IQPD and escalation meetings;
- Positive IHI and Improvement Cymru visit feedback (autumn 22) as part of Leading for Patient Safety received and feedback to Board received;
- National Safe Care Collaborative Programme Audit. Presented findings to the Board in December 22;

Following the completion of all tasks and actions set out during the escalation process, it was recommended that Ty Llidiard be de-escalated to Level 0 and out of escalation entirely. This was agreed at a meeting of the WHSSC Corporate Directors held on Monday August 14th, 2023. Routine performance monitoring meetings will be set up from September 2023 in line with the Joint Commissioning Committee Performance Framework.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps
1. Roll out of the Clinical Ward/Department Assurance Programme.	Rolling programme commenced and 10 wards have been completed.
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. •
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. • ~~should be in place by end of September 2023. Baseline position established by the end of September with dashboard development to follow in the coming months. Implementation delayed due to Digital and Data Team capacity constraints. Progress meetings scheduled with a new timeframe to be agreed. To further support the pace of this activity, the Medical Directorate have engaged the Chief Information Officer to support data intelligence. Data should be available for the purpose of analysis by April 2024. Progress being made, remains on track for April 2024. Proforma agreed – data validation in progress. Availability of the proforma for use is planned for July 2024. The data once the proforma has been implemented will be reviewed initially circa September 2024.~~ • CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Executive to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Executive are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting. Timescales dependent on external sources; • Ambition to develop live clinical quality dashboard – live for maternity and neonatal services– to be rolled out for other areas by the end of the financial year; Work in progress for other areas.

	• Improving Care Board has developed a portfolio of improvement programme and projects. Monthly governance meetings established. Move to control next period. • National Safe Care Collaborative Programme Audit recommendations and action plans led by IHI and Improvement Cymru – by the end of 2024; next steps currently being explored to ensure sustainability.
4. Feedback from staff and our communities on the ability to raise ideas, freedom and support to make change and empowerment. Holding engagement sessions for staff;	• Staff ideas scheme implemented (May 22) for raising ideas for improvement – to increase participation in 23/24 – Implemented. Ongoing and numbers increasing through the year. Onsite events planned for Quarter 1/ Quarter 2 2024-2025 – completed. Ongoing programme. • Improvement into practice training taking place every other month. • Permanent funding secured for PREMs and full deployment across the Health Board is planned. Further activity is also scheduled to increase awareness around the mechanism for sharing feedback using the "Have Your Say" process. Recruited and appointed to posts.
5. Improving flow and efficiencies and productivity	• Medical & Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.

Linked National Priority Measures

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

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

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

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

Chief Nursing Officer's Launch of the Nursing and Midwifery Priorities – 2022-2024

New national nurse education standards

Dementia Standards - which include standards for inpatient hospital admissions.

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**
4907	Failure to manage Redress cases efficiently and effectively	**16**
4417	Management of Security Doors in All Hospital Settings	**16**
4908	Failure to manage Legal cases efficiently and effectively.	**16**
5646	Impact of Right Care Right Person approached. New risk escalated to the organisational risk register in January 2024.	**16**
3993	Fire enforcement notice – POWH Theatres	**15**
4691	New Mental Health Unit	**15**

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.

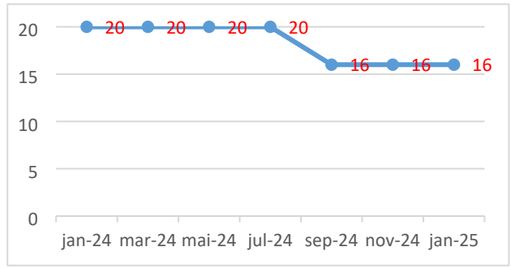
Risk Lead	• Executive Director for People	Assurance committee	• Operational Delivery Committee • Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**4**	**16**
Target	4	2	8
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	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 reduced slightly to 6.50% in September 2024, compared to 6.52% in August. The rolling 12 months sickness rate was 6.74%. Turnover reduced to 10.89% in September 2024 and again to 10.64% in October 2024.

	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 • No staff attending mandatory/professional training - mandatory training for the UHB is at 72.33% as at October 2024. 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.e. Treat, Tolerate, Transfer etc.*	This risk will be treated and managed through the expansion of programmes of work focused on improved data analytics and strategic workforce planning: workforce transformation, attraction recruitment/ development, retaining our workforce, building skills and flexible workforce options which are aligned to current and future workforce requirements, which are more affordable and sustainable.

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. • A review of the IEN proposal will be undertaken for a 3-year programme for 25/26 and beyond. Mental Health Care Group are planning to recruit 2 doctors from ANCIPs (India) in January 2025. • 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). • 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. • ~~Bank recruitment plan in progress focussed on proactive recruitment across 12 months.~~ • A 'Loop' app launched in July 2024 to improve access for bank workers to book shifts. • FCP approved at Audit Committee confirming the controls and escalations for medical bank and agency shifts. Standard Operating Procedure (SOP) in development and to be completed in February 2025 to address the outcomes identified by the Medical Variable Pay audit report. A number of other actions to meet the audit report recommendations are in place to conclude by Marcy 2025. • 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 will be re-launched 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 Midwifes 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.
- FCP updated and agreed at Audit Committee in October 2024 with increased controls, monitoring and assurances for M&D agency and bank with Retinue. Standard Operating Procedure (SOP) in development and to be completed in February 2025 to address the outcomes identified by the Medical Variable Pay audit report. A number of 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 in development.

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 to be updated to reduce sign off period from 10 weeks to 4 weeks in development and discussion with the LNC.
- Medical job planning compliance to achieve 85%.
- Junior doctor rota monitoring. A rota monitoring paper and scheduler is in development to prioritise 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.
- CTM approach to workforce planning developed and shared at Inspiring People.
- Development of tool for workforce modelling/forecasting, including projecting the impact of interventions. Internal action plan and next steps underway 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.
- 2 Physicians Associates posts agreed in MH Care Group for 2024 intake- building on our commitment to expand into alternative roles. Focussed discussions are in development with Care Groups to look at the education commissioning submission for the 20 PAs graduating in 2025.
- SWP Audit by Audit Wales completed and reported in March 2024.
- Medical establishments in development to align ESR and ledger data to be agreed with CGs. This has been delayed and it is proposed that alternative dates will be confirmed in January 2025.
- Work to plan and prepare for the Registered Nurse Associate (RNA) as a result of the all Wales work is in development across workforce planning, clinical education and corporate nursing.

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 to People & Culture Committee and UHB LPF. Data also included in Integrated Performance Report to the Board and included in Nursing Productivity and Medical Productivity which reports into Values & Effectiveness Board.
- Medical Productivity Performance and Escalation (PEG) meeting includes data on bank usage, agency spend, job planning compliance and trajectories, sickness absence. The Framework meeting which reports to the PEG focuses on recruitment, retention and consistent policies and practices with the aim of a 'Once for CTM' approach.
- Annual Education Commissioning Submission and IMTP Chapter and MDS. This year's IMTP Education and Commissioning submission was approved at ELG on 8 April 2024. 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, and dashboards are in development with the nursing dashboard launched through a phased approach with phase 1 delivered during April 24 These have been well received, giving easy access to timely, relevant and accurate People data to inform decision-making. Further reporting automation and dashboards are progressing.
- In partnership with Digital and Finance, development of one source of workforce data to help inform the vacancy position.
- In partnership with Finance, the development of establishment reporting has commenced with the aim of a phased approach to implementation
- In partnership with Digital, developing a CTM strategic approach to the use of Robotics.
- In partnership with the National Data Resources (NDR), piloted ONS's data Masterclass within the people directorate to 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. 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.
- ~~International Nurse Recruitment (IEN) Paper shared with NWSSP for WG Funding but unfortunately this year's programme could not continue due to insufficient funding. A revised paper is being developed for 2025.~~
- ~~CTM is aligned to the all Wales International Medical Recruitment Group and considering opportunities for January 2025 depending on funding arrangements and agreed speciality being recruited from Kerala, India.~~
- Attraction questionnaire developed to seek information on the elements which influenced staff joining CTM. 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. ~~First meeting was held on 4 July 2024 and a workshop developed on 15 August 2024 with stakeholders to develop content.~~ 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 underway in accordance with the Audit Wales 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.
- ~~Two PAs vacancies identified within Mental Health services with a possible additional post in Unscheduled Care. The education commissioning submission for PAs graduating in 2025 was 20.~~
- ~~HEIW PA student streamlining postponed from early June 2024 to September/October 2024 across Wales due to low vacancy numbers, this process is now underway.~~
- ~~Workforce Planning and People response to the HEIW strategic Perinatal workforce plan for NHS Wales was sent on 11 October 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

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	Designed and developed an all-encompassing workforce planning approach. This will include establishment control and improved workforce analytics - to ensure we understand whom CTM has and who it needs, to improved attraction and recruitment approaches to employ the best people from the widest possible pool. Enhancement of our people data (quality & provision), analytics and intelligence. This will support the development of our workforce both for now and the future. The following Workforce Planning activity is also now underway: • Neonatal SWP workshop held on 26 February 2024 with a further workshop to build the plan scheduled for May 2024. This has been postponed due to moves in Children and Families with the next session proposed for October 2024. • Facilitating the development of workforce plans in Regional Ophthalmology and Orthopaedics, the latter aligned to Llantrisant Health Park. This has been postponed and awaiting further updates from the Regional Ophthalmology Group. • The Health Board is building a framework for local, operational workforce plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised. • This strategic lens approach will drive consideration of the shape of the workforce, seamless workforce models that are multi professional and multi-agency and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace. • The plans under development will consider all the above, alongside workforce trends and horizon scanning, to inform consideration of future models of care and an understanding of the skills and capabilities needed and education required to deliver the future health needs of the CTM population. Alongside development of our approach to workforce planning we are also developing a framework regarding new roles • Establishment of PA Working Group - Delayed until January 2025. • 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. • Establishment control paper in development. This has been superseded by the Medical Establishment reporting and phased implementation. There is ongoing national work for Establishment reporting which we are part of to ensure the work we are undertaking will align. • SWP Audit Wales Recommendations Action Plan in place and progress and updated at People & Culture Committee in August 2024.
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 People and Culture Committee. Reporting arrangements will be considered in light of the new Committee structure.
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	
The following key metrics are set out within the Workforce and Organisational Development Metrics section of the Integrated Performance Report: • Turnover remains high within the Health Board (10.64%as at October 2024). This is an agreed area of focus for the Retention Group now the Retention and Workforce Planning Lead is in post to develop initiatives to reduce turnover and to encourage staff to stay. • Job Planning compliance is now a key agenda item on the V&E; MWPP Performance Escalation Group to improve job planning compliance. • A Framework Group is also in development to address key medical and dental productivity and performance feeding into the V&E MWPP Performance and Escalation Group. This will focus on standardised policies and practice alongside review of implementation plans. • Sickness absence was 6.50% as at September 2024; Absence FTE for the rolling 12 months was 6.74%	

Staff Group	Absence FTE % Sep-24	Absence FTE % Rolling 12 Months
Add Prof Scientific and Technical	2.95%	**3.83%**
Additional Clinical Services	8.48%	**8.88%**
Administrative and Clerical	5.47%	**5.88%**
Allied Health Professionals	3.71%	**4.32%**
Estates and Ancillary	11.30%	**10.79%**
Healthcare Scientists	6.94%	**4.44%**
Medical and Dental	1.93%	**2.31%**
Nursing and Midwifery Registered	6.57%	**6.76%**
Students	8.77%	**5.38%**
CTM Sickness Target	**4.50%**	
Grand Total	**6.50%**	**6.74%**

Staff was 11,401.31 FTE at the end of November 2024 compared to 11,254.60 FTE as at 29th August 2024.

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

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

Associated Risks escalated to the Organisational Risk Register

5658	Lack of Dietetic service provision to Princess of Wales Critical Care.	**16**
4809	Non-Compliance with Mandatory Violence and Aggression Training	**15**
~~4080~~	~~Failure to recruit sufficient medical and dental staff~~ This risk was de-escalated from the Organisational Risk Register in January 2025 as the risk score was reduced to a 12 from a 15.	~~**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.

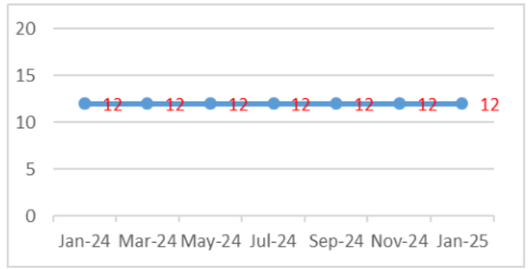
Lead Director	Director of Communications, Engagement & Fundraising.	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**3**	**12**
Target	4	2	8
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to the risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	This risk remains unchanged, as engagement with communities and partners is ongoing. It is hoped that CTMUHB will be in a place to update on the community engagement work for the Acute Clinical Service Plan in the next iteration of the BAF.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk is being actively managed via the communications team and wider engagement. As above, we will need to **tolerate** the fact that management of the risk will need to be ongoing.

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
- ~~People & Culture Committee consider reports in relation to culture and behaviours~~

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
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.

Linked National Priority Measures

Nil

Current Performance Highlights

Staff Survey Headline Report now received Indicates a maintained performance for staff engagement vs a national decrease.

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

None identified.
The communication and engagement arrangements for supporting the POWH Critical Incident have now been stood down.

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.

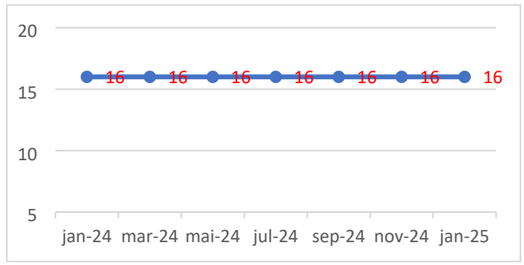
Risk Lead	Director of Digital	Assurance committee	• Operational Delivery Committee • Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**4**	**16**
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to the risk scores this period.

Risk Score Trajectory



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
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. Timeframe: 2-3-year programme of work.
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.
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.
3. 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 26th July using the facilities in the University of South Wales. We are working in conjunction with the Health Board emergency planning lead to ensure greater understanding of risk to service delivery (from a service perspective) and with external service providers most notably 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.
4. 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.
5. 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.

6. 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.
7. Integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board	Programme agreed with WG, DHCW and Swansea Bay University Health Board and year 1 delivery exceeded milestones. Year 2 ongoing however constraints exist most notably with regards to availability of capital funding. May 16th, 2025 has been identified as the agreed merger weekend for WPAS. Timeframe: 2-3-year programme of work.
8. 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.
9. 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.
10. 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)
11. 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.
12. 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.
13. No resourced function within CTMUHB focussing on benefits realisation	There are no dedicated benefits realisation resource however the function is ~~will form~~ part of the wider Digital Transformation team as part of business analysis and business change roles.
14. 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 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.

15. Recruitment challenges due to short term funding allocations leading to an increased use of contracting arrangements.	Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Integrated Medium-Term Plan (IMTP). Timeframe: Additional resources are being added to the team this year however recurrent funding is still a challenge for some of the National Programmes.
16. Information Commissioner Office (ICO) Audit planned to be completed March 2023.	Mitigated - ICO have signed off their audit engagement with CTMUHB as completed and satisfied sufficient plans are in motion.

Linked National Priority Measures

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

- Teams from across Digital & Data have supported the response to the Critical Incident at the Princess of Wales, Bridgend
- Risk relating to the removal of the current video consultation solution has been identified – current arrangements have been extended to March 2025
- The ePMA programme is underway, full governance structure is in place, and system configuration is on target. Go-Live is planned for Autumn 2025.
- Digital and Data team are supporting the procurement of Regional Diagnostic Hub at the Llantrisant Health Park site.
- The rollout of new desktop PCs, replacing older thin client devices is continuing at pace.
- The rollout of new Wireless Access Points continues across CTMUHB with a recent focus on Ysbyty Cwm Rhondda (YCR), a survey of our WiFi service in the 3 major District General Hospitals begins in the New Year.
- The patient contact and medical records transformation business case has been finalised and ongoing discussion with WG regarding next steps.
- Activity relating to Critical Care services needs to be planned for 2025/2026. The current solution is being updated to ensure the correct infrastructure and operating system provides a fully supported clinical solution.
- A business case for a digital mental health platform has been developed in partnership with Betsi Cadwaladr University Health Board has approved by the CTMUHB Board. The Business Case has been submitted to Welsh Government and approved. Awaiting funding allocation letter.
- Progress continues to be made with Bridgend disaggregation programme with a further consolidation of clinical systems. WPAS merger is on track to deliver in May 2025.
- Disaggregation of the telephone system in Bridgend from Swansea Bay has been completed.
- The national Radiology Information System replacement programme is progressing to plan and is expected to deliver to the current project timelines.
- The LIMS2 project timelines have been revised with CTM go live in October 2025 rather than August 2025.

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

Critical incidents under NIS-D:
Nothing to report.

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**
4337	Integrated Patient Records across the Health Board	**16**
4671	NHS Computer Network Infrastructure unable to meet demand	**16**
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	**15**
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	**15**

INSPIRING PEOPLE	Strategic Goal: **Inspiring People** • Viable and inspiring leadership • Promoting diversity and inclusion • Embedding our values and behaviours • Encouraging local employment		Risk score **8**
Strategic Risk: Leadership and Management – (Risk No.6)			
If we fail to provide compassionate and effective leadership at all levels of the organisation and all professions to empower and enable our workforce	***Then*** there will be lack of confidence to enable informed decision-making at the appropriate level and to implement organisational change	***Resulting in*** lack of commitment and engagement, poor communication, deterioration of staff wellbeing, and difficulty in recruiting and retaining the staff we need	

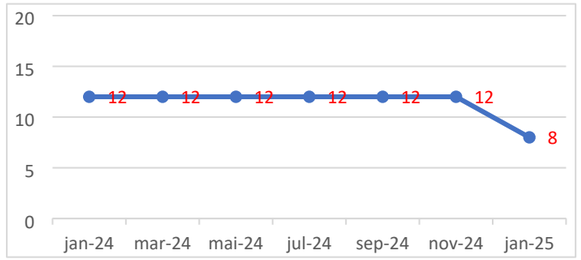
Risk Lead	Executive Director for People	Assurance committee	• Operational Delivery Committee • Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**2** ~~**3**~~	**8** ~~**12**~~
Target	4	2	8
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

Risk score reduced from a 12 to an 8 this period and therefore target score has been achieved and risk can be closed.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The Health Board is emerging from the Phase 1, 2 and 3 Organisational Change Programmes (OCP) that have seen CTMUHB move from a locality-based model, to one that operates services on a pan-CTM basis. We recognise through the OCP lessons learned, and through workforce metrics and surveys that we still need to work on developing our leadership capability. We need to make clear what good leadership looks like and ensure there is support to enable implementation in order to deliver on our IMTP objectives. In recognition of the controls set out under this risk, and with new programmes and tools launching into the system, score reduced to 8 with the first module of Inspire taking place January 2025.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	As the target score has been met this strategic risk will now be closed following agreement by the Board in January 2025.

Current Control Measures

Leadership Development

- CTM Leadership Hub developed on HEIW's Gwella portal, providing an inclusive and centralised space for staff to access in-house and HEIW's leadership development offer.
- Ignite: Leading Self programme available to all staff via Gwella, developing the essential skills that underpin management.
- Inspire: Leading Systems Cohort 1 launching November 2024, with approx. 26 Care Group Leads (start date was moved to accommodate incident response activity, with a targeted priority group forming cohort 1 to enable richer relationship formation)
- 360 Feedback Module procured via HEIW for use throughout leadership development offer, starting with Inspire Cohort 1.
- Work ongoing to scope and design a wider leadership development offer, building micro-credentials to align to 'leading self, others and systems' alongside the 8 leadership competency areas.
- Maternity and Neonates Aspire cohort ongoing (due to complete early 2025), with Band 8s completing virtual content and attending in-person Action Learning Sets.
- HEIW Compassionate Leadership train the trainer event attended with Michael West, with some components already delivered as part of Maternity and Neonates Aspire cohort.
- HEIW Compassionate Leadership 2-day programme available (2 facilitators trained). Expressions of interest being taken to explore need.
- Board Development Session 24th August 2023 – Compassionate Leadership.
- Learning partnerships with University of South Wales, the Institute of Leadership and Management, HEIW, The Kings Fund and Academi Wales.
- Establishment of Leadership Coaching & Mentoring Network.
- Specific & targeted leadership development work within specific services, e.g. Maternity, Nursing, Medics
- Training development between DoTHS and University of South Wales to deliver identified leadership priorities for AHP & HCS leads.
- Leadership Competency Framework has now been developed and aligned to Values & Behaviours, the evidence review and wider Culture work; with input from Subject Matter Experts for each categories. This will then form the basis of the revised leadership development programmes which includes psychometric profiling.
- Senior leadership structure within the People division stabilised with recruitment into Assistant Director of Leadership & Culture and Head of Organisational Development & Inclusion posts.

Leadership Engagement with the workforce

- Leaders Headlines Briefing issued by the Director of Communication, Engagement & Fundraising.
- Local Partnership Forum
- Local Negotiation Committee (medical and dental)
- Clinical Advisory Group
- Staff Q&A with the Chief Executive via MS Teams
- CEO and Senior People Team meetings with Trade Union partners held on a monthly basis.

Employee Wellbeing

- Employee Experience Programme
- Emotional Wellbeing Care Pathway
- Occupational Health Services
- Employee Assistance Programme
- Staying Well Plans as part of the PDR Your Conversation meetings
- Financial Wellbeing Care Pathway
- Wellbeing surveys (Annual)

Sources of Assurance (Internal and External)

Internal Assurances

- Inspiring People Board established and scheduled for each quarter
- Workforce and Organisational Development metrics report
- Employee Relations Update
- Medical Workforce and Efficiency Report
- Statutory and Mandatory Training Compliance Report
- Targeted intervention process incorporated as business as usual.

- Annual Wellbeing surveys undertaken, last one launched in May 2023.
- Internal Audit took place in January 2024, with action plan created to meet requirements
- PDR – *Your Conversation* training package launched October 2022 and being expanded into 2024
- Living Wage Employer Status – achieved in February 2023.
- Disability Competent Leader awarded in February 2023 for a further three years.

External Assurances

- Teaching Hospital status renewal
- Corporate Health Standard Gold accreditation received in February 2023. Platinum assessment achieved in March 2023; awards will be retained for the next three years following which the awards will cease to exist.
- National Staff Survey closed December 2023, awaiting results from HEIW
- Improved levels of leadership accreditation in staff gaining external qualifications (ILM/CMI).

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps
1. Full implementation of leadership development programmes and embedding in practice	Business as usual activity that will continue. • Working with Executive and Care Group teams to drive accountability and uptake of programmes across the Care Groups, integrating with local development plans in-line with Phase 2 organisational restructure. • Working with HEIW ongoing to improve engagement data in order to drive accountability.
2. Measuring impact of Organisational Development interventions	Business as usual activity that will continue. • Quantitative data around engagement and completion of the programmes is shared with Care Group/ Directorate Leads via the Heads of People on a monthly basis. • Evaluation of the leadership development offer is continuous, with an evaluation framework embedded into the programmes. This data supports the internal audit being out by Shared Services.
3. Improved accessibility to leadership and management toolkits via an online repository, in partnership with HEIW.	Business as usual activity that will continue. • Leadership Hub on Gwella provides access to all staff. • This includes facilitating all programmes via the Gwella Learning Management System, bringing an annual cost saving of £40k and further aligning the Health Board's offer to HEIW's resources. • The aim of this is to increase visibility and accessibility of CTM's leadership offer, whilst also providing a space to collaborate with other services to establish a wider range of leadership development pathways (e.g. managing wellbeing at work). • The Health Board also continues to inform the Compassionate Leadership resources being developed by HEIW.

Linked National Priority Measures

Culture, Values and Behaviours

- Percentage of staff who report that their manager takes a positive interest in their health and wellbeing
- 26. Percentage compliance with all Level 1 competencies of the Core Skills and Training Framework by organisation
- 27. Percentage of sickness absence rate by staff

Current Performance Highlights

This question is not specifically asked in the Wellbeing Survey. We know that, on average, 64% of referrals to Vivup are from Managers.
Please refer to latest performance dashboard information under the people services section.
Inspire programme commenced with first phase 'Discovery' in place, which includes Clevery psychometric profile, 360 feedback, Competency Framework and Leadership PDR.
Learning and development offers in place with 11 in person development sessions delivered (July-Sept), highlights from feedback include "this is the first tangible training of its kind that has been provided and as well as teaching us new things, it was also good to affirm that we are already using aspects of the frameworks that were highlighted this morning".
Investment in psychometric assessors has enabled use of individual leadership psychometric tool for 121 leadership development. This is being used to give leaders insight on their preferences and impact, encouraging leaders to share their reports with each other, fostering calibration of desired leadership behaviours and developing their informal support networks.

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

Critical incident at Princess of Wales Hospital alongside ongoing site pressures forced the delay of Inspire module 1 to January 2025, in order to ensure full attendance and engagement from Care Group Leads.

Associated Risks escalated to the Organisational Risk Register

Nil

INSPIRING PEOPLE	Strategic Goal: **Inspiring People** • Viable and inspiring leadership. • Promoting diversity and inclusion. • Embedding our values and behaviours. • Encouraging local employment		Risk score **12**
Strategic Risk: **Culture, Values and Behaviours – (Risk No.7)**			
If the Health Board fails to put the values of the organisation into practice	***Then*** we will not have a culture that embraces inclusion, openness, innovation and teamwork	***Resulting in*** poor experience for staff and patients alike, diminishing the trust and confidence of our population	

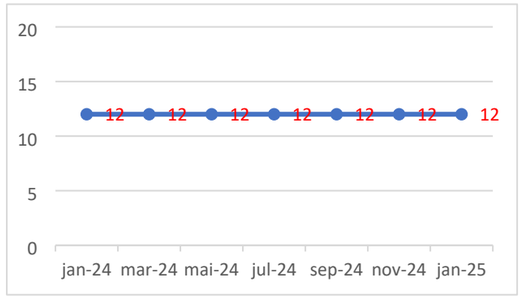
Risk Lead	Executive Director for People	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**3**	**12**
Target	4	2	8
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The score remains unchanged although progress continues to be made as the Health Board's work on Culture, including values and behaviours becomes more defined with a focus on how we are working to address inequalities within CTMUHB. 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.e. Treat, Tolerate, Transfer etc.*	This risk will be treated and managed through the expansion of programmes of work that supports culture change – this is following a Culture Current State Analysis which was undertaken during the Summer 23 and a framework for a draft Culture Plan developed. Strategic Equality Plan (SEP) consultation now closed and–action plan has been signed off by the Board in March 2024 and subsequently published. The SEP underpins the health board's strategic goals and aims to create an inclusive environment that welcomes diversity and helps to build a workforce that better represents our communities.

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 2025Annual 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
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
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.
4. Cultural Health Check diagnostic tool now been superseded by the Affina OD diagnostic model	• National Staff Survey complete and results made available from May 2024 with action planning now taking place.
5. Current Strategic Equality Plan (SEP) has been updated to align with the changing national context.	• The Strategic Equality Plan (SEP) has been approved at the Board and now published. Action complete and will be removed.

Linked National Priority Measures

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

26.7% response rate to NHS Wales 2024 Staff Survey with results expected Q4 2025.

61.65% of the organisation have had a PDR/Appraisal within the last 12 months.

NHS Staff Survey 2024 has been launched with Staff Roadshows planned across key sites in October 2024 and free coffee offered to those who complete it.

In August 2024 a Speaking Up Safely exploration workshop was held with key stakeholders, to reflect on key activities in the last year, and to plan activities to accelerate practices – this has resulted in SharePoint site review, SUS telephone number for reporting incidents moving into Governance.

Team Development offer live and socialised with Heads of People (including Affina diagnostic tool mapped to CTM's leadership competency framework).

Team Assessment process live for assessing 'Cultural Competence' in providing inclusive environments. To date 4 (or the 12 teams identified) have been awarded the Black, Asian, and Minority Ethnic Cultural Competence Certification from Diverse Cymru. This activity contributes to the delivery of our Strategic Equality Plan.

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

		Risk score **16**
SUSTAINING OUR FUTURE	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	

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

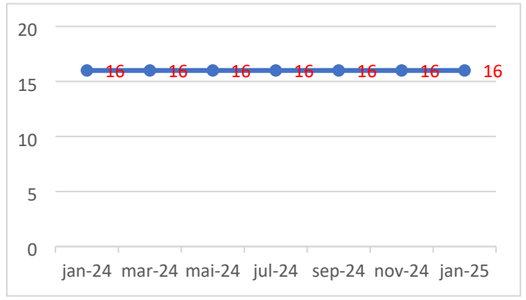
Risk Lead	Executive Director of Strategy and Transformation	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score
Initial	4	5	20
Current	**4**	**4**	**16**
Target	4	2	8
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to the risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce and financial capacity constraints, which limits the available investment into the environmental infrastructure.
Risk Treatment Assessment *i.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 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.

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
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
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
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.
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.
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. Ongoing.
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

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

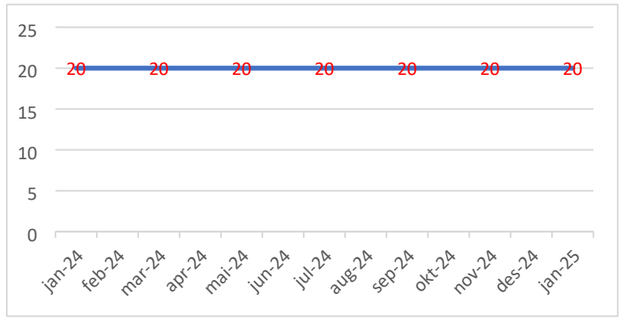
	Consequence	Likelihood	Score
Initial	5	4	20
Current	**5**	**4**	**20**
Target	4*	2	8
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

No change to the 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



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	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.e. Treat, Tolerate, Transfer etc.*	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. ~~awaiting sign off.~~
- 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
1. Recurrent funding to support the development and implementation of the Acute Clinical Service Plan	Review of resource options underway.
2. Delay in developing health protection / immunisation capacity	Recurrent funding for 24/25 onwards now secured. 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. ~~discussion with WG.~~
3. Strategic Focus on prevention/ inequalities	CTM2030 strategy; Creating Health Portfolio board Creating Health Delivery Plan drafted in Q4 2023/24. Health Protection Strategy.
4. 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.
5. 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
6. Coherent prevention (1,2,3) for high burden diseases	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc.
7. Ability to influence wider system partners/ determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)

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	**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 **16**

Strategic Risk: **Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk 10)**

If the Health Board fails to plan and manage its revenue resources within the Revenue Resource limits set by WG.	***Then*** we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3 year period) and also the planned break-even position for 2024-25.	***Resulting in*** inability to fund planned improvements and new services, and increased regulatory scrutiny and enforcement.

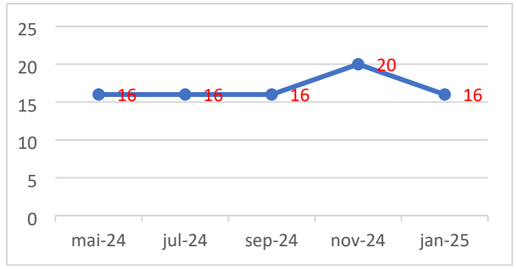
Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

	Consequence	Likelihood	Score
Initial	4	4	16
Current	**4** ~~5~~	**4** ~~5~~	**16** ~~20~~
Target	4	3	12
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

Risk score reduced from a 20 to

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	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 Month 8 position was a £(2.8)m surplus and the Month 8 Year to Date (YTD) position is now a £0.4m deficit. The significant improvement reported in Month 8 was due to £7.5m of additional financial support received from Welsh Government which is why the risk score has decreased from a 20 to a 16 this period.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	The financial plan highlights a number of significant risks for 24/25. This risk will therefore be ***treated*** until there is confidence that the Health Board can achieve the planned break even position.

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
1. Understanding of budgetary control and procurement processes in some services	• Deliver budget holder training within Care Groups/Directorates – *Ongoing throughout 2024-2025.* Deliver procurement training to departments where compliance with procurement processes is low - *Ongoing throughout 2024-2025.*
2. A recognised risk of shortfalls in savings delivery	• Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 24/25. • Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. • Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.

Linked National Priority Measures

1. YTD position
2. Savings plan position

Current Performance Highlights

- The M8 position was a £(2.8)m surplus and the M8 YTD position is now a £0.4m deficit. The significant improvement reported in M8 was due to £7.5m of additional financial support received from WG.
- The main driver for the £0.4m YTD deficit is a £9.6m shortfall in savings delivery, offset by £ (9.2)m of other favourable variances.
  As a result of this financial support, the Health Board was able to maintain a forecast break-even position at M8. The net risks to the forecast breakeven position have also reduced to £3.4m (M7: £11.7m).

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

Not an incident but a significant event this period was confirmation of additional recurrent financial support from WG of £7.5m.

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 - reduced from a risk score of 20 to a 16 in January 2025 iteration of the Organisational Risk Register.
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 Quality & Safety Committee

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Carolyn Donoghue, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Quality & Safety Committee at its meeting on 19 November 2024.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The purpose of the Quality and Safety Committee is to provide assurance to the Board on the provision of workplace health & safety and safe and high-quality care to the population we serve, including prevention through public health, primary and secondary care.

2.2 The Committee will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Ensure appropriate arrangements are in place to support workplace health & safety.
- Provide evidence based and timely advice to the Board, based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Board in relation to the CTMUHB's arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.

3. Highlight Report

Alert / Escalate	**<u>Positive Escalation</u>** • Members received a **Listening & Learning Story** which related to 'Dare to dream' Music Sessions that had been provided to Care of the Elderly patients and noted the beneficial impact of music therapy; • The report from the **Clinical Executives** was received. Members noted the reduction in onboarding of patients with a focussed response being in place where possible through the prompt actions of the Unscheduled Care Teams; • The **Planned Care Group Highlight report** was received. Members commended the immense effort of all Teams in their response to the critical incident at Princess of Wales Hospital; **<u>Areas of concern:</u>** • A spotlight report was received on **Sexual Safety and Safeguarding**. Members noted the data identified through

	Sexual Safety activity and that further work would be undertaken to address the position; • The **Mental Health & Learning Disabilities Care Group Highlight Report** was received. Members raised concerns in relation to the wider impact of estate issues where they may present a quality and safety risk to patients and services provided by the Health Board. Committee Members agreed to consider how the assurance on these matters were being captured; • The **Primary Care and Communities Care Group Highlight report** was received. Members expressed concern in relation to the waiting times for General Anaesthetics within Dental Services and noted the need to explore outsourcing and additional flexibility that would hopefully be made available within the Health Board.
Advise	• The **Children & Families Care Group Highlight report** was received. Members noted that regular visits were being undertaken to staff who had been impacted by the Critical Incident at Princess of Wales Hospital to check in on their wellbeing and noted that a short-term solution had been put into place regarding Health Visiting Bridgend paper records whilst a longer-term digital solution was being sourced; • During discussion held in relation to the **Unscheduled Care Group Highlight Report**, Members agreed to receive a future spotlight report on the Welsh Ambulance Services NHS Trust (WAST) Joint Investigation Framework; • The **Diagnostics, Therapies, Pharmacy & Sciences Care Group Highlight Report** was received and noted; • The **Healthcare Inspectorate Wales Action Plan Tracker** was received. Members noted the ongoing activity being undertaken to address the outstanding recommendations; • Members received an update on **Coroners Cases and Inquest** activity within the Health Board which included an outline of the plan for future reporting in relation to themes and trends; • The **Welsh Risk Pool and Legal & Risk Services Annual Review for 2023-24** was received. In the **In Committee session** Members noted the data specific to the Health Board's performance regarding clinical negligence matters, personal injury claims, redress cases, and learning assurance. Members also noted an increase in the litigation profile.

Assure	• In discussing the **Spotlight Report on Sexual Safety and Safeguarding**, Members noted the approach being taken to implement prevention measures, interventions and develop a robust sexual safety policy for CTM, which was being delivered in collaboration with the Patient Safety and People Teams, and noted how this will be reported through Committee and Board structures as appropriate; • In discussing the **Clinical Executives report**, Members noted that the 'Harm Free' Agenda was being integrated into the Improving Care Board with a robust governance structure in place. Members also noted the activity being undertaken on 'Falls Prevention' given that this had been an area of concern for the Committee previously; • The **Organisational Risk Register** was received. Members were assured on the mitigations being taken to manage the risks escalated to the Organisational Risk Register; • The Committee received an update on the progress made with providing health care services within the **HMP prison** since December 2022. Members advised they would find it helpful to receive a more detailed update on Parc Prison at a future Board Development Session given the number of complexities within the service; • The Committee received the **Duty of Candour Annual Report**. Members noted that awareness was being raised on Duty of Candour at the Listening & Learning Events; • Members received the **Quality Dashboard** and recognised the improvement in performance activity highlighted within the report.
Inform	• A verbal update was received in relation to the Health Board's response to the **UK Covid-19 Public Inquiry**. The following items were received via the Consent agenda for approval: • Unconfirmed Minutes of the meeting held on 18 September 2024 • Unconfirmed Minutes of the In Committee meeting held on 18 September 2024 The following items were received via the Consent agenda for noting: • Committee Annual Cycle of Business 2024 and 2025 • Forward Work Programme • Quality, Safety & Experience Committee Terms of Reference • National Collaborative Commissioning Unit Quality Improvement and Assurance Service Annual Position Statement

	• Joint Commissioning Committee Quality & Patient Safety Committee Chairs Report • Clinical Policies Highlight Report • Safeguarding & Public Protection Annual Report • Prescribing Annual Report • Clinical Audit Quarterly Report • Clinical Education Annual Report • Antimicrobial Resistance Report • Organ Donation Committee Annual Report • Access to Medicines Committee Annual Update
Appendices	Nil.

4. Assessment

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

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

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

5. Recommendation

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

Agenda Item
5.5.2

CTM Health Board

Highlight Report from the Quality, Safety & Experience Committee

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
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	Carolyn Donoghue, Committee Chair/Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Quality, Safety & Experience Committee at its meeting on 21 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 Quality, Safety & Experience Committee is to provide assurance to the Board on the provision of workplace health & safety and safe and high-quality care to the population we serve, including prevention through public health, primary and secondary care.

2.2 The Committee will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Ensure appropriate arrangements are in place to support workplace health & safety.
- Provide evidence based and timely advice to the Board, based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Board in relation to the CTMUHB's arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.

3. Highlight Report

Alert / Escalate	**Pressure Ulcer Prevalence Audit 2024 –** The Committee received a comprehensive presentation, noting the following key points: • That the audit is conducted annually in secondary care, involving ward managers and the tissue viability team to assess the quality of pressure ulcer prevention. • The updates on Prevalence Findings, Key Findings and Validation by Tissue Viability Team were noted. • Assurance was provided that the data will be used to review and inform staff education and targeted improvements, working with various departments to enhance pressure ulcer prevention. The Committee expressed concerns on the equipment challenges being faced, specifically slide sheets, which are essential for patient care, preventing pressure ulcers and supporting staff physical health (for example, safe moving and handling techniques). Highlighting the significant impact this shortage has

	on patient harm, staff time, and overall patient care. The Patient Care and Safety Team agreed to provide a report to the next meeting on the work of the Pressure Ulcer Group to address the improvements needed. **Mental Health and Learning Disabilities Care Group Update -** Medical Challenges: Significant challenges in the Adult Mental Health Directorate due to consultant psychiatrist vacancies and sickness. Contingency plans have been developed; however, these are not sustainable, and the team are revisiting the plan to develop more viable options.
Advise	The Committee noted the performance presented via the **Patient Safety & Quality Dashboard** for the period 1 November 2024 to the 31 December 2024. It was noted that this is the first month the 'Harm Free Care' agenda is now reporting. The Committee welcomed the update on the Harm Free Care agenda, noting this process includes reporting on inpatient falls, pressure damage, hydration, and nutrition. The first month of reporting into the Improving Care Board has begun, and a biannual report will be presented to the Committee in the next 3-4 months. This report will detail CTM level learning and interventions based on the data collected. **Stroke Services Update –** The Committee noted the following: • the rationale for the decision taken on the temporary emergency service change for stroke, which was to maintain a safe and effective acute Stroke Service for CTMUHB's patients and communities. It was noted that following an options appraisal a decision was made to centralise all Stroke services at the Royal Glamorgan Hospital. Whilst challenges and risks have been identified as a result of the emergency service change, the Committee were assured of the mitigations in place to manage the risks and the close monitoring that is underway. • An update on the pace at which regional solutions were being explored through the South East Wales Programme Board. • The need to reinstate local access to TIA (Transient Ischemic Attack) services as soon as possible, however, it was noted there is a balance to be maintained due to the limited number of doctor sessions available. CTM are liaising with neighbouring Health Boards for support to increase TIA capacity as this will support outpatient capacity. The Committee noted the following key updates from the **Clinical Executive Report:** • A significant engagement initiative on **visiting times**, is underway, noting that this comprehensive process, set to

conclude by the end of January 2025, aims to standardise visiting practices across CTMUHB's inpatient areas, aligning them with specific care requirements.

- CTMUHB demonstrated its commitment to excellence in nursing care, with **notable achievements at the Royal College of Nursing (RCN) Wales Nurse of the Year Awards 2024.**
- Commended the **leadership of the Senior Infection Control Lead** in the Health Board in response to the Winter IPC pressures and the patient flow and overcrowding in Emergency Departments.
- An update on CTMUHB's delivery against the actions under **Call 4 Concern (Martha's Law**).
- CTMUHB Diabetes Paediatric Lead has been appointed as the **new Clinical Director for Paediatrics** so this is a positive sign that Diabetes will be a big focus of their work going forwards.
- A **new professional Head of Radiography** has been created through restructuring of existing leadership roles. This role has been successfully recruited, addressing a service need and feedback from staff engagement.
- There was a great response to the **staff survey across Healthcare Science and Allied Health Professionals**, attributed to a history of taking action based on feedback, particularly in speech and language therapy.
- **Re-accreditation of Echocardiography** at the Princess of Wales Hospital is underway.
- **Winter Respiratory season update**, noting that overall CTMUHB is seeing a higher incidence of flu this season compared with last, RSV is a similar position to previous years and current rates of Covid-19 are low.
- There is immediate ongoing **work to increase vaccine uptake** in CTM, as well as longer-term planning to address key inequalities.

The following Care Group updates were received:

Primary Care and Community:

- Salary Dental Services: There have been disruptions in response to the critical incident at Princess of Wales Hospital, however, teams are working to escalate and resolve these issues. It was agreed that the Committee may wish to include a targeted update on the challenges in dental services at future meetings.
- District Nursing and Specialist Nursing Services: Ongoing work with the Community Nursing Specification driven by Welsh Government directives.
- Parc Prison: Significant improvements have been made; however, further work is needed. A recent health and social

	care needs assessment identified 105 action points to address. • Nurse Recruitment at Parc Prison: Successful recruitment efforts have reduced nursing vacancies from 17 to 3. • Complaints and Incidents: Medication incidents are a significant theme in the prison, and there has been a shift from formal complaints to early resolutions due to increased PALS staff and better team organization. • It was suggested that Parc Prison updates, whilst remaining as part of the Care Group update, are separated out in the Quality Dashboard reporting moving forward. **Children and Family Care Group** • Maternity and Neonatal Temporary Closure: Progress on air handling, electrical work, and fire dampening. Phased return plan starting with neonates. • Health Visiting: Improvement noted post-industrial action. Oversight board and improvement plan in place, with positive monthly reports on Growing Skills Assessments. • Paediatric Bed Pressures: Respiratory season causing pressures across three sites. Adapted area for Paediatric Assessment Unit (PAU) and five chairs effective, with strong teamwork from nursing and medical staff. • Delighted to welcome a new Paediatric Clinical Director and commended the current Clinical Director for Paediatrics, who will soon be departing the role, for their and the wider clinical leadership team, for the significant improvements to the neonatal service and plans. • Emphasised collaborative efforts and ongoing improvements. • Noted the maternity and neonatal metrics dashboard. **Unscheduled Care Group** • Stroke Service: Emphasis on monitoring and evaluation, with weekly meetings and alignment with strategic and national groups. Focus on capturing SNAP data and patient experience metrics. • Staff Well-being in relation to recent moves: Significant concern for staff well-being, with close collaboration with trade union colleagues and clinical psychology support. Implemented one-to-one meetings with staff before and after the move, with ongoing support and lateral move policy to ensure staff stability and satisfaction. • Positive embedding of AMaT as an inspection tool to inform learning. • Patient Experience: Despite pressures, there continues to be a focus on patient experience, and attention was drawn to Prince Charles Hospital ward team organising afternoon teas for patients and relatives.

Planned Care – Care Group

- Elective Orthopaedic Surgery: The elective orthopaedic arthroplasty service will recommence on January 29th due to temporary facilities at the Royal Glamorgan. The vanguard unit is expected in April.
- Ophthalmology Cataract Service: This service will restart on January 27th as the ICU has moved to its second temporary home.
- Cancer Surgery: Despite pressures, cancer surgery and urgent cancer cases have been maintained since December 30th.
- Critical Care Units: Significant pressure on critical care units, with overcapacity at Prince Charles Hospital and Royal Glamorgan, however it was noted that there has been a recent decrease in cases.
- Ward Accreditation: Planned care wards in Prince Charles Hospital and Ward 10 in Royal Glamorgan Hospital received bronze accreditation.
- The Ward Manager on Ward 7 at the Royal Glamorgan Hospital received the South Wales Trauma Network GREATix Award for high levels of care.

Mental Health and Learning Disabilities Care Group

- Right Care Right Person: Implementation of phases three and four have been delayed until March 2025. The team are working closely with South Wales Police, national and regional colleagues to seek clarity on arrangements and progress plans for conveyancing. The Committee recognised the concerns and potential risks as a result of the delays, however, welcomed the assurance as to the mitigations in place.

Diagnostics, Therapies, Pharmacy & Specialties

- Gamma Camera: The issue with the Gamma camera at Royal Glamorgan Hospital has been resolved.
- MRI Pacemaker Service: Limited scanning of patients with implanted pacemakers has begun at Prince Charles Hospital, with plans to expand to more complex devices.
- Laboratory Information Management System challenges: Several issues have resulted in increased staff workload, with a presentation scheduled at Operational Management Board later this month.
- Haematology Service: An urgent meeting was held, and a plan is being developed within seven weeks to address the future of haematology services, including Bridgend.
- Medical Illustration: There are three unfunded posts, and referral compliance is being reviewed to manage demand.

	• Radiology: Successful use of mobile scanners at Llantrisant Health Park has reduced waiting times, and the development of the CDH on that site is anticipated. • Since the centralisation of the breast service at the Snowdrop Centre, CTMUHB now has the best-performing breast service in Wales by a significant margin. **Mortality Indicators and Mortality Reviews** • Mortality Dashboard: A new dashboard combining data from ONS and feedback from families to provide a detailed view of mortality within CTMUHB. • Mortality Board: Established in December 2024 to review trends and data, aiming to feed insights into care groups for quality improvement. • Communication with Medical Examiner (ME) Service: Ensuring strong communication to resolve any disagreements on cause of death and avoid duplication of work. The **Organisational Risk Register** was received. Members noted the continued positive uptake of Risk Management Awareness training sessions.
Assure	The Committee noted within the **Clinical Executive Report** the positive work undertaken by: • the **Medical Workforce Productivity Group** where a huge improvement from the Children and Families Care Group has been evident with job planning, performance and agency spend, showing significant improvements. The work of the Consultant in Obstetrics Gynaecology and Sexual Health was recognised in terms of the leading this improvement activity. • the **Allied Health Professionals service redesign** in response to quality and performance challenges, resulting in significant impact on waiting times, quality of service provision, and patient experience and outcomes. A thematic spotlight presentation regarding **Welsh Ambulance Service Trust (WAST) Joint Investigation Framework – Thematic review** was welcomed, recognising the recommendations and the tangible learning from the reviews which will continue to be shared via the Unscheduled Care Group to support continuous learning. WAST and CTMUHB will continue to work collaboratively and with relevant service providers on projects and quality improvements, regarding the use of the right services at the right time by all service users. In response to the discussion on this item the Committee agreed to consider further reporting into the Committee on this activity avoiding duplication with other reporting mechanisms where appropriate. **Private (Closed Session) of the Committee**

	• **Shared Listening and Learning Story -** The Committee received a powerful story from a patient who shared their experiences of care received by Mental Health services. Whilst the patient provided consent for their story to be shared internally, the patient did not provide consent for their story to be shared externally. The Committee were assured of the lessons that have been learnt from this patients' experiences. **Safeguarding Strategy** - The Committee endorsed for Board approval the Safeguarding Strategy noting the following points: • Developed in response to a joint inspection on child protection arrangements and recommendations from Health Inspectorate Wales (HIW), with the purpose to maintain a clear focus on safeguarding over three years, ensuring a whole-organisation approach. • There has been collaboration with care groups and partners, aligning with the Cwm Taf Morgannwg Safeguarding Board's three-year strategic plan and health and care quality standards. • A robust work plan for 2024-2025, overseen by the Safeguarding Executive Group, to track progress and escalate issues as needed is in place.
Inform	The Committee 'Approved' and 'Noted' the following items on the **Consent Agenda**: *For Approval:* • Unconfirmed minutes on the Public Committee meeting on 19 November 2024. • Unconfirmed In Committee minutes of the meeting held on 19 November 2024. • CTM Learning Academy. *For Noting:* • Non-Routine Committee Business (Forward Plan). • Annual Cycle of Business. • Report from the Medicines Safety Group. • Human Tissue Act (2004) Compliance and Progress Report • Joint Commissioning Committee Quality & Patient Safety Committee Chairs Report 4 November 2024. • Healthcare Inspectorate Wales Improvement Plan Tracker Report. • Cwm Taf Morgannwg University Health Board Infant Feeding Strategy 2025-2030. **Private (Closed Session) of the Committee** • The Committee were informed of a matter relating to a **Publication of a Reg 28, Prevention of Future deaths report,** issued on 17 January 2025.

Appendices	Nil.

4. Assessment

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

Impact Assessment		
	Yes: ☐	No: ☒

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

5. Recommendation

5.1 The Quality, Safety & Experience Committee is asked to **NOTE** the highlights outlined in section 3 of this report.

Agenda Item
5.5.3

CTM Health Board

HIGHLIGHT REPORT FROM THE CHAIR OF THE DIGITAL & DATA COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Ian Wells, Digital & Data Committee Chair / Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
IMTP	Integrated Medium Term Plan
POWH	Princess of Wales Hospital

1. PURPOSE

1.1 This report provides the Board with details of the key issues considered at the meeting of the Digital & Data Committee which took place on the 29 November 2024.

1.2 Key highlights from the meeting are reported in section 3.

1.3 The Board is requested to **NOTE** the report.

2. PURPOSE OF THE DIGITAL & DATA COMMITTEE

2.1 As a result of the Effective Management of Board Business Review approved by the Board in March and September 2024, the Digital & Data Committee has been disbanded and a new Committee structure implemented with effect from the 1 January 2025. The 'Digital and Data' business will form key elements of the new Committee structure, predominantly within the Strategic Development Committee and Operational Delivery Committee.

2.2 The role of the Committee was to seek assurance on behalf of the Board in relation to the Health Board's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

2.3 The Committee also provided advice and assurance to the Board in relation to the direction and delivery of the Digital and Data Strategies to drive continuous improvement and support digitally enabled health care to achieve the objectives of the Health Board's Integrated Medium-Term Plan (IMTP).

2.4 As outlined above this remit has been incorporated within the new Committee Structure, however, the remit has been referenced here to support this highlight report from the last meeting of the Digital & Data Committee in November 2024.

3. HIGHLIGHT REPORT

ALERT / ESCALATE	**POSITIVE ESCALATION:** • Discussions held throughout the Committee highlighted the exceptional Digital and Data **response to the critical incident at Princess of Wales Hospital**. It was recognised that the response is testament to the significant progress made against the digital strategy and transformation agenda. • Special commendation was given to all teams involved in the **Bridgend Disaggregation** for keeping the project on track. The recognition highlighted that the clinical systems and infrastructure activity is nearly complete, which is

	testament to the hard work and dedication of everyone involved.
ADVISE	**Organisational Risk Register:** • The Committee discussed key Digital and Data risks, specifically concerning risks 5276, 4337 and 5040, with assurances sought to mitigate the risks. **DIGITAL AND DATA IN COMMITTEE MEETING;** Committee Members were updated on the following: • Business Sensitive risks on the Organisational Risk Register; • Cyber Improvement plan; The continued delivery of effective clinical services • Digital Critical Incidents; Digital & Data incidents that occurred over the period.
ASSURE	**Digital Strategy and Transformation:** • The Committee recognised the challenges posed by funding limitations and ensuring digital interoperability highlighting the importance of the Strategic Delivery Plan. • Concerns were identified in relation to subject access requests and it was noted that escalation of these are via the Senior Information Risk Owner and Data Protection Officer due to the Health Board's role as data controller. **Clinical Safety Systems:** The item was identified as a Welsh Government priority area and mandated under Digital and Data improvement plans. The Committee acknowledged the role of CTM's Clinical Systems Safety Officer, however, noted that capacity challenges persist. **Digital and Data Assurance Report:** The report detailed the ongoing system and infrastructure projects, noting an increase in National Systems without Business Cases. The Committee noted the commitment to maintaining Digital and Data programs that are critical to sustaining healthcare delivery, despite funding and resource constraints. **Medical Records Assurance:** The Committee acknowledged the significant progress in the key areas of medical records handling, recognising the impact of POWH critical incident response due to the nature of the incident and the at pace moves required.

	Committee Legacy and Transition: The Committee were assured of the smooth transition of legacy Committee activities into the new Board Committee structure. Assurance was provided that no critical actions would be overlooked with the disbandment of the Digital and Data Committee and all remaining actions and activity on the forward plan would transition to the appropriate Committee in the new structure.
INFORM	The outcome and recommendations identified through the Internal Audit review of the intelligence led organisation were discussed. The Committee received reasonable assurance from the review. **The Committee Approved the following items at the meeting:** • Call recording policy • Clear desk and clear screen policy • Medical illustration policy **The Committee received the following items for noting in the meeting:** • All Wales Independent Member Network Highlight Report • Committee Annual Cycle of Business • Committee Forward Work Plan 2024-25 • Action Log
APPENDICES	**NOT APPLICABLE**

4. Assessment

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

150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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

Agenda Item
5.5.4

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE MENTAL HEALTH ACT MONITORING COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Geraint Hopkins, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	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 4th December 2024.

1.2 Key highlights from the meeting are reported in section 3.

1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE MENTAL HEALTH ACT MONITORING COMMITTEE

2.1 The purpose of the Committee is to advise and assure the Board that the arrangements to monitor and review the way functions under the Mental Health Act are exercised on its behalf are operating appropriately and effectively and in accordance with legislation.

3. HIGHLIGHT REPORT

ALERT / ESCALATE	• Members received a report on **Mental Health Act Quarterly Activity Report / Breaches Analysis of Unlawful Detentions report** and raised concerns about the lack of electronic recording system, however, noted a business case for a system will soon be presented to the Board.
ADVISE	• The Committee reviewed the **MHA operational group report** and found no immediate concerns for escalation. They will monitor future trends and take action if needed. • An update on the successful establishment of a safe space tribunal room at Prince Charles Hospital and securing a further two rooms was presented to the committee through the **Risks relating to monitoring of the MHA.** Members requested a review of the rooms at Prince Charles Hospital and Royal Glamorgan Hospital due to location and risk concerns in the Emergency Department. • The Committee received and noted the **progress report on power of discharge subcommittee.** • Members received the **Strategic Update from South Wales Police (SWP).** • The Committee received a verbal **strategic update from local authority partners**.

ASSURE	• Members received the **Organisational Risk Register**, it was highlighted there were no new risks, no risks were closed during the period and the scores for existing risks remained unchanged.
INFORM	**Unconfirmed Minutes of the Meeting held on the 5 June 2024** The minutes were **APPROVED** as a true and accurate record **Procedure for allocation of responsible clinicians and nominated deputy, Mental Health Act 1983** The Committee **APPROVED** the policy. **Annual Cycle of Business 2024-2025** The Committee **NOTED** the Annual Cycle of Business **Action Log** The Action Log was **NOTED**.

4. Assessment

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

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

Impact Assessment		
Ansawdd *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 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.

Agenda Item
5.5.5

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE PEOPLE & CULTURE COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Dilys Jouvenat, Independent Member/Committee 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**
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
EDI	Equality, Diversity and Inclusion
SUS	Speaking Up Safely
WG	Welsh Government

1. Situation /Background

1.1 This paper has been prepared to provide the Board with details of the key issues considered by the People & Culture Committee which took place on the 5th December 2024.

1.2 Key highlights from the meeting are contained in section 3.

1.3 The Board are requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE PEOPLE & CULTURE COMMITTEE

2.1 As a result of the Effective Management of Board Business Review approved by the Board in March and September 2024, the People and Culture Committee has been disbanded and a new Committee structure implemented with effect from the 1 January 2025. The 'People' business will form key elements of the new Committee structure, predominantly within the Strategic Development Committee and Operational Delivery Committee.

2.2 The role of the People and Culture Committee was to advise the Board on all matters relating to staff and workforce planning of the Health Board, and enhance the environment that supports and values staff in to engage the talent, nurture the leadership capability of individuals and teams, working together to drive the desired culture throughout the health service to deliver safer better healthcare.

2.3 The Committee also provided advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Integrated Medium Term Plan (IMTP).

2.4 As outlined above this remit has been incorporated within the new Committee Structure, however, the remit has been referenced here to support this highlight report from the last meeting of People & Culture Committee in December 2024.

3. HIGHLIGHT REPORT

ALERT / ESCALATE	• Positive Escalation – The Committee received a presentation on the **Shared Listening & Learning Story – NHS Staff Survey Diagnostics, Therapies, Pharmacy & Specialties (DTPS) Care Group Therapies Deep Dive.** The Committee noted the approach that had been taken to the NHS Staff Survey by the DTPS Therapies Care Group which had played a key role and provided a robust approach to the staff

	survey response for this year and congratulated the team. • Positive Escalation – A report was received on **Welsh Language – More than Just Words Report.** The Committee commended the work that had been undertaken in fostering a healthy Welsh Language culture above and beyond the Welsh Language Standards, and congratulated the team on the success of the recent CTM Welsh Language stand at the Eisteddfod, which had demonstrated passion and commitment from the team.
ADVISE	• The Committee **received** the **Workforce Metrics Report** for the period August - September 2024, which included historic trends. • The Committee **received** a report on the **Employee Relations (ER) Update,** noting the ongoing ER cases and trends within the Health Board. • The Committee received a report on the **Organisational Risk Register** for those matters where risks had a score of **15 or more** assigned to the Committee, noting actions taken to mitigate those high-level risks. • The Committee received a presentation on the **Leadership Launch Programme for Care Groups.** The Committee welcomed the update and the positive progress being made to support senior leaders in the organisation and develop a robust leadership programme, particularly with the recent organisational structure changes.
ASSURE	• The **Disclosure and Barring Service Checks Report** was received and noted. • The Committee received the **People & Culture Committee Final Close-down report for April – November 2024** which was **APPROVED,** noting that the actions proposed in section 2 of the report provided the required assurance that any legacy activity from the Committee had been managed effectively.
INFORM	• The **Minutes** from the meeting held on 7th August 2024 were **APPROVED.**

	• The **Urgent Chairs Action of the All-Wales Pregnancy Loss Policy** was **APPROVED.** • The **Urgent Chairs Action of the All-Wales Flexible Pensions Policy** was **APPROVED.** • The **Nursing and Midwifery Revalidation Policy** was **APPROVED.** • The **Committee Annual Cycle of Business 2024-25** was noted. • The **Action Log** was noted. • The Committee **Forward Work Plan** was noted.
APPENDICES	Not applicable.

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)) /* **Link to Domains of Quality**	Not Applicable If more than one applies please list below:

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

Impact Assessment		
Ansawdd *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 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.

Agenda Item
5.5.6

CTM Health Board

Highlight Report from the Local Partnership Forum

Dyddiad y Cyfarfod / Date of Meeting	10/12/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Nerys Heightley, Business Support Manager Karen Wright, Assistant Director for People Policy and Compliance
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 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	
Welsh Government	WG
Princess of Wales Hospital	POW
Royal Glamorgan Hospital	RGH
Prince Charles Hospital	PCH

Integrated Medium Term Plan	IMTP

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Local Partnership Forum, at its meeting on 10th December 2024.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The purpose of the LPF is to provide regular and formal dialogue between the Executive Directors and trade union / staff organisation colleagues. The meeting allows all parties to engage with each other to inform, debate and to seek to agree local priorities, on workforce and health service issues.

2.2 The LPF will provide the formal mechanism for consultation, negotiation and communication between the trade union organisations and the Health Board's management.

2.3 The meeting agenda is structured in two parts. Part 1 is the Business Part focused on operational matters, primarily with members of the People Directorate. Part 2 provides opportunity for engagement on Health Board strategic matters.

3. Highlight Report

Alert / Escalate	• The Trade Unions raised concerns regarding the functioning of some of the Care Group local LPF meetings. It was agreed that the Heads of People would meet with the trade unions early in the New Year, to discuss the concerns and agree a way forward.
Advise	• Each of the Heads of People provided **written Care Group Highlight Reports** regarding the progression of the Care Group Partnership meetings. No areas of escalation were noted in the reports. • The **CEO** provided an update in relation to the POW roof incident. The Health Board is working on mitigating the impact on elective surgeries and bed capacity, including bringing in temporary theatre capacity and exploring outsourcing options. It was highlighted the progress in cancer performance and diagnostic waits, despite the challenges. The Health Board is also focusing on developing a Clinical Services Strategy which will include integrating public health approaches and developing primary care services.

	• A **thank you to all staff** was provided on behalf of the Board, in recognition of the significant challenges faced in light of the impact from the critical incident, the positive staff response despite the continuing impact to services across CTM. • An **operational update** provided a detailed response to the POW roof situation, including the relocation of services and the phased roof replacement plan. The first phase is expected to be completed by mid-January 2025, allowing the return of maternity and neonatal services. Additional capital works are being undertaken, including fire compartmentation, installation of solar panels, and ward refreshes. Efforts are being made to address the bed deficit and restore elective surgery capacity through various measures, including temporary theatres and additional facilities.
Assure	• **Financial update** was provided highlighting a £3.2m deficit in year to date. Key risks have been identified which included the POW roof costs. Recent funding from WG has improved the outlook making the breakeven position more achievable.
Inform	• A **Staff Survey** update was provided following closure of the 2024 staff survey. There was a significant increase in the response rate this year, with a 26.7% completion rate. This is the highest response rate ever for the Health Board. The survey results will be used to continue improving the staff experience and engagement. • The IMTP was discussed in brief with the need to align performance, service plans, and finance to deliver a balanced financial plan. The planning guidance from Welsh Government is still awaited, and the financial allocation is expected around Christmas 2024. The requirement is that CTM will provide a Board approved plan by 31 March 2025. • A **Workforce Metrics Report** highlighted key areas which included a reduction in sickness absence. It was also noted in the report the positive impact that the Lateral Moves Scheme had had on nurse retention and the roll out of the scheme now to HCSW's. • The introduction of an **Annual Staff Recognition Event**, aimed at recognising and celebrating the hard work, dedication, and achievements of our employees. CTM wants this to be a memorable experience for staff, designed to boost morale and acknowledge the invaluable contributions of our workforce, in delivering great health care to the communities we serve. • A **Facebook job page** will be launched in January 2025, with the objective of increasing visibility of CTM job vacancies internally and externally, leveraging social media platforms to reach a broader audience. There will be a rotating focus on different staff groups each week e.g. Nursing, Estates, AHPs, including job vacancies, videos, and stories to showcase the

	work environment. Help is needed to support and encourage our staff to share posts and provide stories / case studies about their roles to enhance content.
Appendices	• N/A

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: Creating Health Improving Care Sustaining our Future
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 Prosperous Wales If more than one applies, please list below: A Resilient Wales A Healthier Wales A More Equal Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Culture and Valuing People If more than one applies, please list below: Leadership Learning Improvement 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))*	Person Centred If more than one applies, please list below: Effective Efficient Equitable Timely Safe

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Board is asked to **NOTE** the Local Partnership Forum highlights outlined in Section 3 of this report.

Agenda Item
5.5.7

CTM Health Board

Highlight Report from the Strategic Development Committee

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
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	Kath Palmer, Vice Chair (Chair of the Strategic Development Committee)
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 Committe at its meeting on 16 January 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	• An update was received on the **Acute Clinical Services Plan (ACSP)** highlighting the key activity in the last six months, whereby the focus has been on collating the information needed to develop a robust case for change and establishing the programme structure for the future. The update also identified the key risks to the delivery of the ACSP including the importance of communication and engagement and the resources needed to deliver the ACSP. The Committee sought further assurance as to the delivery timetable and requested detail on the next steps be received at a future Committee, recognising that this would be around

	timeframes at this stage as proposed service changes will follow once the consultation and engagement stages have been undertaken. The Committee recognised that the longer-term service changes are unlikely to be delivered until 2026-2027. • The Committee endorsed the following items for Board Adoption / Approval: ○ **Healthy Travel Plan –** the Committee welcomed the regional progress to develop the Healthy Travel Charter and supported the adoption of the Charter and endorsed it for formal adoption/approval by the Board in January 2025. ○ **CTM UHB's 5 Year Strategic Plan for Bilingual Clinical Provision 2024-2029(WL Standard 110) –** the Committee commended the shift in approach and the activity which has led to agreeing CTMUHB's 'offer' in terms of Clinical Consultations in Welsh and endorsed the 5-year Strategic Plan for Board approval. ○ The Committee reviewed the **Creating Health Strategic Delivery Plan** and were satisfied that it provided sufficient assurance on how the programme will oversee the delivery of a number of defined workstreams. The Committee endorsed the plan for approval at the Board meeting in January 2025.
Advise	• The Committee welcomed the overview of the work being undertaken to drive forward the transformation of **Integrated Community Services (Including Primary Care Strategy)** and the establishment of the Primary Care and Community Board which will also consider how the activity is delivered and incorporated into the Integrated Medium Term Plan. Links were also recognised to the ACSP activity and the importance of collaborative working with Local Authority and Third Sector Partners to ensure integrated approaches. • The Committee noted the process underway to develop the **Regional Partnership Agreement for Older People, People Living with Frailty and their Carers (Draft Section 33 Agreement)** and the intention to return to the next Committee to present the draft agreement for approval. The Committee recognised how this integration activity aligns to the CTM 2030 Strategy. The Committee sought detail on timeframes around delivery plans and community pathways at future meetings.

	• An update on the progress in relation to the development of a **Health Protection Service and overarching Strategic Plan** was received. The uplift on Health Protection allocation funding from Welsh Government was noted, recognising that this will be targeted towards community, infection, prevention and control and vaccination support. • The Committee welcomed an update on the **Digital and Data Strategy** and the **Digital Transformation Programmes**, noting the progress to date against the delivery of strategic themes, the Modular approach to the Electronic Patient Record and Care Group requirements. The Committee requested sight of the Digital Delivery Road Map and funding allocation at future meetings.
Assure	• The updates to the **Board Assurance Framework report** were endorsed for Board approval, particularly the closure of Strategic Risk 6, Leadership & Management, and the revised risk score for Strategic Risk 10, Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government. • In recognition of it being the first meeting of the Strategic Development Committee, a broad overview of the different programmes of **Building Healthier Communities** was received, noting that the Committee will receive more detail on the specific areas at future meetings. The Committee discussed the opportunity to work with others and take advantage of the links CTMUHB has with different sectors/partners within the region, clinical and non-clinical. • The Committee were delighted to welcome the new Deputy Director for People who will be leading on the development of the **People Plan**. The plan will articulate an accessible vision for our people and the experience we would wish them to have working for CTMUHB. • **Annual Review of the Well Being of Future Generations Act and Objectives –** the Committee noted that the Executive Leadership group have considered the priorities and a detailed update will be received at a future meeting.

Inform	• An Update on the **Financial Position** was received in relation to the position as at Month 8. The critical position noted by the Committee is the current forecast underlying deficit position as a result of pressures in-year. For future meetings the Chair requested further detail in terms of the three-year estimated forward plan on finances aligned to priorities arising from the Integrated Medium-Term Plan. • A quarter 2 progress update was received by the Committee on the **Integrated Medium-Term Plan 2024-2027**. It was noted that in future the quarterly updates will be received at the Operational Delivery Committee, however, the Strategic Development Committee will remain sighted on the year 2/3 view at future meetings. • An update on the activity of the **Regional Partnership Board** and **Public Services Board** were received, noting that a detailed annual report will be received later in the year. • The following Items were considered under the **consent agenda:** ○ Approved ▪ Final Minutes - Population Health & Partnerships meeting held on 13th November 2024 ▪ Final Minutes - Digital and Data Committee Meeting held 29 November 2024 ▪ Final Minutes – People & Culture Committee Meeting held 5 December 2024 ▪ Strategic Development Committee Annual Cycle of Business 2025 ○ Noted: ▪ Committee Forward Plan ▪ CTM2030 – Strategy Group Updates
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: All apply in terms of the strategic topical discussions in this Committee.
Dolen i Feysydd Strategol BIP CTM /	Living Well
	If more than one applies please list below:

Link to CTMUHB Strategic Areas	All apply in terms of the strategic topical discussions in this Committee.
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: All apply in terms of the strategic topical discussions in this Committee.
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: All apply in terms of the strategic topical discussions in this Committee.
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 apply in terms of the strategic topical discussions in this Committee.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Refine
	If more than one applies please list below: All apply in terms of the strategic topical discussions in this Committee.

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below Not applicable due to the nature / purpose of this Highlight Report
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not applicable 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	Yes (Include further detail below)
	There are areas of the updates within the Highlight Report which may result in adverse reactions if not mitigated.
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.

Agenda Item
6.1

CTM Health Board

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open / Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jose Roper, Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Linda Prosser	14/01/2025	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 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 13 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

45 NRI's remain open >90 days ↓

This is a reduction of 4 on the previous period & the lowest level observed in the last 12 months

79.51 is the rate of E.coli per 100,000 population (2024/25) ↓

Compared to 2023/24 the rate was 85.13

The rolling 12 month mortality rate is 2.57% →

Compared to the equivalent period last year the rate was 2.59%

79.3% of complaints received a response within 30 days →

Compared to last month the rate was 76.5% with the 12 month average being 83%

Population Health

As at Q2 2024/25 - 2.81% of adults who smoke made a quit attempt with predicted performance for 2024/25 being 5.62% →

Compared to the previous year 5.65% of smokers made a quit attempt

62% of adults aged 65+ received the influenza vaccine during Nov 2024 ↑

Compared to the previous period the rate was 40.3%

89.2% of children aged 5 were up to date with their vaccinations →

Compared to the previous quarter the rate was 90.2%

Operational Performance

63.7% of patients were seen within 4 hours from arrival at an Emergency Department ↓

Compared to last month compliance was 69.0%

100% of GP Practices have achieved in-hours access standards during 2023/24 →

The rate the previous year was also 100%

As at end of Oct 2024; 17 out of 24 KPI's for recovery from hip fracture are red i.e. scoring less than 75%
(please refer to page 17)

Provisionally 3,609 patients are waiting longer than 2 years for referral to treatment →

Compared to the previous period 3,736 patients had waited this length of time

61.2% of patients started their cancer treatment within 62 days →

Compared to the previous month the rate was 60.7%

People

6.79% of staff have been absent due to sickness during the 12 mth period (Dec 23 to Nov 24) →

Compared to the previous year the rate was 6.86%

The CTMUHB Nursing & Midwifery reported turnover rate for Aug 2024 is 7.4% ↑

Compared to Aug 2023 the rate was 9.44%

66.3% of staff (excluding M&D) have received their PADR →

Compared to Dec 2023 the rate was 64.8%

80.9% of staff have completed Level 1 mandatory training ↑

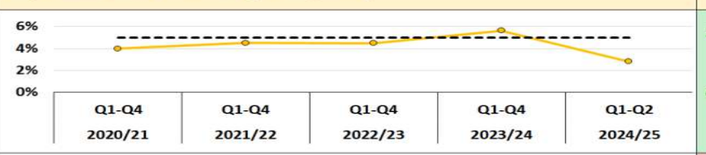
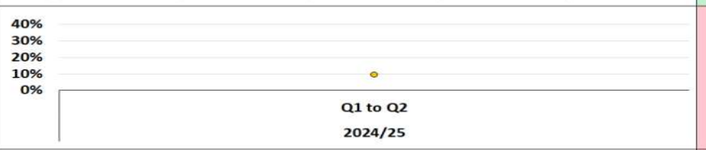
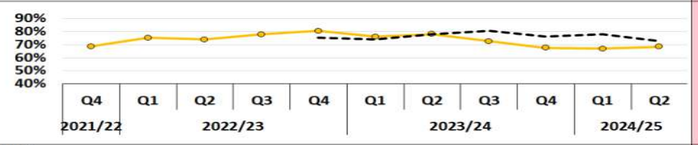
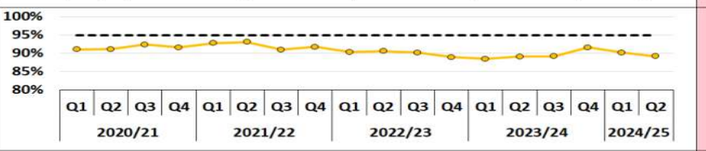
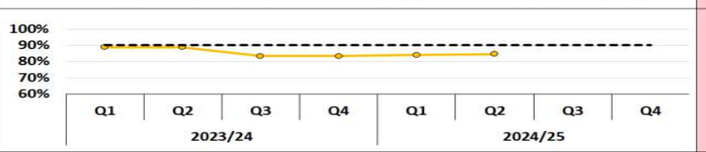
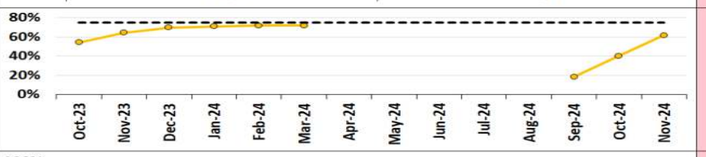
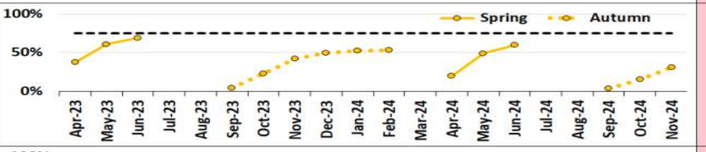
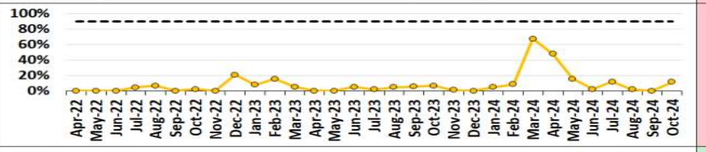
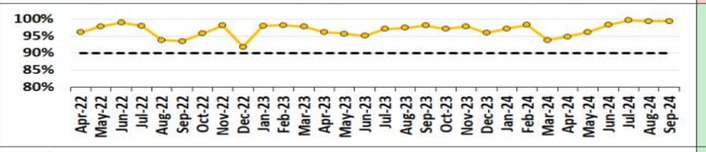
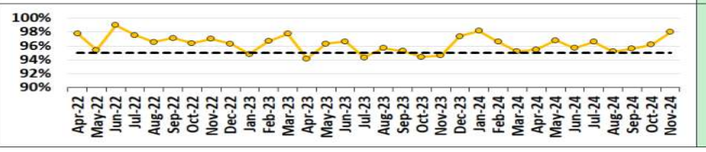
Compared to Dec 2023 the rate was 78.1%

Finance

The Month 08 YTD financial position is £0.4m deficit. This is a decrease from the previous month of £2.8m ↓

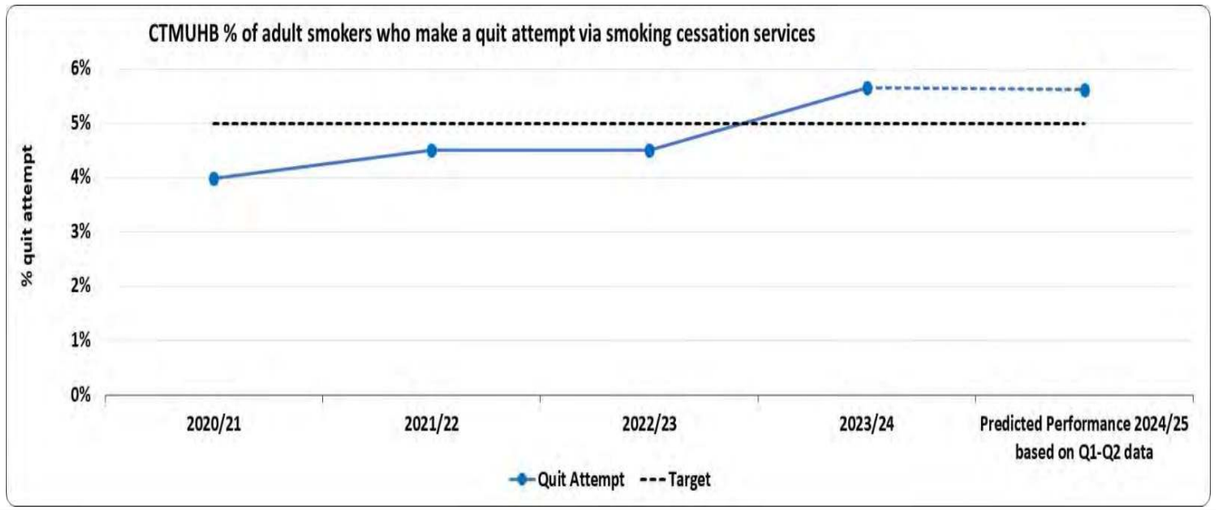
2.2 Welsh Government Performance Indicators: Quadruple Aim 1 - Improving Population Health & Wellbeing

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Target Achieved / Target Failed — Latest Position	
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		2.81% on the basis of this extrapolation compliance should hit 5.62% at year end	Q1-Q2 2024/25
	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		9.50%	
	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		68.5%	Q2 2024/25
	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%		89.2%	Q2 2024/25
	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%		84.6%	
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *(applicable during 01.09.24 - 31.03.25)*	75%		62.0%	Nov-24
	Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster 2024: All eligible people *(applicable 01.04.24 - 30.06.24 & 01.09.24 - 31.03.25)*			31.3%	Nov-24
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%		11.4%	Oct-24
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%		99.6%	Sep-24
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%		98.0%	Nov-24

CTMUHB Improving Population Health & Wellbeing

% of adult smokers who make a quit attempt via smoking cessation services – 5% Annual Target	% of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks – 40% Annual Target
To Quarter 2, 2024/25 = 2.81% (Predicted performance for 2024/25 = 5.62%)	**Quarter 1 to Quarter 2, 2024/25 = 9.50%**



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%**	

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.

(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%).

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% 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.

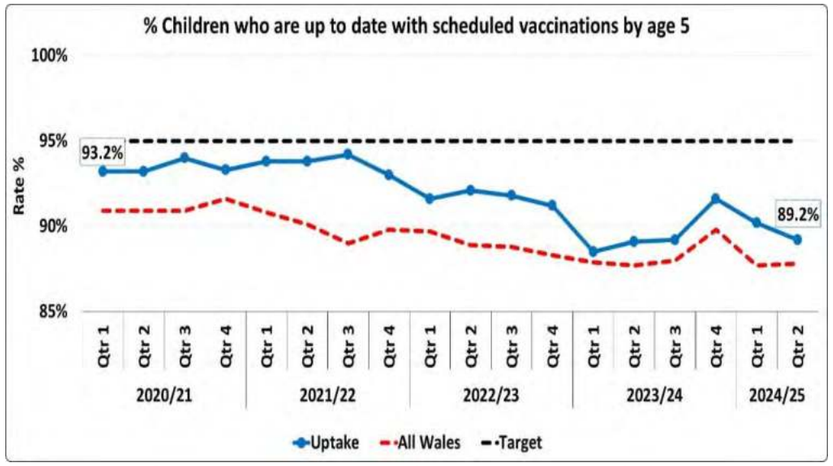
Implementing a communications plan to promote uptake of HMQ services.

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%
HDUHB	86.1%
PTHB	93.0%
SBUHB	89.1%
All Wales	87.8%

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

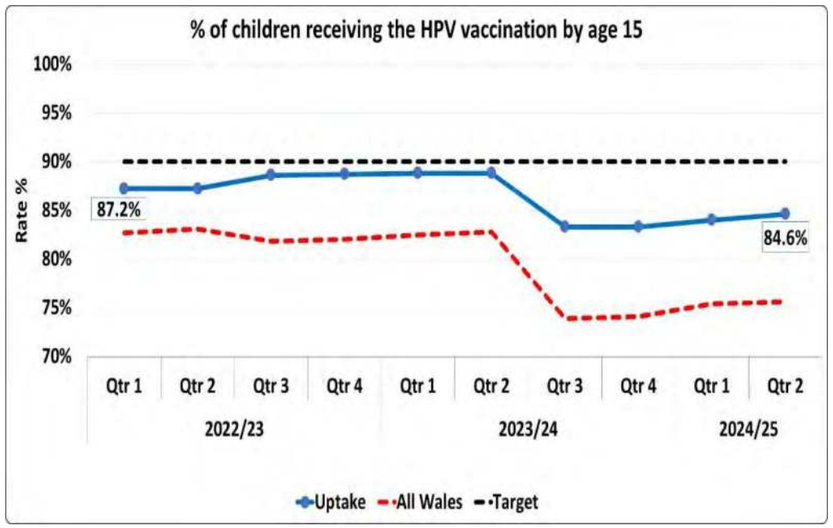
Challenges:

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% (as at 16/11/24).
Data systems – poor communication between data systems. Information between systems are still paper based and allow for human error in the transfer of data.
Transition from Health Visiting to School Nursing – immunisation history and recall for any outstanding vaccines.

Actions:

Scheduled immunisations – 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 90.4% to 92.4%.
Influenza – work is ongoing to support the uptake of fluenz for 3-year-olds who attend LA nursery setting and an all age mop-up via the CVCs is planned for January 2025
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%
HDUHB	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:

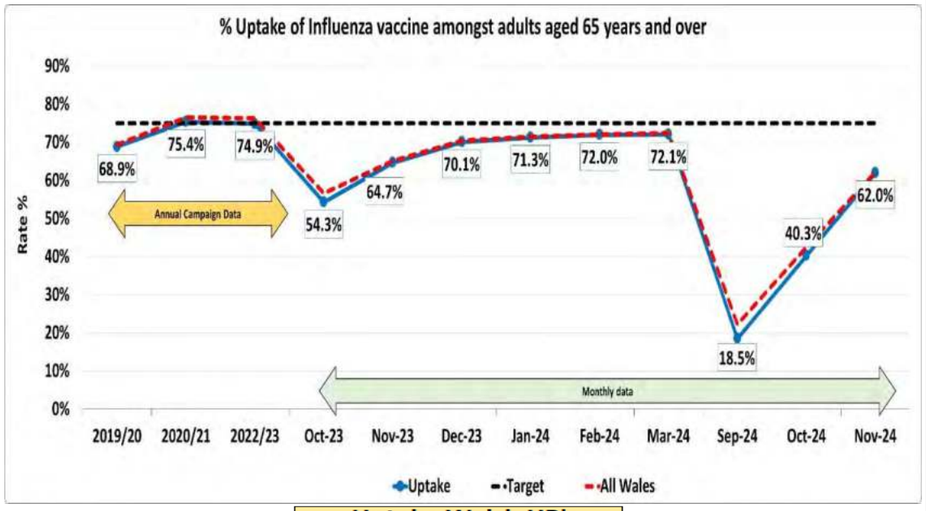
Communication support - School Nursing Service engaged with Schools and CTM comms to utilise all social media platforms available. Staff deliver information to pupils in assemblies and are aiming to increase visibility at parents' evenings in secondary schools to raise the profile of all immunisations.
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 the CVC's, which proved successful in August.
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%



Uptake Welsh HB's November 2024	
ABUHB	65.7%
BCUHB	65.1%
C&VUHB	61.2%
CTMUHB	62.0%
HDUHB	54.8%
PTHB	61.2%
SBUHB	62.0%
All Wales	62.2%

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

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 01/10/24 several weeks later than usual.

Demand on vaccination services – there are continued changes to programme scheduling and introduction of new vaccination programmes including RSV on 01/09/24 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 monitored for 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.

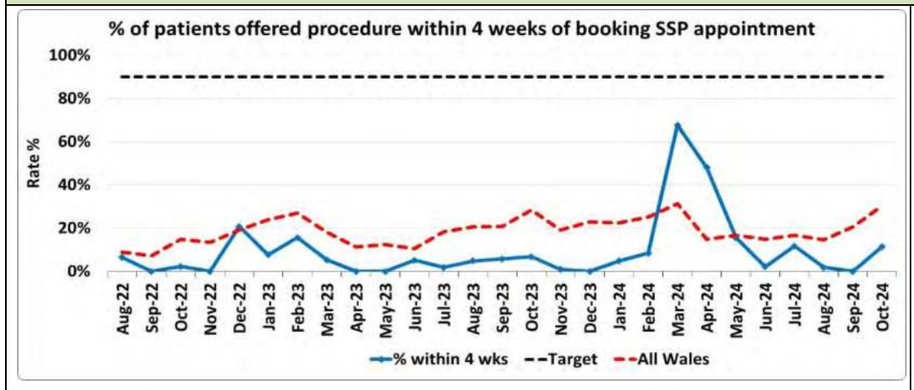
Collaboration and programme alignment – multi-disciplinary approach across all professions to ensure consistent and opportunistic messaging to support the optimisation of flu uptake, immunisation awareness sessions undertaken with multiple disciplines.

CTM to support national work on community pharmacy premises improvement grants.

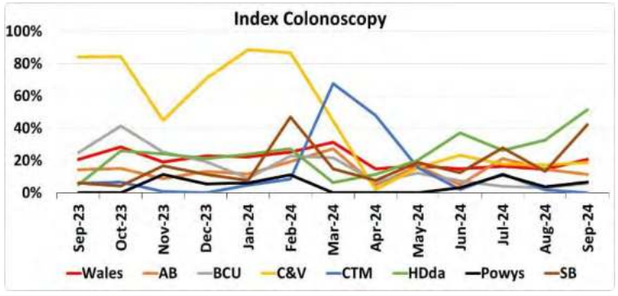
CTM to encourage pharmacy technicians to engage with HEIW vaccinator accreditation framework and increase the number of vaccinators available within community pharmacies.

CTMUHB Planned Care Group - Index Colonoscopy

% patients offered index colonoscopy procedure within 4 weeks of booking Specialist Screening Practitioner assessment appointment - Target 90% - Oct 2024 11.4%



Please note there is a time lag in reporting of 2-3 months



Status as at September 2024		
Health Board	Compliance	Rank
HDda	51.6%	1st
SB	42.3%	2nd
C&V	19.0%	3rd
AB	11.5%	4th
Powys	6.7%	5th
BCU	5.9%	6th
CTM	0.0%	7th

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. We have confirmed additional weekend BSW lists during January and February, with further lists potentially planned for March, but we are currently overcoming some issues regarding staffing and training, although the training for staff members from POW has been successful.

As of the 8th January there were 169 patients waiting for an index colonoscopy, of which, 144 have a booked appointment. Unfortunately, 125 patients will have waited longer than 4 weeks for their procedure and of these, 29 patients over 8 weeks. Internal additional ad hoc lists and flipping of symptomatic lists to overcome lost activity due to sickness has reduced the impact and current waits are around 10 weeks (previously 12), with further plans over the next 6 weeks to bring the service in line with '4-week compliance'.

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.

A period of long-term sickness has now ended, however backlog of patients to be booked still remains.

Actions being taken:

Use of Text Remind and Broadcast Messenger to manage patient choice and reduce refusal of offer and DNA rates.

Insourcing – completed and supported backlog clearance.

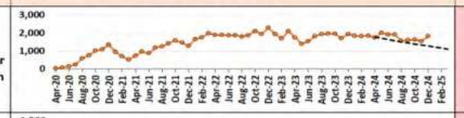
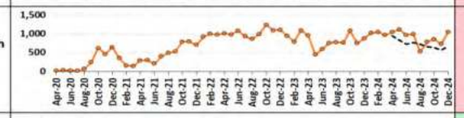
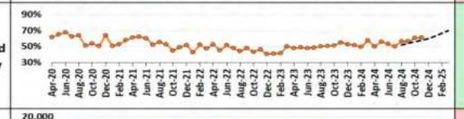
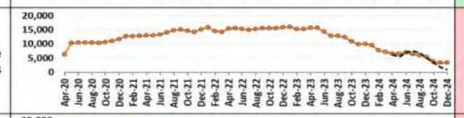
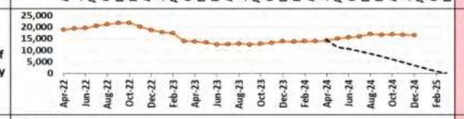
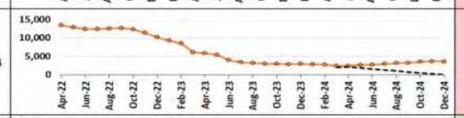
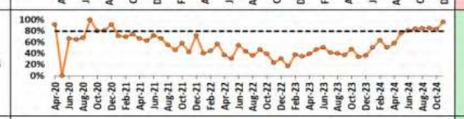
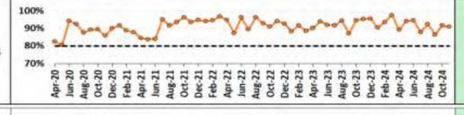
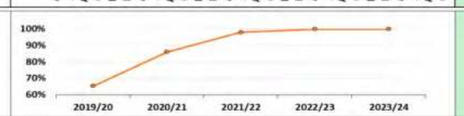
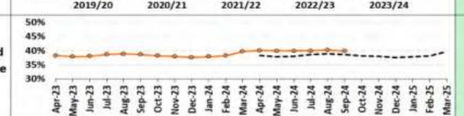
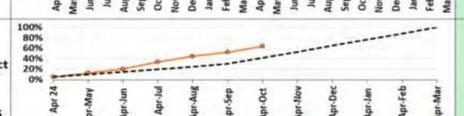
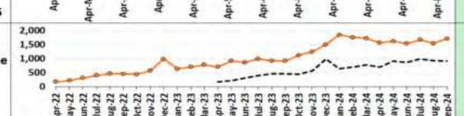
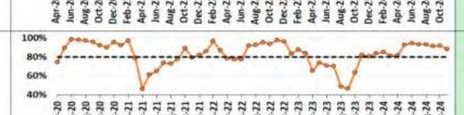
Participants continue to be booked direct to scope at SSP assessment resulting in better patient experience.

Sustainability plan is ongoing to increase core lists to meet optimisation steps.

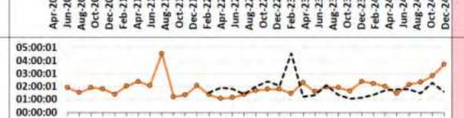
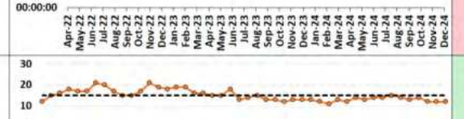
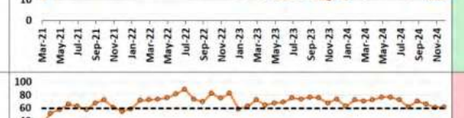
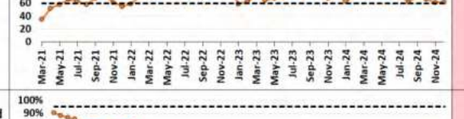
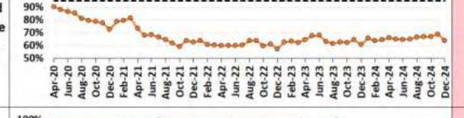
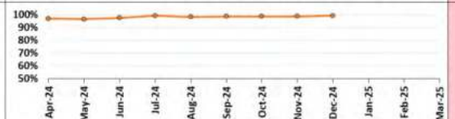
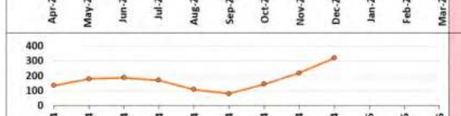
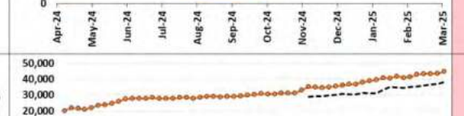
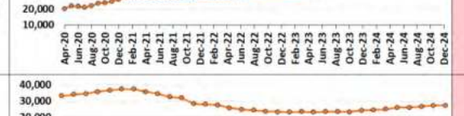
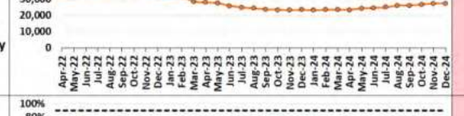
Working with theatre services to develop robust general anaesthetic provisions.

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

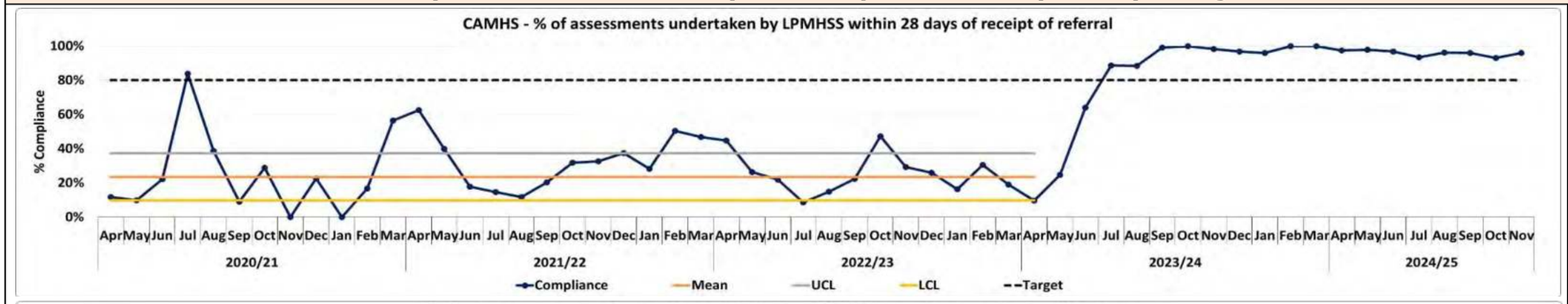
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

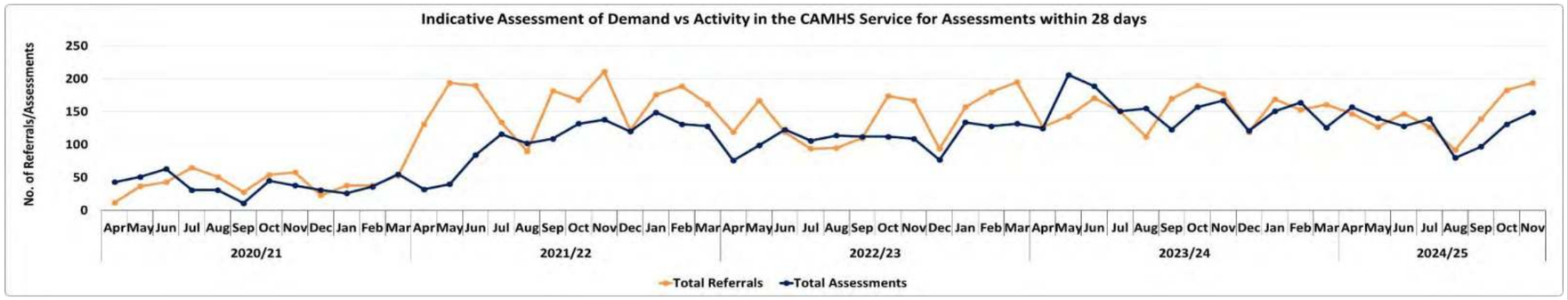
	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Target	Target Failed Latest Position
Cabinet Secretary's Accountability Conditions	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	March 2024 baseline - 20% reduction by September 2024, further 20% reduction by March 2025		1,818	Dec-24
	Number of ambulance patient handovers over 1 hour	30% reduction on March 2024 baseline by December 2024		1,045	
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	60% performance by December 2024 followed by 70% performance by March 2025		61.2%	Nov-24
	Number of patients waiting more than 8 weeks for a specified diagnostic	95% of modalities to be zero by December 2024		3,406	Dec-24
	Number of patients waiting over 52 weeks for a new outpatient appointment	March 2024 baseline - 40% reduction by end of September 2024, zero by March 2025		16,633	
	Number of patients waiting more than 104 weeks for referral to treatment	Zero by December 2024		3,609	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80% by December 2024		96.2%	Nov-24
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80% by December 2024		90.9%	
Services Delivered Close to Home	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		100.0%	2023/24
	Percentage of patients (aged 12 yrs and over) with diabetes who received all eight NICE recommended care processes	Improvement compared to the same month in the previous year		40.3%	Aug-24
	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025		64.1%	Apr to Oct 2024
	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year		1,723	Sep-24
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%		96.0%	Nov-24
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)	80%		88.5%	

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Target	Target Failed Latest Position
Access Hospital Services Quickly	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		44.1%	Dec-24
	Median emergency response time to amber calls	12 Month Reduction Trend		03:43:00	
	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less		12	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less		62	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in the previous year, towards the national target of 95%		63.7%	
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	100%		99.4%	
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Zero		24	
	Number of patients (all ages) waiting more than 14 weeks for audiology			320	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Reduction compared to the same month in the previous year		44,880	
	Number of patients waiting more than 52 weeks for treatment	Month on month reduction towards the national target of zero by 30th June 2025		27,322	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%		31.2%	Nov-24
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			58.8%	

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (96.0%) - Target 80%





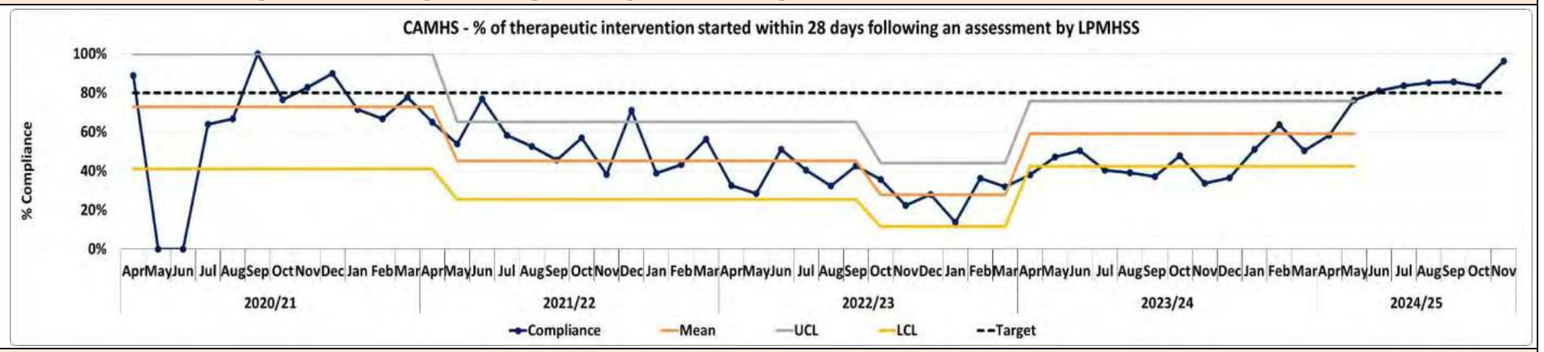
Mental Health Measure Part 1a - the number of assessments undertaken within 28 days of referral - performance has notably improved in this area of the CAMHS service since the summer of 2023. Compliance during November 2024 was 96.0% and continues to exceed the WG target of 80%.

As seen in the chart to the left, the number of assessments each month is fairly stationary, given the variability in the number of working days in the month with the exception of August 2024.

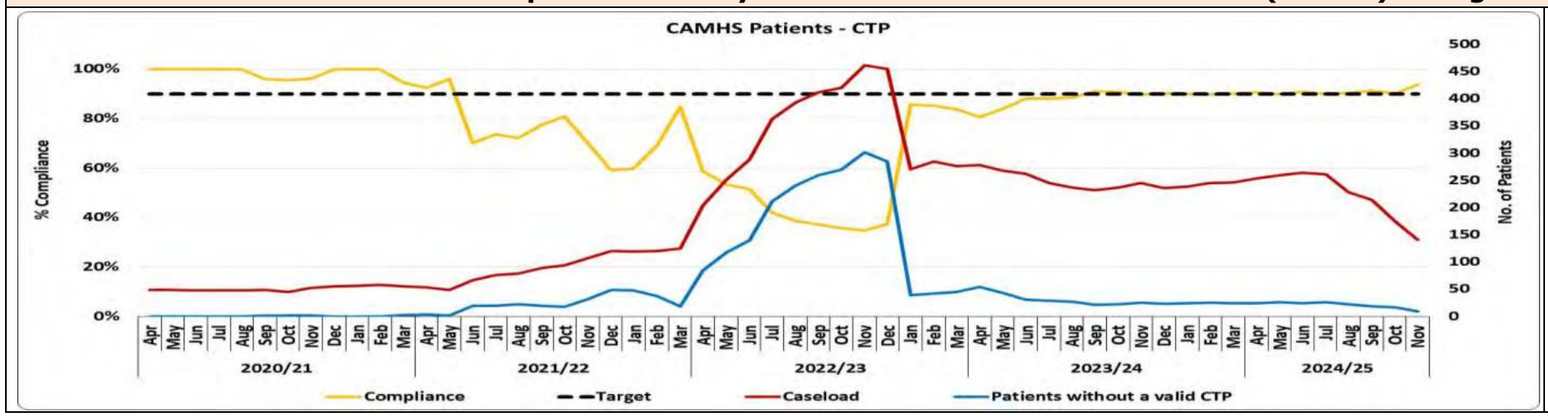
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (96.2%) - Target 80% by December 2024

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS improved from the previous period to 96.2% 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 (93.6%) - 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 93.6% during November and stands above the WG standard of 90%.

From the start of 2023, as shown in the chart to the left, we observe that caseloads have reduced by around 70% from the peak seen in November 2022. The number of patients without a valid CTP at the end of the month currently stands at 9.

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

CAMHS & Specialised Services – continued

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 November we had 147 patients on the waiting list, which is a rise on the previous month with the average waiting time increasing to 3 weeks.

Part 1b: We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered in November was 79, with the average waiting time being 2 weeks; lower than the previous month.

As clinical teams have worked through the waiting list backlog our performance against the interventions target has steadily increased.

Early in 2024 we introduced referral-based access to the online digital platform SilverCloud to further help 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.

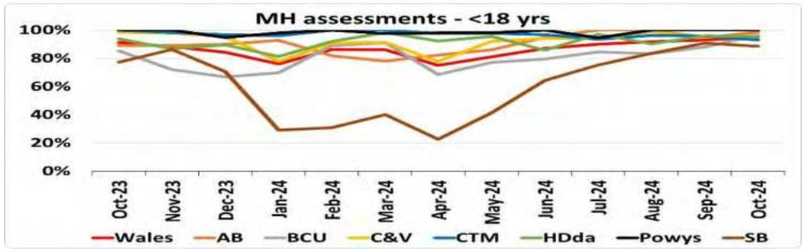
Main areas of risk:

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.

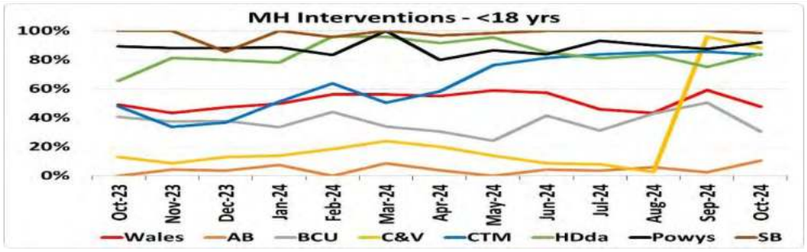
The service is prioritising recruitment to vacant positions. Good progress has been made in filling community team gaps.

Clinical colleagues continue to report rising acuity within their patient population, this may have an impact on delivery going forward.

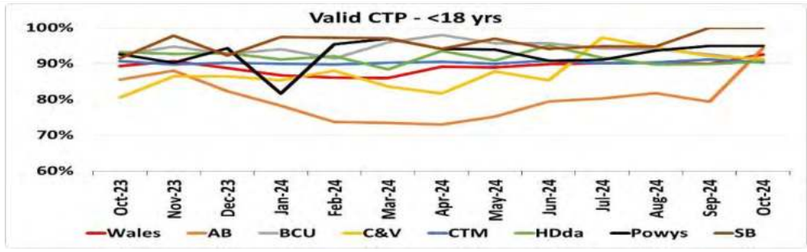
How do we compare with our peers?



Status as at October 2024		
Health Board	**Compliance**	**Rank**
Powys	100.0%	1st
AB	98.6%	2nd
BCU	96.5%	3rd
C&V	95.6%	4th
HDda	95.3%	5th
CTM	**93.1%**	**6th**
SB	88.7%	7th



Status as at October 2024		
Health Board	**Compliance**	**Rank**
SB	98.4%	1st
Powys	92.1%	2nd
C&V	88.1%	3rd
HDda	84.1%	4th
CTM	**83.5%**	**5th**
BCU	30.4%	6th
AB	10.4%	7th

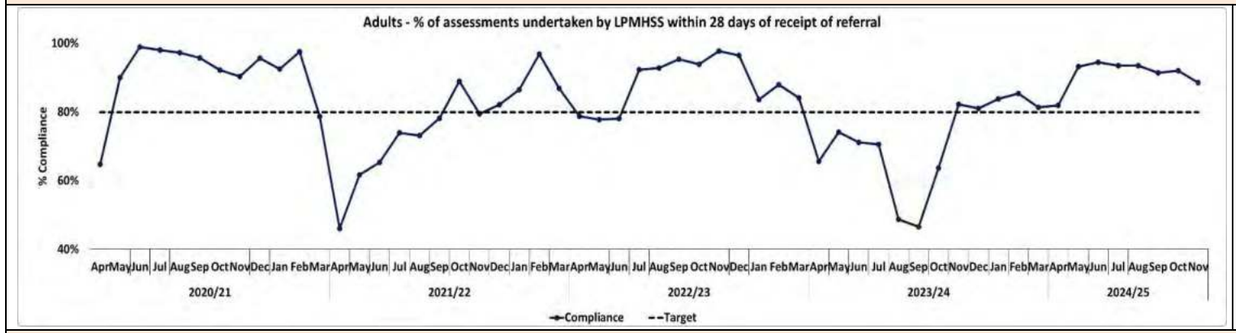


Status as at October 2024		
Health Board	**Compliance**	**Rank**
SB	100.0%	1st
Powys	94.9%	2nd
AB	94.3%	3rd
C&V	91.4%	4th
BCU	91.0%	5th
HDda	90.6%	6th
CTM	**90.3%**	**7th**

CTMUHB Mental Health & Learning Disabilities Care Group

Adult Mental Health Services – November 2024

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (88.5%) - Target 80%



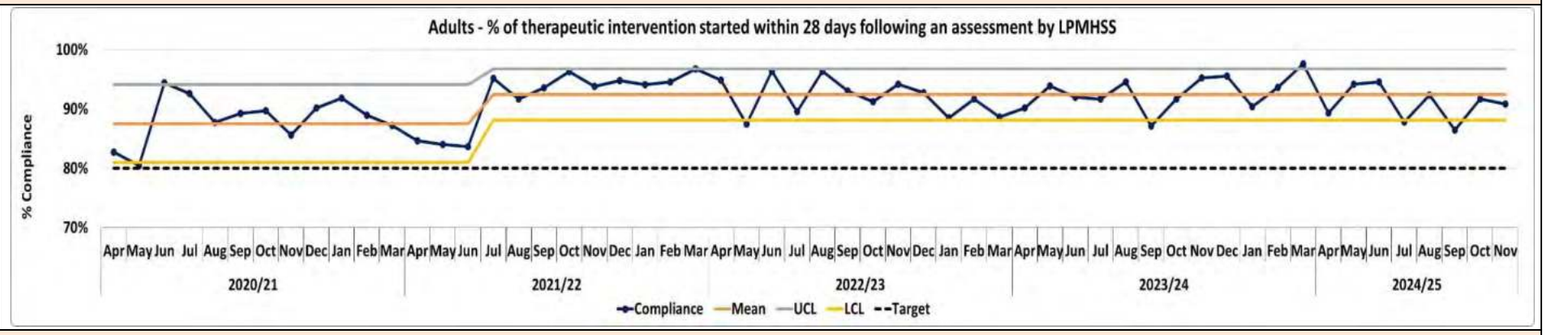
Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during November dipped to 88.5%, but continues to stand above the WG target of 80%.

Referrals during the month totalled 738 (just above the 12 month average of 721) although, we continue to observe that volumes remain lower than pre-Covid levels, where referrals were in the region of 1,000 to 1,100.

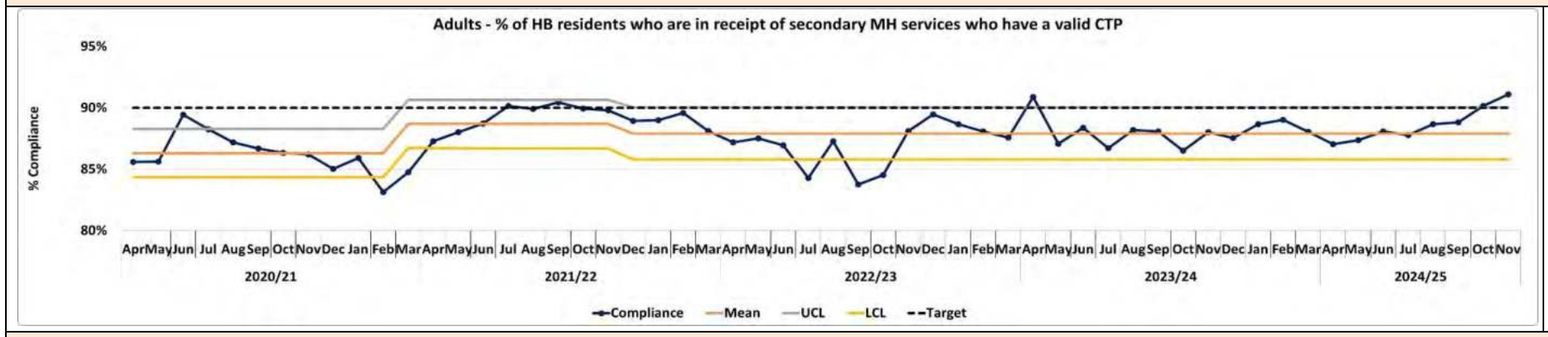
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (90.9%) - Target 80% by December 2024

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during November was 90.9% and continues to stand above the WG target of 80%.

During the month, 329 of the 362 interventions commenced within the 28 day timeframe.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (91.1%) - 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 91.1% during November and just above the 90% WG standard for the second consecutive month.

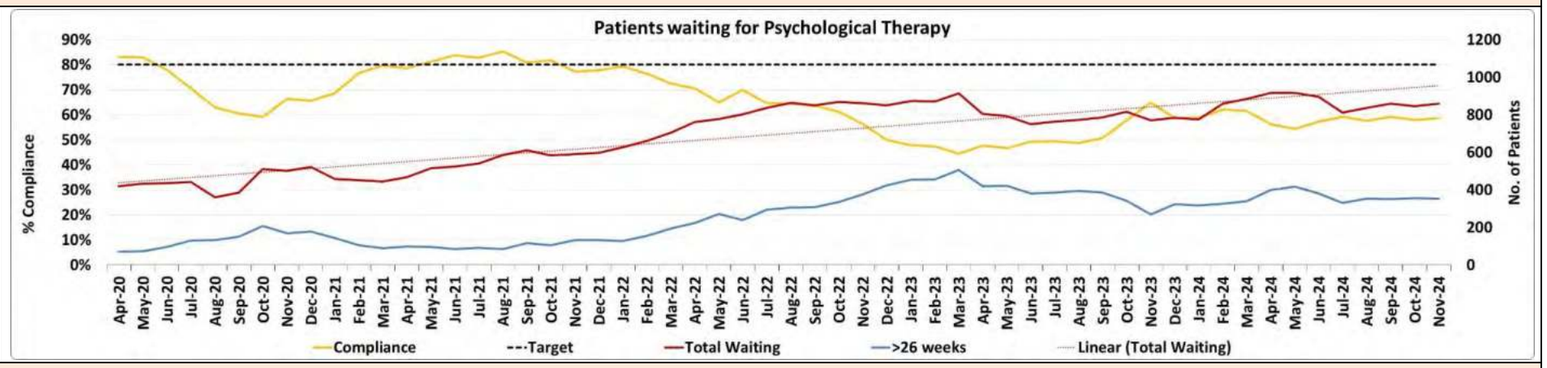
Part 3: There were no requests made for an adult assessment under Part 3 of the Mental Health Measure during November.

% of patients waiting less than 26 weeks to start a Psychological Therapy (58.8%) - Target 80%

During November, Psychological Therapies compliance was 58.8%, 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 November the waiting list stood at 861 patients; almost double the volume seen pre-Covid and during the last 12 months the list has ranged between 776 and 918 patients.



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

Adult Mental Health Services - continued

How are we doing?

Part 1a: During November, performance across all teams continued to remain above target at 88.5% and we are continually monitoring demand with plans in place for the anticipated increase during the winter months.

Part 1b: Performance continues to be above target at 90.9%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 91.1% and compliance for the services is shown below:

Adult Services – increased slightly to 91%
Older Adult Services – increased slightly to 92.9%
Learning Disability Services – improved to 84.1%.

Psychological Therapies:

The Adult Psychological Therapies waiting list currently includes 4 service areas LPMHSS, CMHTs, DBT and Family therapies. The overall position for Adult Psychological Therapies waiting list for November stands at 805 patients. The current performance data stands at 58% of service users waiting less than 26 weeks, this is a very slight improvement from the previous month, but continues to fall well below the WG target of 80%.

The overall position for Older Adult Psychological Therapies waiting list for November stands at 42 patients. Those service users waiting over 26 weeks equates to 17 patients, of which 13 are in Bridgend area. At November there were no patients in Older Adult services waiting longer than 52 weeks.

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

Part 1a:

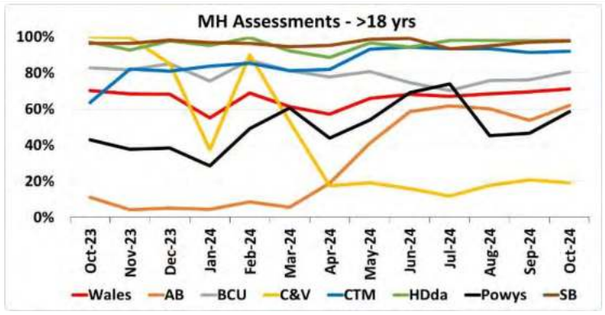
Focus on sickness management in teams where they are currently experiencing high levels of absence and strategic review of staff with frequent or long absence.
Review of IT systems to support proactive performance management of the service through Qlik BI tool.
Demand and capacity work – review of job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

Part 2: The proportion of residents who have a valid Care Treatment Plan, varies by the lead practitioner. Those where the lead is a medical consultant are low and achieving improvement is proving challenging. The overall rate is 91.1%, reflecting a positive trend following sustained efforts across CMHTs.

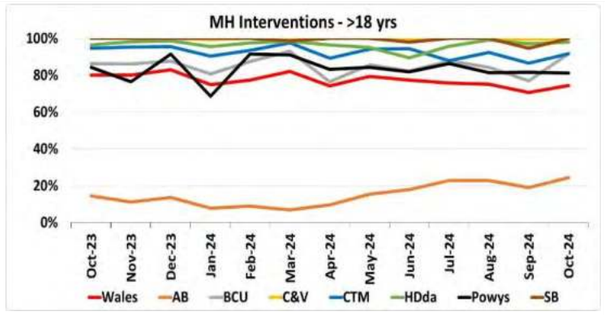
Sustaining this performance requires continued data monitoring and engagement service-wide, although with compliance currently above target, the data suggests a trajectory towards sustained improvement.

Psychological Therapies: The Bridgend area accounts for 71% of the current waiting list for Older Adult Services. This area also has the highest referral numbers with the psychologist post in Bridgend currently vacant. However, a trainee Clinical Psychologist is due to be based at Bridgend from January. A psychology group was set up in Bridgend starting the first week of January and this will support the reduction in the waiting list. Clients have been allocated appointments in priority of complexity, clinical need and urgency. In the Rhondda area a new therapist has commenced in post and going forward a reduction to the waiting list is anticipated from January 2025.

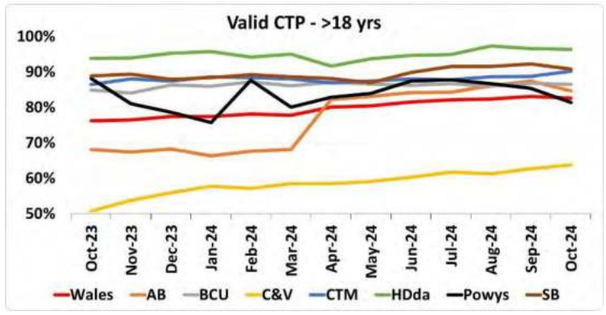
How do we compare with our peers?



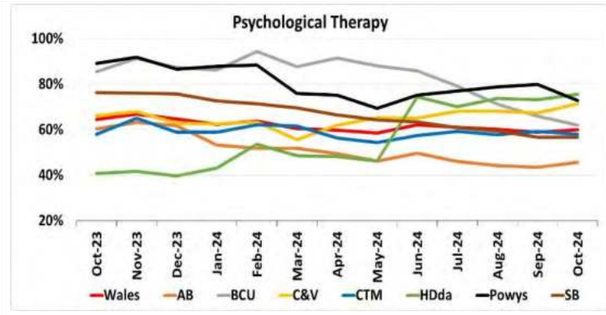
Status as at October 2024		
Health Board	Compliance	Rank
HDda	98.1%	1st
SB	97.9%	2nd
CTM	**92.0%**	**3rd**
BCU	80.6%	4th
AB	62.0%	5th
Powys	58.7%	6th
C&V	19.1%	7th



Status as at October 2024		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	100.0%	1st
HDda	98.1%	3rd
BCU	91.8%	4th
CTM	**91.7%**	**5th**
Powys	81.3%	6th
AB	24.4%	7th



Status as at October 2024		
Health Board	Compliance	Rank
HDda	96.4%	1st
SB	90.8%	2nd
CTM	**90.2%**	**3rd**
BCU	86.5%	4th
AB	84.7%	5th
Powys	81.4%	6th
C&V	63.9%	7th

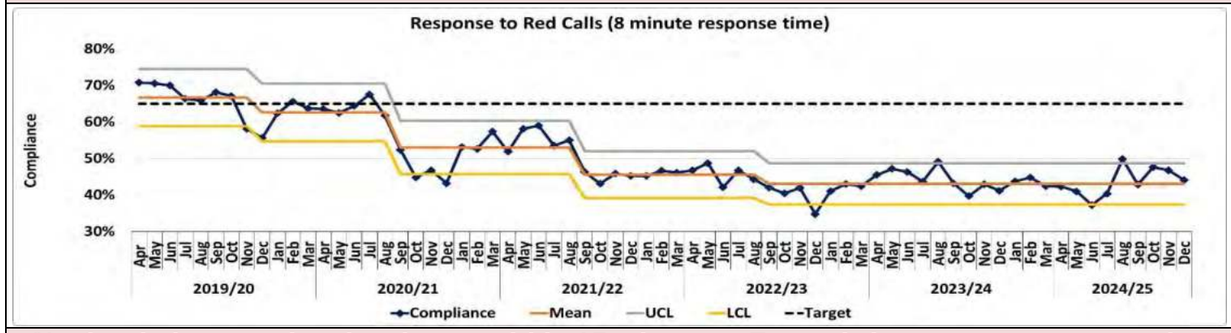


Status as at October 2024		
Health Board	Compliance	Rank
HDda	75.6%	1st
Powys	72.9%	2nd
C&V	71.3%	3rd
BCU	62.0%	4th
CTM	**58.0%**	**5th**
SB	56.7%	6th
AB	45.6%	7th

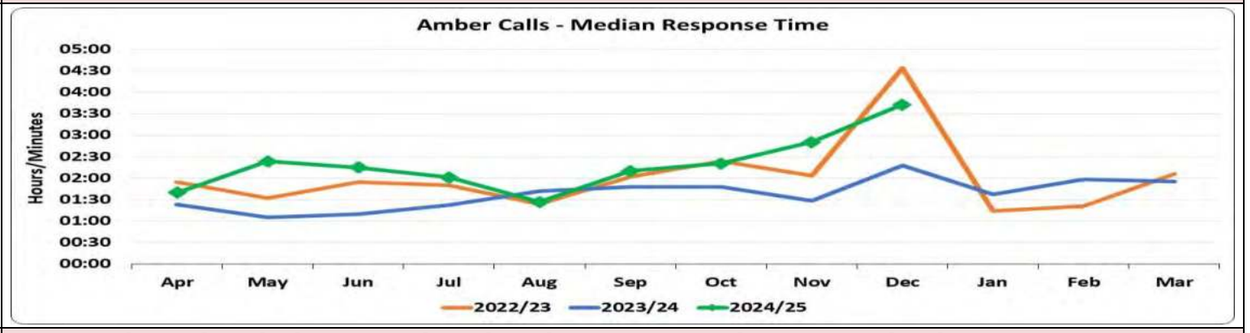
CTMUHB Unscheduled Care Group

Emergency Ambulance Services – December 2024

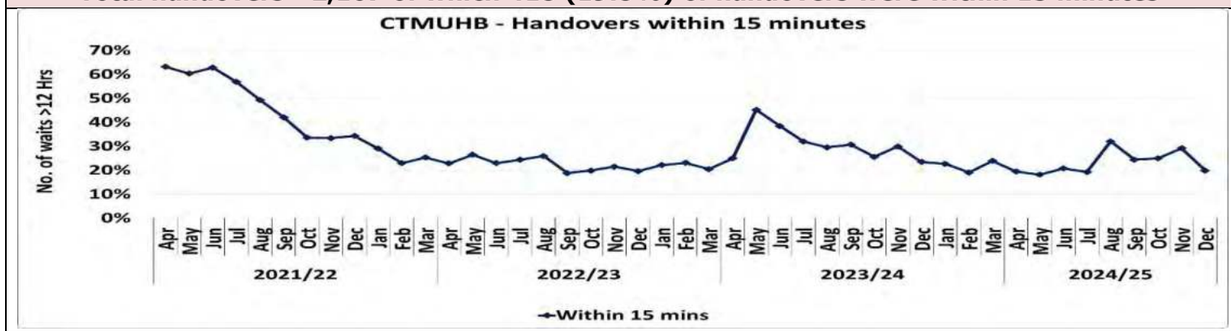
% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)
December 2024 – 44.1%



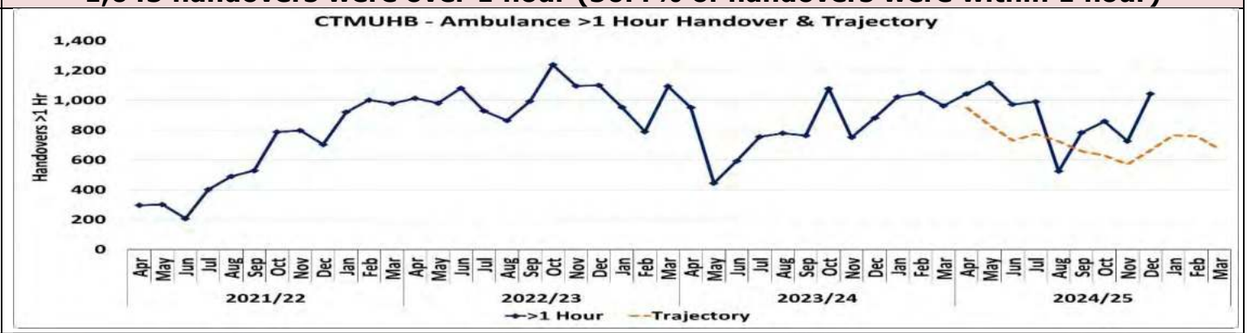
Median emergency response time to Amber Calls – Target is 12 month reduction trend
December 2024 - 3 hours 43 minutes



% of ambulance patient handovers within 15 minutes – Target is improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes.
Total handovers - 2,107 of which 418 (19.8%) of handovers were within 15 minutes



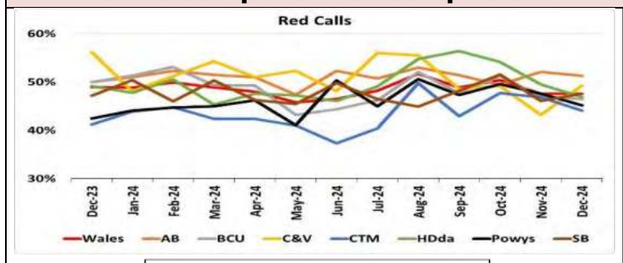
Number of ambulance patient handovers over 1 hour – Revised WG Target: 30% reduction from March 24 number by December 2024
1,045 handovers were over 1 hour (50.4% of handovers were within 1 hour)



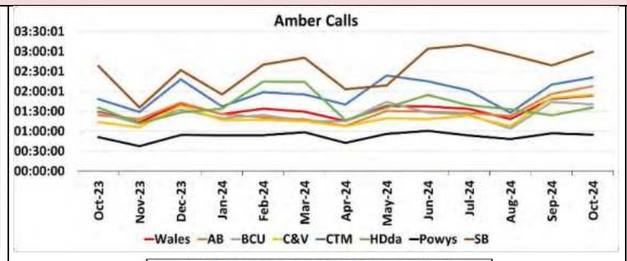


Period	PCH Handovers	PCH % <15 mins	PCH % <60 mins	RGH Handovers	RGH % <15 mins	RGH % <60 mins	POW Handovers	POW % <15 mins	POW % <60 mins	CTMUHB Total Handovers	CTMUHB % <15 mins	CTMUHB % <60 mins
Dec-23	863	22.7%	62.0%	833	24.8%	62.8%	676	22.5%	63.8%	2372	23.4%	62.8%
Jan-24	910	18.1%	55.1%	869	29.5%	66.5%	620	19.7%	47.7%	2399	22.6%	57.3%
Feb-24	805	14.3%	43.0%	783	23.5%	53.4%	525	19.6%	57.1%	2113	19.0%	50.4%
Mar-24	870	19.1%	52.6%	807	31.1%	67.0%	600	21.0%	52.3%	2277	23.8%	57.7%
Apr-24	856	14.4%	46.3%	819	26.1%	64.0%	587	17.5%	50.6%	2262	19.5%	53.8%
May-24	865	15.7%	45.9%	715	20.6%	50.9%	644	18.8%	53.9%	2224	18.2%	49.8%
Jun-24	796	14.7%	49.2%	759	30.0%	66.0%	596	16.9%	47.8%	2151	20.7%	54.8%
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%

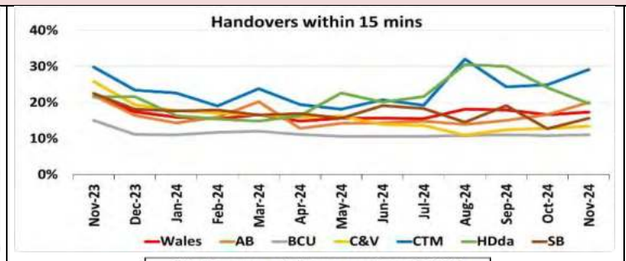
How do we compare with our peers?



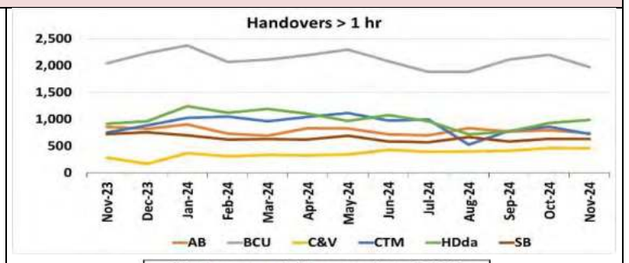
Status as at December 2024		
Health Board	Compliance	Rank
AB	51.3%	1st
C&V	49.2%	2nd
SB	47.6%	3rd
HDda	46.9%	4th
BCU	46.5%	5th
Powys	45.2%	6th
CTM	**44.1%**	**7th**



Status as at October 2024		
Health Board	Compliance	Rank
Powys	00:54	1st
HDda	01:35	2nd
BCU	01:40	3rd
C&V	01:54	4th
AB	02:07	5th
CTM	**02:20**	6th
SB	02:59	7th



Status as at November 2024		
Health Board	Compliance	Rank
CTM	**29.1%**	**1st**
AB	20.0%	2nd
HDda	19.7%	3rd
SB	15.7%	4th
C&V	13.4%	5th
BCU	11.0%	6th



Status as at November 2024		
Health Board	Compliance	Rank
C&V	456	1st
SB	631	2nd
CTM	**727**	**3rd**
AB	739	4th
HDda	986	5th
BCU	1,972	6th

Emergency Ambulance Services continued overleaf:

Emergency Ambulance Services continued – December 2024

How are we doing?

Response to Red Calls per WAST Operational Area				
Dec-24	Total Responses	Responses within 8 mins	% within 8 mins	*12 Month Average*
Merthyr	176	108	**61.4%**	*56.7%*
RCT	437	180	**41.2%**	*39.2%*
Bridgend	298	114	**38.3%**	*43.0%*
CTM	911	402	**44.1%**	*43.6%*

Response to Red Calls: Response times to life-threatening calls for the CTM area during December was 44.1% with the 12 month average being 43.6%. Compliance continues to remain low with the volume of Red Calls during December totalling 911, 13% higher than the same comparative period of 2023; with the 12 month average at 755.

The National compliance was 47.6% and continues to remain below the minimum expected standard of 65% of Red Calls to be responded to within 8 minutes, with CTM receiving the poorest response times out of all the other health boards in Wales during December.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 3 hours and 43 minutes during December; almost an hour longer than the previous month and almost 1.5 hours longer than the equivalent period of 2023. The chart (page 14, top right) demonstrates fluctuations with response times ranging between 87 and 223 minutes during the past twelve months.

Ambulance Handover Compliance & Lost Hours: During December ambulance conveyances to ED totalled 2,107, which is 11% (265) fewer than the equivalent period of last year. Performance against the 15 minute handover remained a low 19.8%, with the number of patients and ambulance crews detained longer than an hour totaling 1,045. The 12 month average is 925 patient breaches, which is 12.8% higher than the equivalent time span of the previous year (Jan 23 to Dec 23).

During December there were a total of 3,356 hours lost to the ambulance service following notification to handover at our emergency departments, representing a 15% (449 hours) increase on the same period of 2023 *(waits longer than 15 minutes are counted)*.

Hospital Handovers in minute time groups								
Dec-24	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Total Handovers
PCH	120	116	90	51	172	113	120	782
RGH	222	117	86	63	151	97	173	909
POW	76	63	33	25	59	32	128	416
CTM	**418**	**296**	**209**	**139**	**382**	**242**	**421**	**2,107**

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 30 during November. The ED services were able to meet all but one of those requests, with the expected standard being 100%.

	PCH			RGH			POW			CTMUHB		
Period	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Nov-23	16	16	**100.0%**	16	16	**100.0%**	3	3	**100.0%**	35	35	**100.0%**
Dec-23	19	19	**100.0%**	19	16	**84.2%**	6	6	**100.0%**	44	41	**93.2%**
Jan-24	21	21	**100.0%**	12	11	**91.7%**	12	11	**91.7%**	45	43	**95.6%**
Feb-24	18	17	**94.4%**	16	16	**100.0%**	6	6	**100.0%**	40	39	**97.5%**
Mar-24	10	10	**100.0%**	14	12	**85.7%**	5	5	**100.0%**	29	27	**93.1%**
Apr-24	11	11	**100.0%**	7	7	**100.0%**	5	5	**100.0%**	23	23	**100.0%**
May-24	10	9	**90.0%**	17	17	**100.0%**	11	11	**100.0%**	38	37	**97.4%**
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%**

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 November 2024.

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 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.
Achieve NHS framework trajectories 1 and 12 hour ED improvement plan in place across CTM with regular performance meetings held.
1 and 12 Hour Ambulance Handover Escalation Card developed and shared for comment prior to implementation.
Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
Following the success of the Strategic Transformation of Acute Medicine Programme (STAMP) at PCH in July 2024, where the aim was to reset the acute medicine footprint and creating a less than 72 hours AMU, we are now exploring phases 3 and 4. This will create pathways from ED to SDEC as well as a direct pathway for WAST. This will continue to contribute to the gains in ED performance.
The successful collaborative Test of Change between WAST and RGH ED is to be rolled out.
Bi-weekly team meetings established with WAST.

What are the main areas of risk?

The system changes required to safely decant the Princess of Wales site will undoubtedly require the recalibration and optimisation of numerous resource pools and ways of working.
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.
Heavy reliance on locum and agency staff to support rotas across the three Emergency Departments.

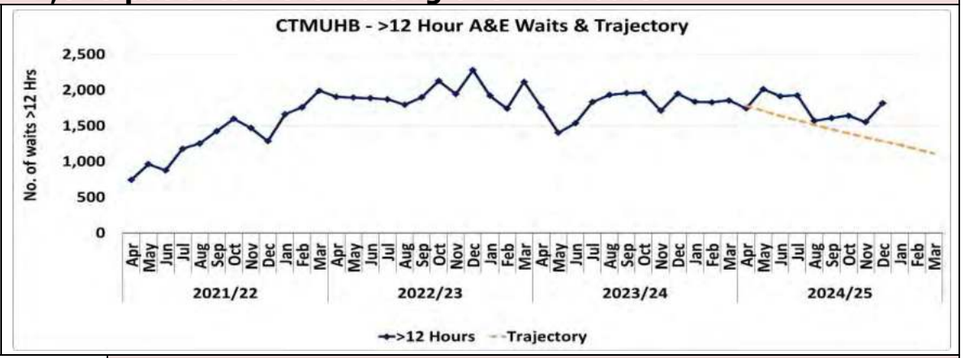
CTMUHB Unscheduled Care Group

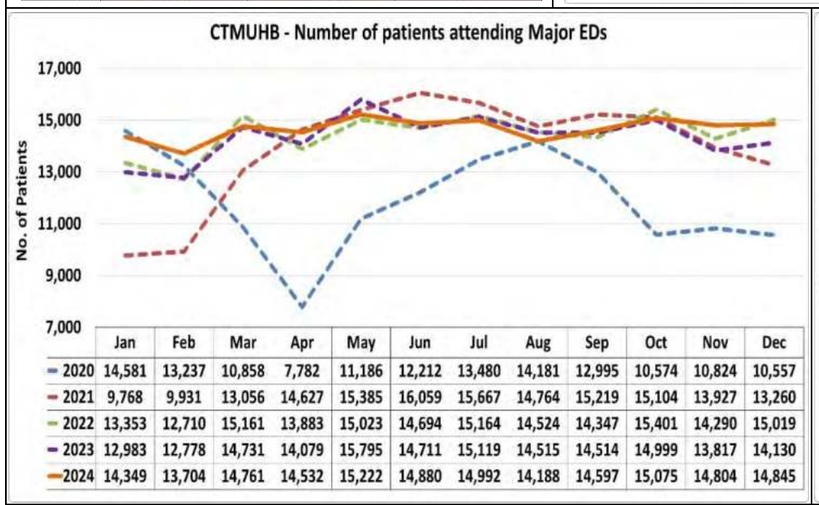
Emergency Unit Waits – December 2024 (Provisional Position) - Total Attendances = 16,114

% 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.
63.7% were seen within 4 hours (Patients Waiting >4 hours 5,843)	**1,818 patients were waiting over 12 hours**

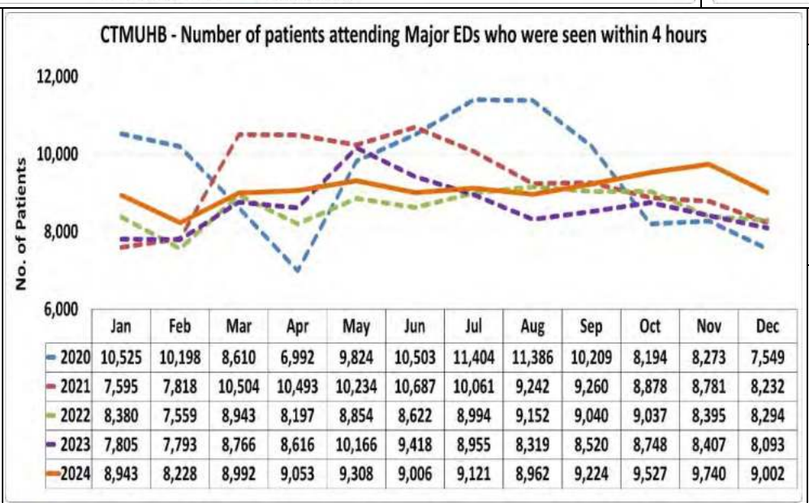
Period	CTMUHB		
	Attendances	4 Hrs %	> 12 Hrs
Dec-23	15,367	60.7%	1,949
Jan-24	15,744	65.7%	1,837
Feb-24	15,105	63.7%	1,831
Mar-24	16,251	64.5%	1,856
Apr-24	16,180	66.1%	1,745
May-24	16,947	65.1%	2,015
Jun-24	16,647	64.7%	1,913
Jul-24	16,802	65.1%	1,927
Aug-24	15,631	66.6%	1,569
Sep-24	16,233	66.9%	1,610
Oct-24	16,823	67.0%	1,642
Nov-24	16,355	69.0%	1,552
Dec-24	16,114	63.7%	1,818





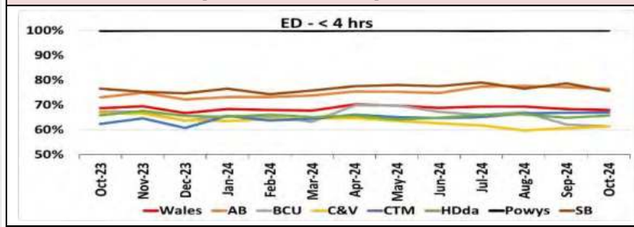


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	14,581	13,237	10,858	7,782	11,186	12,212	13,480	14,181	12,995	10,574	10,824	10,557
2021	9,768	9,931	13,056	14,627	15,385	16,059	15,667	14,764	15,219	15,104	13,927	13,260
2022	13,353	12,710	15,161	13,883	15,023	14,694	15,164	14,524	14,347	15,401	14,290	15,019
2023	12,983	12,778	14,731	14,079	15,795	14,711	15,119	14,515	14,514	14,999	13,817	14,130
2024	14,349	13,704	14,761	14,532	15,222	14,880	14,992	14,188	14,597	15,075	14,804	14,845

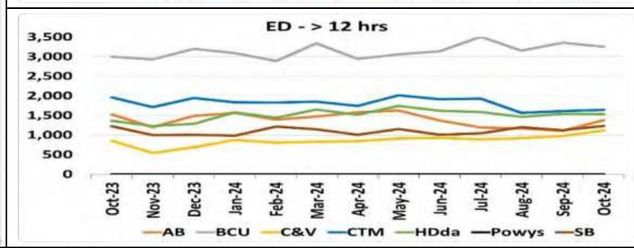


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	10,525	10,198	8,610	6,992	9,824	10,503	11,404	11,386	10,209	8,194	8,273	7,549
2021	7,595	7,818	10,504	10,493	10,234	10,687	10,061	9,242	9,260	8,878	8,781	8,232
2022	8,380	7,559	8,943	8,197	8,854	8,622	8,994	9,152	9,040	9,037	8,395	8,294
2023	7,805	7,793	8,766	8,616	10,166	9,418	8,955	8,319	8,520	8,748	8,407	8,093
2024	8,943	8,228	8,992	9,053	9,308	9,006	9,121	8,962	9,224	9,527	9,740	9,002

How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
AB	76.4%	2nd
SB	75.8%	3rd
CTM	**67.0%**	**4th**
HDda	65.8%	5th
BCU	61.4%	6th
C&V	61.3%	7th



Status as at October 2024		
Health Board	Compliance	Rank
Powys	0	1st
C&V	1,117	2nd
SB	1,235	3rd
AB	1,380	4th
HDda	1,532	5th
CTM	**1,642**	**6th**
BCU	3,253	7th

How are we doing?

The chart above shows that throughout December the total number of ED attendances at our three acute hospital sites was higher (around 5%) than those observed during December 2023, but 1% (174) lower than the same period of 2022. Overall numbers of Minor Injuries and ED attendances totalled 16,114 and is also 5% higher than those observed during the equivalent period of last year (15,367).

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during December is provisionally 63.7%, which as it currently stands is 3 points higher than the performance seen during December 2023, but continuing to remain well below the WG compliance target of 95%.

The twelve hours performance observed that 1,818 patients were waiting in excess of 12 hours and for the past five months the rate of 12 hour patient breaches has been just over 10% of the total attendances and we continue to sit outside of our desired trajectory.

What actions are we taking & when is improvement anticipated?

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 will improve patient experience and ED performance/waiting times.

Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.

Improvement plan in place across CTM with regular performance meetings.

ED 4 and 12 hour Escalation Card developed and shared for comment prior to implementation.

12 hour performance review in progress to understand and resolve exit blocks to improve performance.

Plan to introduce incremental weekly reduction in the longest patients waiting.

Review of validation process underway to develop a SOP in line with national guidance to improve data quality and ensure parity of data across the three ED departments.

Development of electronic safety huddle being trailed in RGH to provide a real time picture of demand, capacity and risk level.

What are the main areas of risk?

The system changes required to safely decant the POW site will undoubtedly require the recalibration and optimisation of numerous resource pools and ways of working.

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.

CTMUHB Unscheduled Care Group

Hip Fracture – Key Steps in Recovery From Injury

Data sourced from the National Hip Fracture Database (NHFD)

Data reported Quarterly – latest period to October 2024

National Falls & Fragility Fracture Audit Programme

Annualised values based on cases averaged over 12 months to end of October 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		
					223	283	228
Getting to the right place	0	Admission to specialist ward	14%	9%	37%	4%	32%
	1	Prompt orthogeriatric review	75%	88%	0%	0%	57%
Getting up after surgery	2	Prompt surgery	56%	58%	74%	56%	78%
	3	NICE compliant surgery	66%	70%	48%	64%	58%
	4	Prompt mobilisation	76%	82%	64%	52%	73%
	5	Not delirious post op	63%	66%	0%	4%	75%
Getting back home again	6	Return to original residence	75%	74%	75%	65%	76%
	7	Bone medication	58%	49%	0%	8%	56%

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

Improvement actions & risks

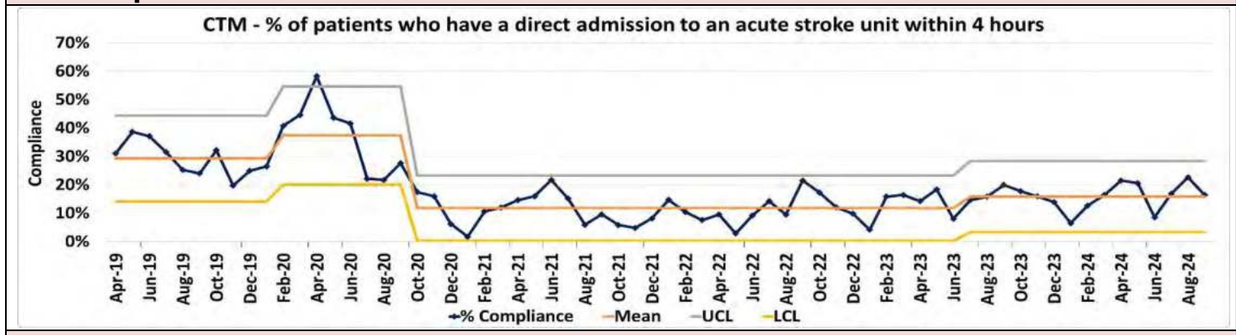
(please note that the information below is updated quarterly – next update expected March 2025)

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 orthogeriatricain 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 then 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.

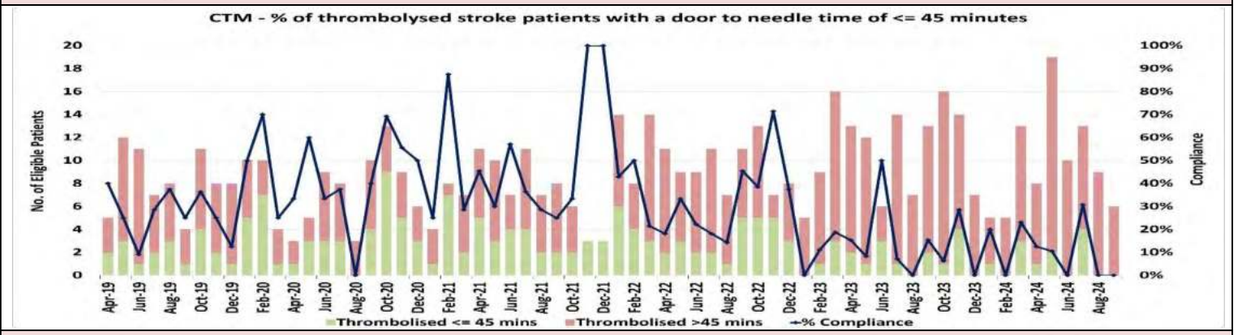
CTMUHB Unscheduled Care Group

Stroke Quality Improvement Measures (QIMs)

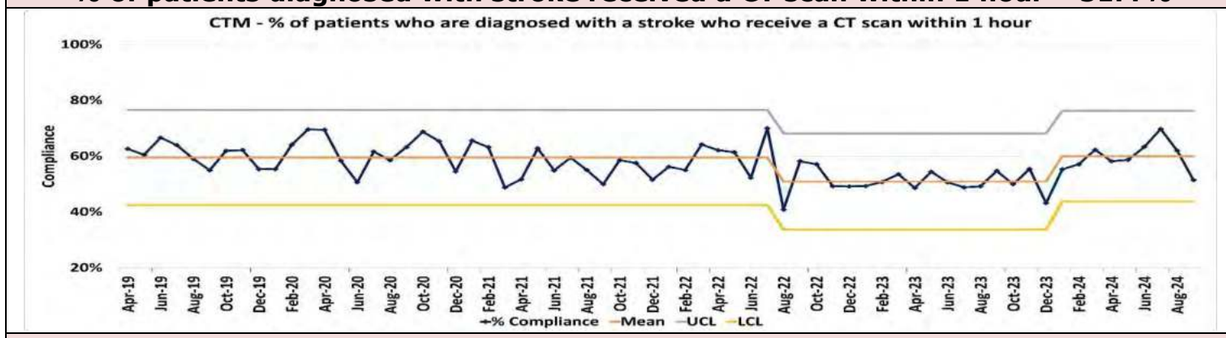
% compliance with direct admission to an acute stroke unit within 4 hours – 16.4%



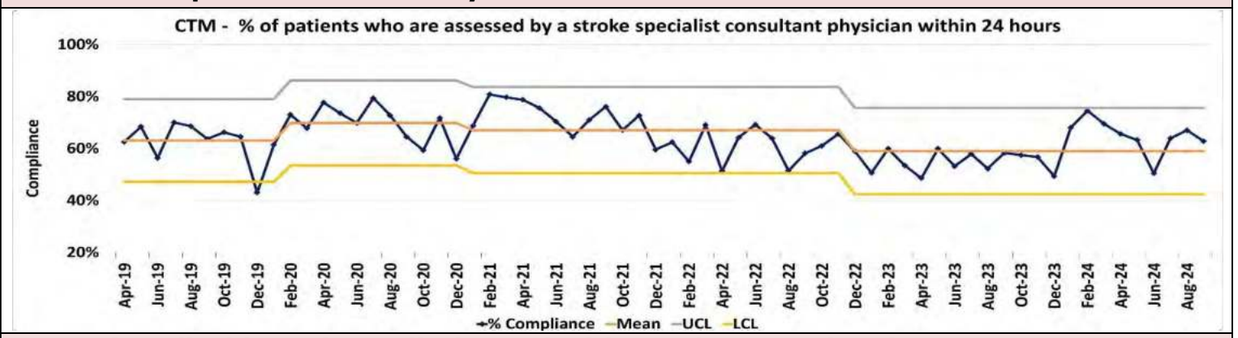
% of eligible patients thrombolysed door to needle time within 45 minutes – 0%



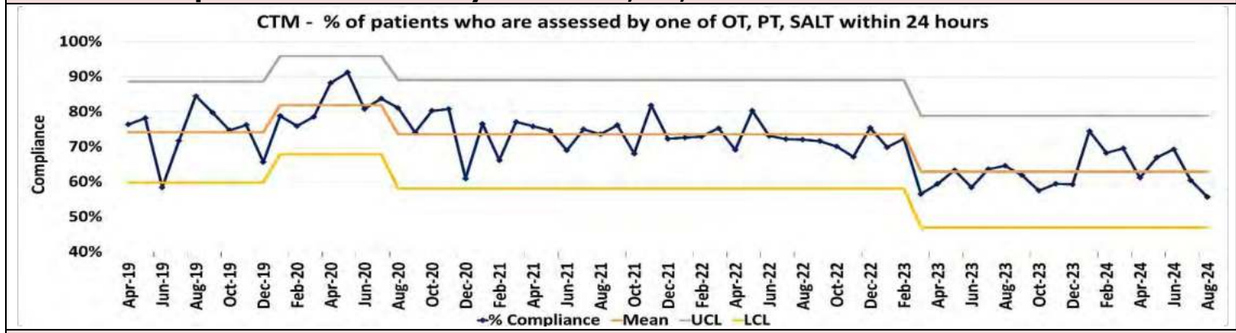
% of patients diagnosed with stroke received a CT scan within 1 hour – 51.4%



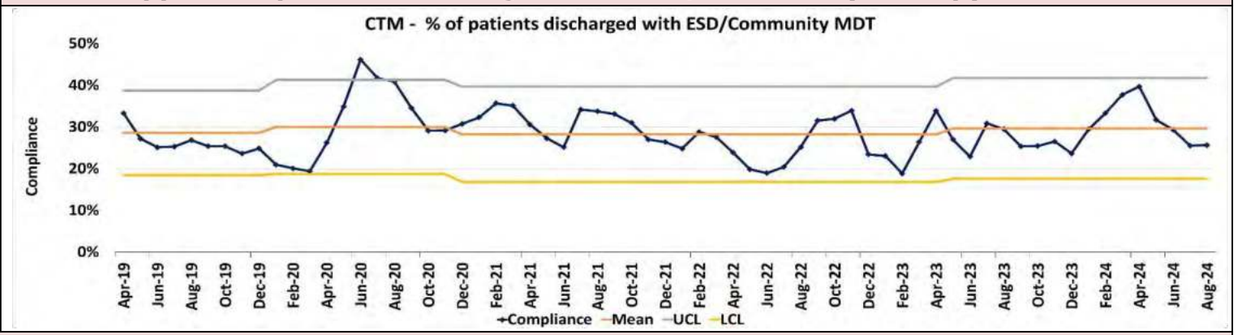
% of patients assessed by a stroke consultant within 24 hours – 62.9%



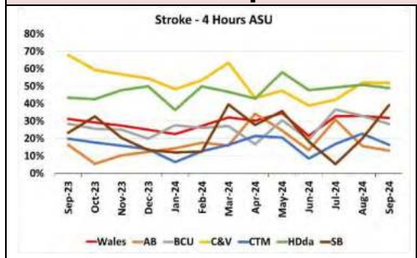
% of patients assessed by one of OT, PT, SALT within 24 hours – 82.9%



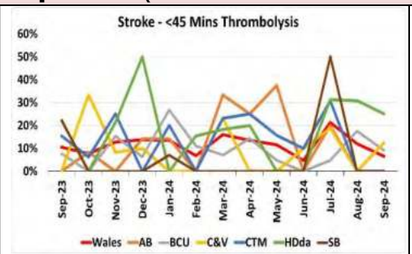
% of applicable patients discharged with ESD/Community Therapy MDT – 29.0%



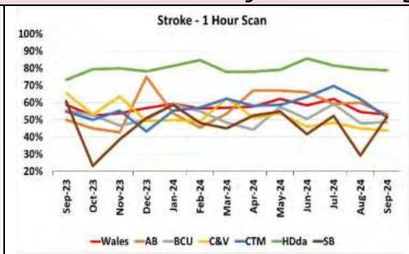
How do we compare with our peers? *(Please note that the data below is subject to change due to data being refreshed monthly)*



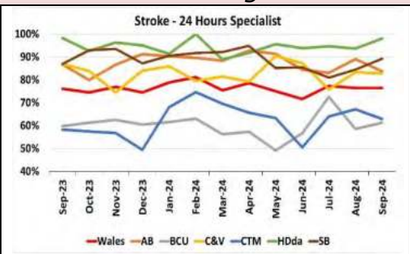
Status as at September 2024		
Health Board	Compliance	Rank
C&V	51.9%	1st
HDda	48.9%	2nd
SB	39.2%	3rd
BCU	28.3%	4th
CTM	**16.4%**	**5th**
AB	13.0%	6th



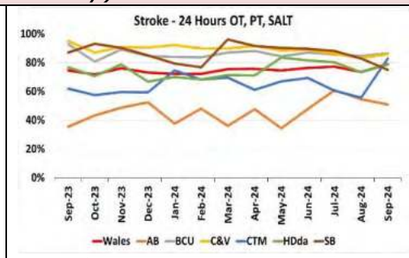
Status as at September 2024		
Health Board	Compliance	Rank
HDda	25.0%	1st
C&V	12.5%	2nd
BCU	9.1%	3rd
AB	0.0%	4th
CTM	**0.0%**	4th
SB	0.0%	4th



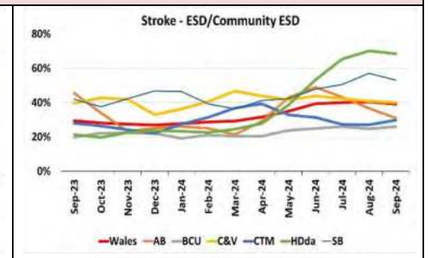
Status as at September 2024		
Health Board	Compliance	Rank
HDda	78.8%	1st
AB	53.1%	2nd
SB	51.8%	3rd
CTM	**51.4%**	**4th**
BCU	48.6%	5th
C&V	43.8%	6th



Status as at September 2024		
Health Board	Compliance	Rank
HDda	98.1%	1st
SB	89.3%	2nd
AB	83.7%	3rd
C&V	82.8%	4th
CTM	**62.9%**	**5th**
BCU	61.3%	6th



Status as at September 2024		
Health Board	Compliance	Rank
BCU	85.4%	1st
C&V	83.3%	2nd
SB	82.8%	3rd
HDda	73.4%	4th
CTM	**55.7%**	**5th**
AB	52.9%	6th



Status as at September 2024		
Health Board	Compliance	Rank
HDda	68.5%	1st
SB	53.1%	2nd
C&V	40.0%	3rd
AB	31.0%	4th
CTM	**29.8%**	**5th**
BCU	26.0%	6th

Stroke Quality Improvement Measures (QIMs) continued

How are we doing?

The national SSNAP data standards were amended at the end of September, which has resulted in all organisations in NHS Wales not receiving information on performance against the Welsh standards. The NHS Executive has advised Health Boards that it is negotiating with SSNAP on reporting arrangements going forward.

The ability to report, based on locally held data, has also been disrupted by a combination of the changes in how SSNAP requires data to be recorded and by the transfer of services from the Princess of Wales Hospital (POW) to the Royal Glamorgan Hospital (RGH) to mitigate the impact of the requirement to replace the roof at POW. With the recent service changes it is anticipated that an ability to report against the key stroke metrics should be possible from the 8th January and efforts will continue to acquire and report on the outstanding data for the interim period (October to early January).

What actions are we taking & when is improvement expected?

Due to severe medical staffing shortages the health board needed to make an urgent, temporary change to some of its inpatient hospital stroke services.

The acute stroke unit, which includes a range of specialist staff who treat and care for those who have experienced a stroke, moved from the Prince Charles Hospital in Merthyr Tydfil to join with the acute stroke unit at the Royal Glamorgan Hospital in Llantrisant on 8th January 2025.

This change was made because we do not currently have the number of specialist stroke doctors in CTMUHB to provide a safe service at both hospitals at this time.

This change does not affect the ability of emergency departments at any of our hospitals, including Prince Charles Hospital or Princess of Wales, Bridgend, to treat those attending with a stroke or suspected stroke. This means that any patient suffering with a stroke who attends any of our emergency departments will continue to be provided with the urgent treatment they need, swiftly and expertly.

Patients who require more intensive treatment and care will then be transferred by dedicated ambulance to the centralised acute stroke unit at Royal Glamorgan Hospital.

The emergency departments at all three of our acute hospitals in Merthyr Tydfil, Bridgend and Rhondda Cynon Taf will still provide the urgent treatment with blood-clot busting medication, thrombolysis, that they currently do, in line with national clinical guidelines.

What are the main areas of risk?

A lack of specialist staff in the UK, worsened by long-term sickness and absence within the CTMUHB stroke team, means it is currently not possible to maintain a safe acute stroke service across two hospitals.

Making this change means CTMUHB can continue to provide a service that saves lives and reduces the devastating effects of stroke for as many patients as possible.

Whilst we implement this change, we are continuing to work hard to address the staffing challenges in order to make stroke care more sustainable and accessible for the communities we serve within CTM and the wider South Wales region.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Diagnostics - December 2024 (provisional position)

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	3,414	3,406			

Number of Patients waiting >8 Weeks for a Diagnostic Test December 2024		
Cardiology	Echo Cardiogram	161
Cardiology Services	Cardiac CT	63
	Cardiac MRI	1
	Diagnostic Angiography	118
	Stress Test	15
	DSE	27
	TOE	10
	Heart Rhythm Recording	3
	B.P. Monitoring	0
Bronchoscopy		3
Colonoscopy		411
Gastroscopy		332
Cystoscopy		472
Flexi Sig		230
Radiology	Non-Cardiac CT	33
	Non-Cardiac MRI	39
	NOUS	352
	Non-Cardiac Nuclear Medicine	33
Imaging	Fluoroscopy	168
Physiological Measurement	Urodynamics	223
Neurophysiology	EMG	369
	NCS	343
Total		3,406

How are we doing?

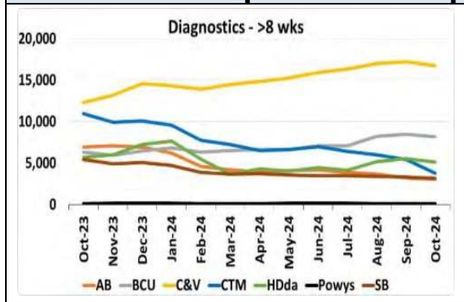
Diagnostics: Over the past year good progress has been made to reduce the number of patients waiting more than 8 weeks prior to receiving their test, which has seen a 66% reduction since the equivalent period of 2023. Provisionally, at the end of December, 3,406 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is similar to the November reported position. However, the current position has not met the desired trajectory as shown in the chart above.

The continuous improvement in the NOUS service abated during December with an increase of 63 patients. However, during the past 12 months the number of patient breaches has reduced greatly from 4,116 to currently stand at 352.

We have seen an 80% reduction from the previous month in the number of patients waiting longer than 8 weeks for Non-Cardiac CT, to currently stand at 33 patients waiting beyond 8 weeks.

During the month, the Endoscopy service saw an increase in the number of patients breaching, with the number of patients currently waiting beyond the target of 8 weeks standing at 1,448, which is a similar position to the equivalent period of 2023 (1,500).

How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
Powys	107	1st
AB	3,044	2nd
SB	3,156	3rd
CTM	**3,764**	**4th**
HDda	5,128	5th
BCU	8,182	6th
C&V	16,744	7th

What actions are we taking & when is improvement anticipated?

Radiology:

NOUS - business case partly approved to address current backlog growth - includes an ongoing maintenance scheme. Additional funding due to end 31/01/25. NOUS consultant waiting list initiatives arranged across all sites.

The service continues to maintain an improved MRI and CT reporting position. The current >8 week position is sustaining with a small cohort of Paediatric patients continuing to breach due to GA requirements. Trajectories for CT and MRI show scanning capacity shortfalls with the additional demand trends. A business case has been submitted and partially approved for a sustainable solution to increase CT scanning capacity. 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 and overall waiting list. On completion at month end, a small cohort of 33 patients are breaching >8 weeks which consists of CT Guided Injections and patient's who were unable to travel.

The service continues to observe sustained improved breast performance. One of the Breast Consultant Radiographers will be signed off after 18 months of training and will be an autonomous practitioner from mid January, providing more resilience within the breast service.

An agency locum consultant has been booked to commence work in February to address the MSK injections backlog, including FLGI/USGI.

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: Productivity and efficiencies continue to be monitored weekly and utilisation maintained >85%. The mobile Vanguard unit for the POW staff to use is arriving on the RGH site on 11th January, with the aim of going live the last week of February.

Cystoscopy: Complete validation of waiting list underway. Currently 472 patients over target (reduction from 666 Nov 24).

What are the main areas of risk?

The system changes required to safely decant the POW site will undoubtedly require the recalibration and optimisation of numerous resource pools and ways of working.

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 OOH. A scoping exercise for insourcing of staff has been arranged with procurement.

NOUS waiting list has been maintained with additional resources for this year.

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. Current additional funding arrangement is due to end 31/01/25, which poses a risk to service delivery.

Further approval for the maintenance plan is required to continue WLI/additional clinics until year end.

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.

Cystoscopy: Not achieving 8 week diagnostic target. Mitigation is to complete the validation exercise and explore additional clinics if required.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Therapies – December 2024 (provisional position)

The 2024/25 Performance Framework is measuring three performance indicators for therapy services and from April 2024 there has also been a change in the reporting of Weight Management services. As this service is multi-disciplinary involving a number of different therapists all contributing to patient care, Weight Management services was over inflating waiting times for Dietetics. 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 **(December 2024 = 24)**

Number of patients waiting >14 weeks for Audiology – Adult Hearing Aids - Target is Zero **(December 2024 = 320)**

% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional – Target is 100% **(December 2024 = 99.4%)**

How are we doing?

During December there was an improvement in the number of patients waiting in excess of 14 weeks for an initial therapy assessment, currently standing at 24 patients.

There are 320 adults waiting beyond the target for a hearing aid fitting, which is an increase of 101 patients from the previous reported position.

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	24			
Adult Hearing Aids	135	180	188	172	109	80	144	219	320			

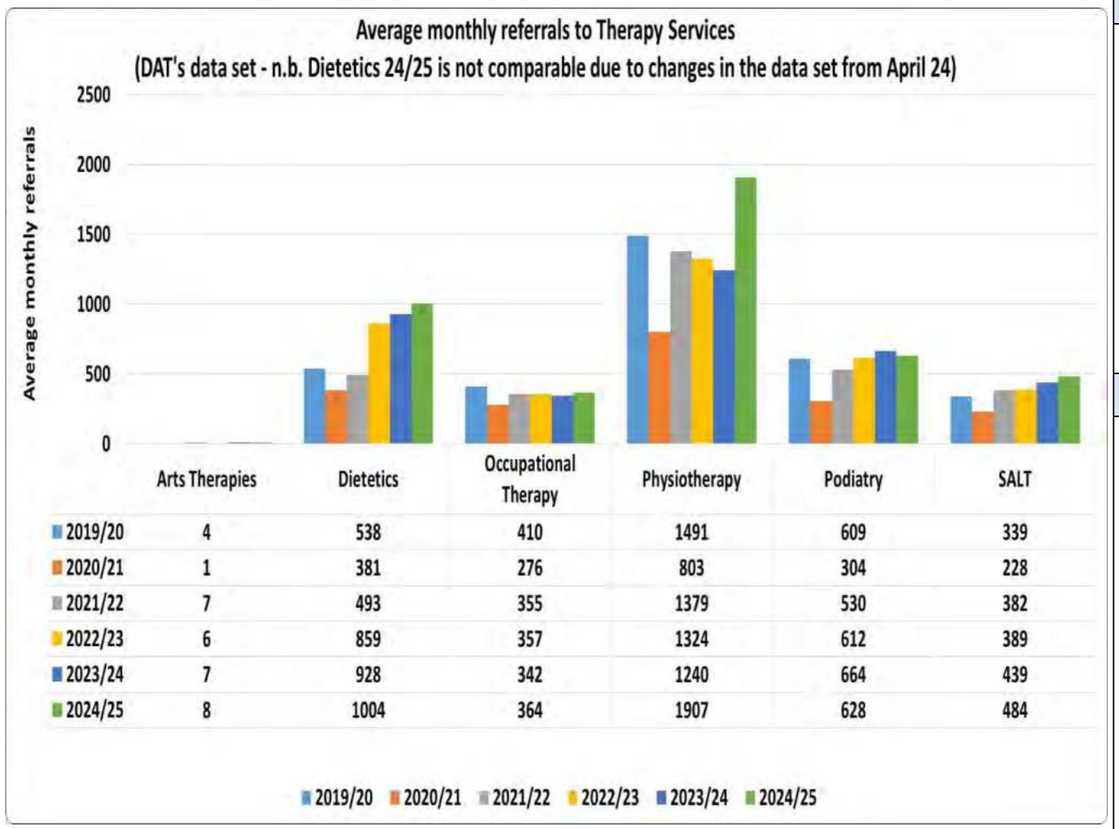
Number of Patients waiting >14 Weeks for a Therapy December 2024	Total Waits	Waits >14 wks	% >14 wks
Arts Therapy	17	1	5.9%
Dietetics	831	9	1.1%
Occupational Therapy	142	8	5.6%
Physiotherapy	1,218	5	0.4%
Podiatry	371	0	0.0%
Speech & Language	420	1	0.2%
Total	***2,999***	***24***	***0.8%***
Audiology *(Adult Hearing Aids)*	1,411	320	22.7%
Grand Total	**4,410**	**344**	**7.8%**

% of children waiting less than 14 Weeks for AHP December 2024	Total Waits	Waiting < 14 wks	% <14 wks
Arts Therapy	17	16	94.1%
Dietetics	153	153	100.0%
Occupational Therapy	54	54	100.0%
Physiotherapy	353	349	98.9%
Podiatry	29	29	100.0%
Speech & Language	289	289	100.0%
Total	**895**	**890**	**99.4%**

What actions are we taking & when is improvement anticipated?

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.



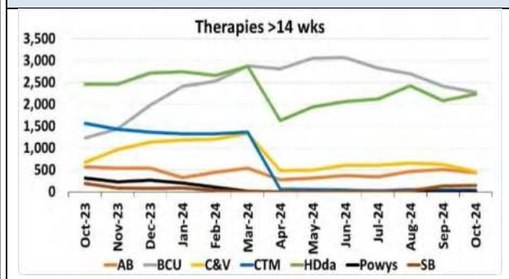
What are the main areas of risk?

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. Trend also replicated with inpatient services.

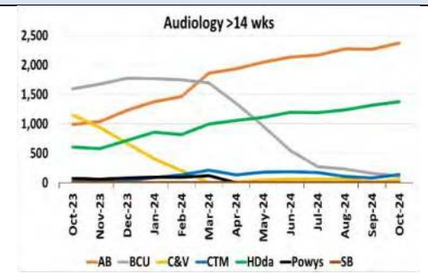
Concerns remain in being able to see referred patients in a timely manner in line with RTT and clinical presentation/pathology. Year on year increase in referrals to Speech & Language Therapy service which, in combination with increase in complexity, will increase waiting times and possible breaches 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.

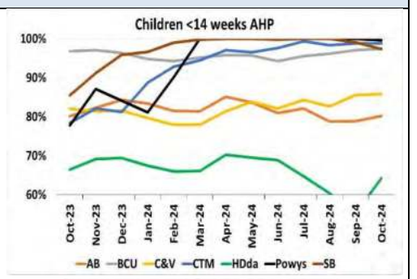
How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
Powys	1	1st
CTM	**43**	**2nd**
SB	147	3rd
AB	434	4th
C&V	452	5th
HDda	2,239	6th
BCU	2,268	7th



Status as at October 2024		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
C&V	48	3rd
BCU	108	4th
CTM	**144**	**5th**
HDda	1,377	6th
AB	2,372	7th

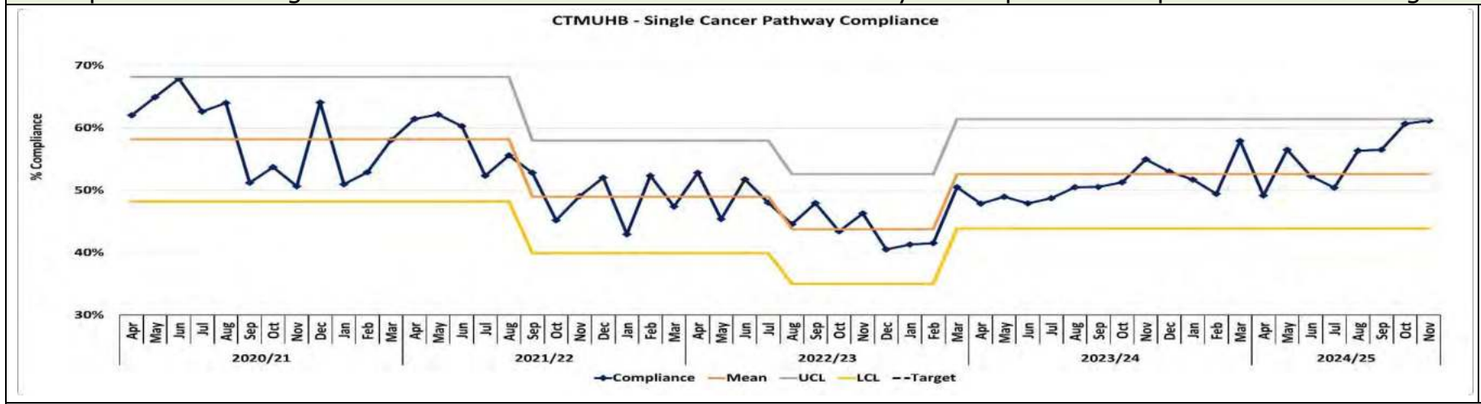


Status as at October 2024		
Health Board	Compliance	Rank
Powys	99.6%	1st
CTM	**98.8%**	**2nd**
BCU	97.5%	3rd
SB	97.4%	4th
C&V	85.9%	5th
AB	80.3%	6th
HDda	64.3%	7th

CTMUHB Planned Care Group

Single Cancer Pathway (SCP) November 2024 – 61.2%

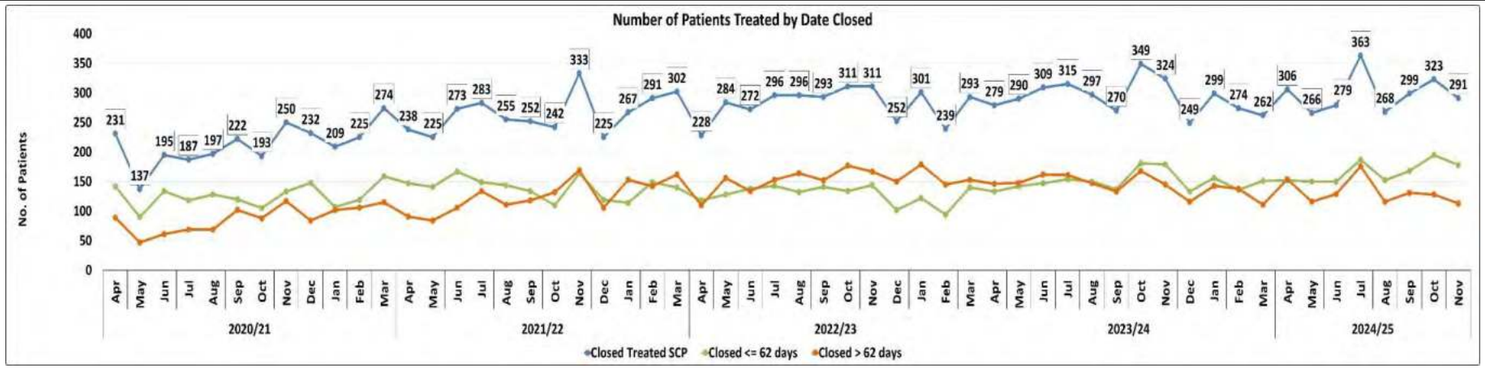
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Revised Target: 60% performance by December 2024 & 70% performance by March 2025



CTMUHB - SCP % Treated Without Suspensions - November 2024				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 60%
Head and neck	5	8	13	38.5%
Upper GI	15	9	24	62.5%
Lower GI	16	23	39	41.0%
Lung	20	20	40	50.0%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	58	10	68	85.3%
Brain/CNS	3	0	3	100.0%
Breast	31	3	34	91.2%
Gynaecological	6	11	17	35.3%
Urological	16	24	40	40.0%
Haematological	6	3	9	66.7%
Other	2	1	3	66.7%
Total	178	113	291	61.2%

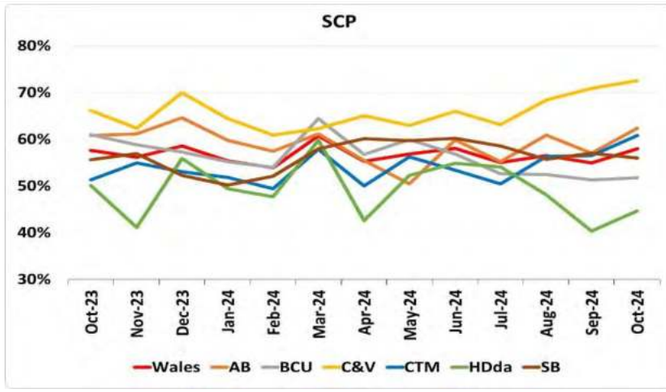
Compliance during November was 61.2% and exceeding the current WG target of 60%. Six of the tumour sites reached the desired target threshold of 60% this period, as seen in the table above. Predicted compliance for December currently stands at 63.7%. The continuing delays at first outpatient (21%) and diagnostic stage (54%) are the 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



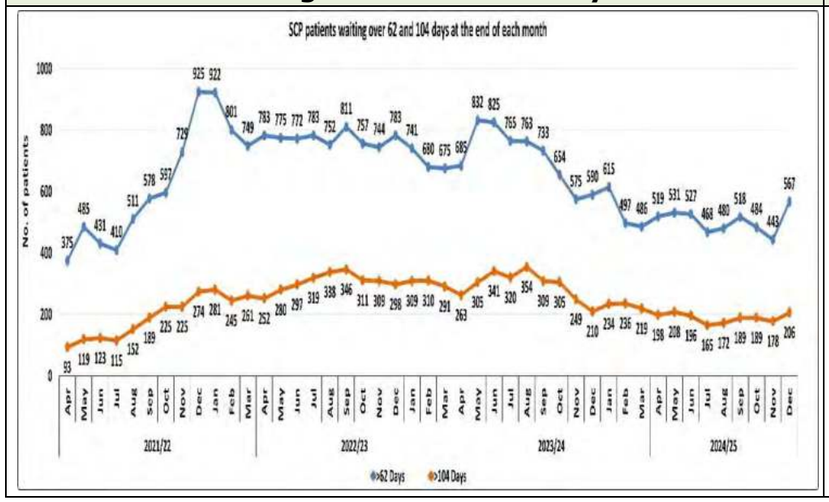
Cancer treatment volumes have remained fairly static during the past 12 months with the monthly average (Dec 23 to Nov 24) equating to 290 per month with the monthly average seen in the equivalent time span of 2022/23 being 293.

How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
C&V	72.5%	1st
AB	62.4%	2nd
CTM	**60.8%**	**3rd**
SB	56.0%	4th
BCU	51.8%	5th
HDda	44.7%	6th

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.
Increased focus on time to first appointment through capacity review, booking analysis and standing item in Friday cancer performance meeting.
Focus on booking of flexible cystoscopies pan CTM to reduce waiting list.
Weekly focused cancer assurance meeting in ENT service.
Sign up for training on CTM robot to undertake nephrectomies which will eliminate need to transfer some patients to tertiary center for the treatment.
Changes in job plans for urologist to undertake LAPB (prostate biopsy) on alternate weeks.
Moving patients across sites for LAPB to reduce waiting times and clear backlog.

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.
LAPB increased waits due to leave over Christmas period and change in job plans.

CTMUHB Planned Care Group

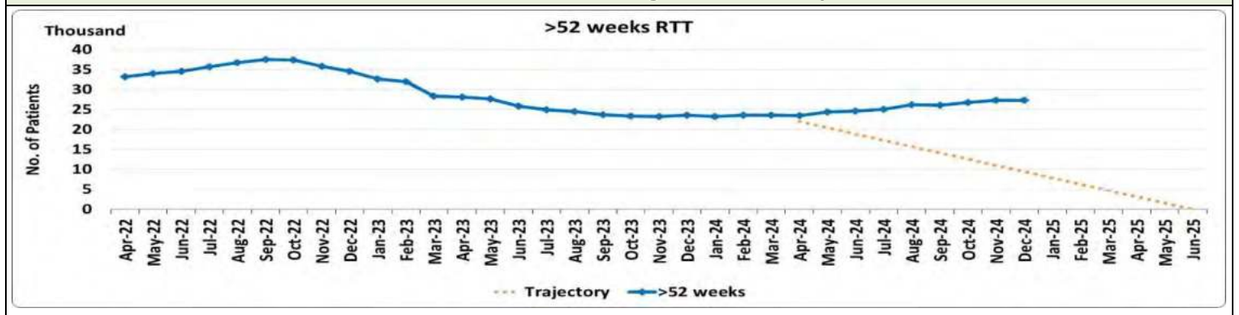
Referral to Treatment Times (RTT) – December 2024 (Provisional Position)

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (16,633)** Target is 40% reduction on March 24 position by Sept 24 and Zero by March 25



The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of December is 16,633; a small improvement of 1.2% (206) on the November reported position, but is above the desired trajectory equating to 13,146 patients waiting longer than forecasted, as above.

Number of patients waiting **>52 weeks RTT** (**27,322**) – Target is month on month reduction towards the national target of Zero by 30th June 2025

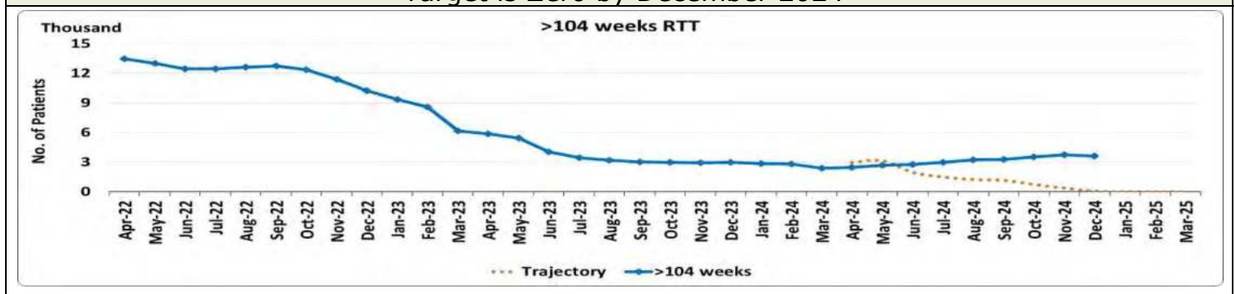


The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of December is 27,322, which as it currently stands is an increase of 93 patients on the November reported position resulting in 17,915 patients waiting longer than the forecasted level, as shown above.

Total number of open pathways per specialty - December 2024 (provisional)

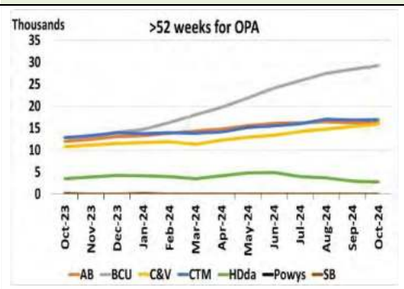
Specialty	Urgent patients waiting >12 Weeks	All patients waiting >36 to 52 Weeks	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Anaesthetics	152	341	338	15	1542
Breast Surgery	15	21	16	0	580
Cardiology	1425	992	886	6	6550
Colorectal	338	287	280	13	2513
Dermatology	777	806	1102	0	6030
Diagnostics	0	22	50	4	2855
Ear, Nose & Throat Service	1042	2010	3720	783	12193
Endocrinology	0	1	0	0	283
Gastroenterology	1473	601	786	36	4087
General Medicine	690	400	540	46	2988
General Surgery	687	614	733	54	5384
Geriatric Medicine	16	2	0	0	173
Gynaecology	1971	1660	1652	7	9288
Haematology (Clinical)	44	65	21	0	338
Nephrology	64	39	19	0	264
Ophthalmology	830	2633	4959	1284	17122
Oral Surgery	539	523	546	35	3167
Orthodontics	128	80	7	0	371
Orthopaedics	2522	1981	4308	1024	13769
Paediatrics	225	368	299	2	3393
Pain Management	0	2	0	0	2
Rapid Diagnostic Centre	0	3	0	0	121
Respiratory Medicine	189	409	583	5	3022
Restorative Dentistry	26	14	75	25	205
Rheumatology	375	296	224	16	2056
Sport and Exercise Medicine	0	1	0	0	17
Therapies	0	0	0	0	960
Urology	1494	1090	2148	193	8166
Vascular Surgery	74	175	421	61	1217
Total	**15,096**	**15,436**	**23,713**	**3,609**	**108,656**

Number of patients waiting **>104 weeks RTT (3,609)**
Target is Zero by December 2024

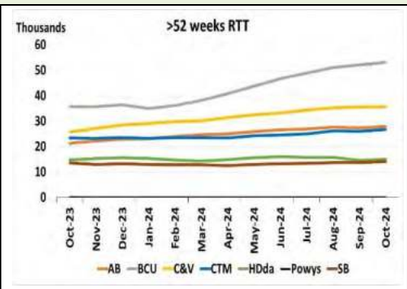


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of December is 3,609. As it currently stands this is an improvement of 127 patients from the reported November position, but is above the anticipated number of waiting patients forecasted to be 75, as shown above.

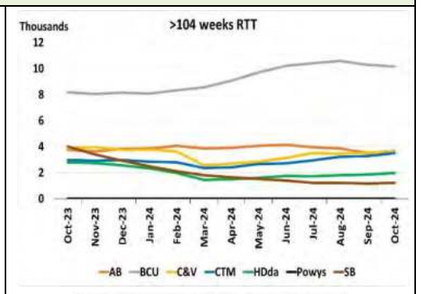
How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	2nd
HDda	2,750	3rd
C&V	16,053	4th
AB	16,528	5th
CTM	**16,921**	**6th**
BCU	29,218	7th



Status as at October 2024		
Health Board	Compliance	Rank
Powys	19	1st
SB	14,089	2nd
HDda	15,079	3rd
CTM	**26,738**	**4th**
AB	27,928	5th
C&V	35,764	6th
BCU	53,160	7th



Status as at October 2024		
Health Board	Compliance	Rank
Powys	0	1st
SB	1,227	2nd
HDda	1,986	3rd
CTM	**3,516**	**4th**
C&V	3,626	5th
AB	3,670	6th
BCU	10,177	7th

RTT continued on the next page...

Referral to Treatment Times (RTT) continued - December 2024

What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
General Surgery/Colorectal: General Surgery, together with Colorectal, on course to deliver Stage 1 at 52 weeks end of March 2025. 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. Surgical SDEC at PCH is progressing well; aim is to turn around non-essential patient admissions. SOP has been circulated for consultation. Clerical and clinical validation of waiting lists (outpatients and endoscopy) continues with some validation issues currently at POW. POW admin support is now only going to be part time 22.5 hours a week, this is to support the GDU and Gastro secretaries at POW. **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. Regional working with 3 external providers. Plan being drafted to centralise cataracts into POW. Plans for POW theatres to be back online in February Appointment of band 5 Administration Support Manager working Pan CTM. Staff validating long waiting patients, particularly those patients who have previously refused outsourcing to again offer the opportunity to be outsourced. **Dermatology:** Will achieve under 104 weeks by end of March 2025. Continue to maintain 10-12 days for stage 1 USC across CTM - achieved 85.3% for SCP in November 2024. POW – suitable routine and urgent lesion referrals continue to be redirected to Medical Illustration. Work to bring back the biologics service from UHW- meetings ongoing. Increased surgical capacity in RGH with nurse practitioner and specialty doctor. Macmillan skin cancer nurse can now perform minor surgery. Phototherapy in RGH has reduced to 6 weeks from 4-5 months wait. Review of all clinic templates – demand and capacity work done - awaiting sign off. POW – flexible clinic appointments allowing for maximum booking continuing - planning to introduce in other sites. **Gastroenterology:** Validation of the waiting lists (outpatients and endoscopy) continues. Awaiting confirmation of transnasal endoscopy to recommence in RGH. It is anticipated that the Vanguard Endoscopy suites will be operational from the 17th February, if water testing permits, which will increase endoscopy activity across CTM. **OMFS/Restorative/Orthodontics:** Orthodontics cleared >104 weeks **ENT:** Aim to be under 104 weeks by end of March 2025 Validation of all stages ongoing WLI's ongoing **Orthopaedics**: Regular RTT meetings **-** focusing on Treat in Turn & offering WLI where possible Plan for mobile theatre use expected Q2 - 2025 Validation work ongoing Exploring workforce sustainability & a change in workforce to realign roles Exploring how to continue elective activity at other sites Digital dictation agreed and pending **Gynaecology:** Administrative and clinical validation work is ongoing to manage demand into 2025. **Paediatrics:** Regular RTT meetings and performance review meeting continues. *{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}*	**General Surgery/Colorectal:** The closure of 2 PCH theatres in December 2024 for refurbishment purposes will delay urgent and routine patient surgery, with cancer surgery being the priority. This will result in an increase in emergency admissions and will add to the already long awaiting list of patients awaiting surgery. Relocation of PCH Day Surgery has meant the reduction from 15 trolleys to 10 - throughput of patients with existing theatre sessions will further reduce, this is also as a result of no elective beds at PCH site. WLI for outpatients - uptake slow. POW incident is resulting in the endoscopy waiting list rising, this is a concern. **Ophthalmology:** The patients being sent to regional/outsourced facilities are not our longest waiting patients due to the acceptance criteria of contracted providers, restricting the complexity of patient that they choose to manage, **Gastroenterology:** Lack of take up to work additional clinics. The demand of endoscopy USC is impacting on 8 week diagnostic partial booking. **OMFS/Restorative/Orthodontics:** Single handed consultant in restorative dentistry - lack of capacity and priority given to clinically urgent patients - may create delays for new patient appointments. Current Business Continuity Incidents (BCI) is causing cancellation of theatre lists. **ENT:** High volume stage 4 waiting patients BCI's are causing cancellation of already limited theatre lists **Orthopaedics:** Closure of POW elective and trauma services Vacancies on the T&O admin establishment Lack of digital dictation currently preventing more streamlined working, although significant progress is being made in this area. **Urology**: Admin - risks due to vacancies, long term sickness and new starters in training Long term clinical sickness. **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)* **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.*

CTMUHB Planned Care Group

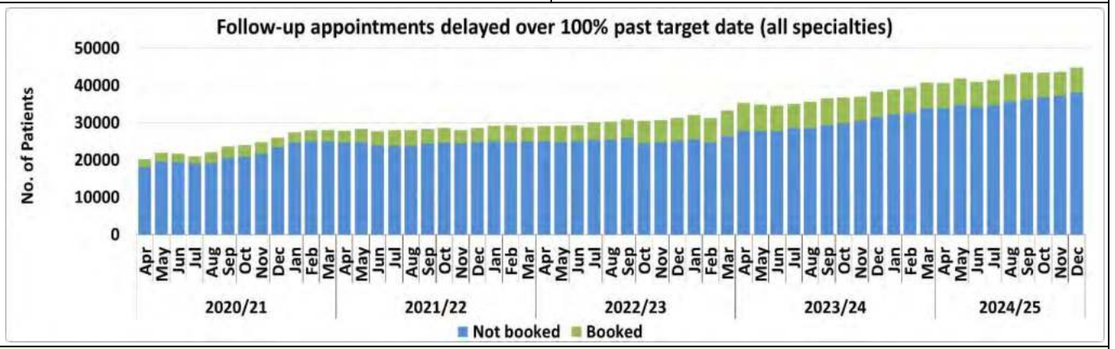
Follow-up Outpatients Not Booked (FUNB) – Provisional Position December 2024

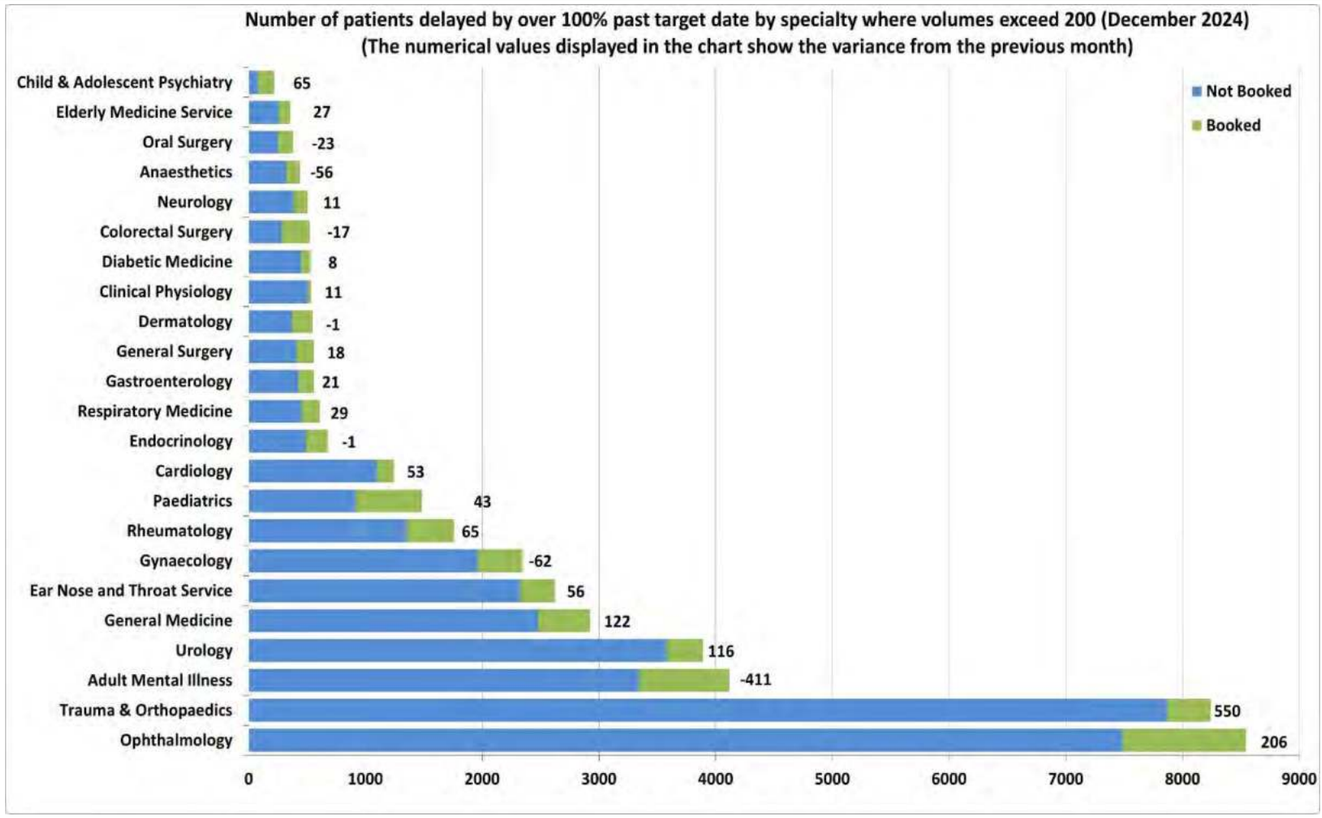
Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	91,907	56,912	148,819

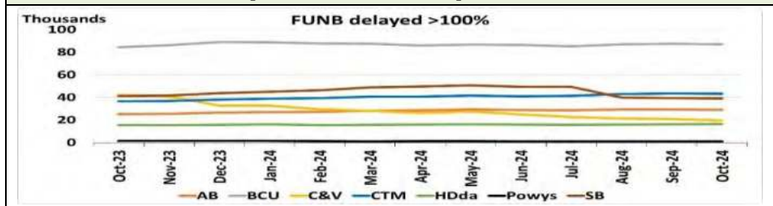
Number of patients waiting for a Follow-up delayed over 100% - Target is Reduction compared to the same month in the previous year

No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
38,075	6,805	44,880	30.2%





How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
Powys	1,046	1st
HDda	16,481	2nd
C&V	19,526	3rd
AB	29,207	4th
SB	39,137	5th
CTM	**43,408**	**6th**
BCU	87,090	7th

How are we doing?

The number of patients waiting for a follow-up appointment in CTM at the end of December 2024 provisionally stands at 148,819, which is a growth of 5.4% on the number of patients waiting during the equivalent period of 2023. There are currently no patients without a documented target date.

Of the patients waiting, 44,880 (30.2%) have waited more than 100% longer than their clinician advised.

From April to November 2024, the average monthly follow-up activity was 1,666 (4.6%) attendances higher, at 37,822, when compared with 2023/24 levels, but remains 1,684 (4.3%) lower than pre-Covid activity volumes.

What actions are we taking & when is improvement anticipated?

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 52 week patients awaiting 1st appointment. Plan to send consultant their individual FUNB lists whilst theatre downtime occurs (as a result of suspended sessions), this will allow protected time to go through the lists and undertake virtual follow-up reviews with office based decisions.

Ophthalmology: Significant clerical and clinical validation required with no current resource. Work ongoing with PIFU/SOS to help reduce the number of patients being added to the FUNB. Optometry will support some of the glaucoma patients on the FUNB. Task and Finish groups set up.

Dermatology: Clinical conditions and appointment directive used allowing patients to be booked as per clinical priority - to be introduced at RGH/PCH to align practices across the specialty. Discharge routine patients after 1st DNA**.** Discussions have taken place with secretaries to introduce clinical conditions, recording office based decisions (non face to face appointments on WPAS) and training to be provided if required.

Gastroenterology: Ad-hoc clinical validation continues.

OMFS/Restorative/Orthodontics: Ongoing clerical and clinical validation**.** Work on PIFU and SOS outcomes continues.

ENT: POW utilising theatre downtime to validate FUNB lists. Ongoing clerical and clinical validation. Work on PIFU and SOS outcomes continues.

Orthopaedics: Validation work ongoing. POW closure has given some scope for waiting list team to work on validation**.** Exploring additional clinic capacity and moving patients to a PIFU/SOS pathway.

Urology: Numbers continue to grow despite clinicians undertaking FUNB sessions. This is partly due to incorrect admin processes – staff training being carried out. Consultants validating FUNB in absence of operating.

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

What are the main areas of risk?

General Surgery/Colorectal: Limited face to face clinic capacity for FUNB – validation ongoing.

Ophthalmology: Insufficient clerical / clinical time to validate the high volume of FUNB.

Dermatology: Risk is greater at RGH/PCH as currently the clinical priority is not being identified.

Gastroenterology: RTT validation is resulting in those patients already treated being added to the FUNB list.

OMFS/Restorative/Orthodontics: Loss of follow-up capacity to accommodate new patients.

Clinically urgent patients not being reviewed in the recommended timeframe.

ENT: Loss of follow-up capacity to accommodate new patients.

Orthopaedics: Gaps in the admin establishment exist.

Unsure of long term impact from POW site disruption.

Workforce currently not large enough to manage demand and backlog.

Urology: Admin vacancies, long term sickness absence.

Gynaecology: Insufficient resource to undertake clinical validation.

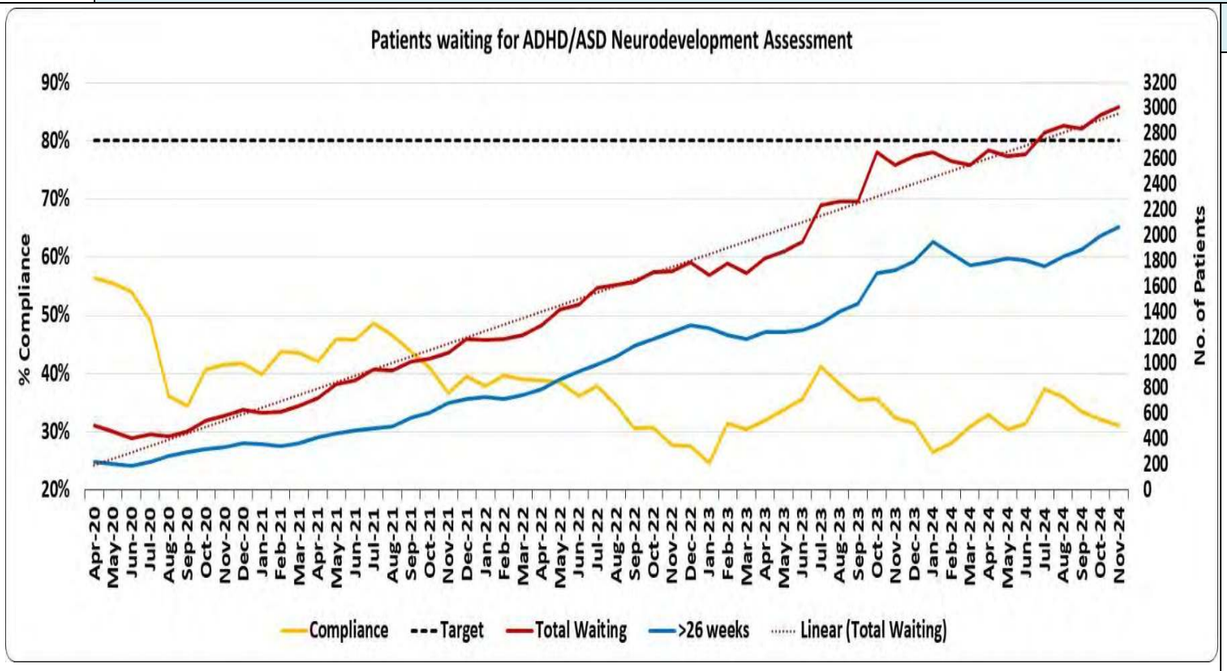
Outpatient clinic capacity for booking all patients who require appointments.

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%)

November 2024 - 31.2%



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 3,008 patients (Nov 24); 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 199 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 31.2%.

During the past 12 months compliance has been fluctuating between 26.5% and 37.4%, with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

NDIP funding allocated this financial year has allowed an additional 402 new patients and 731 follow-up patients to be seen.

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 until March 2025. This is being spent on increasing the capacity within the workforce, namely locum SALT/CAMHS and additional/overtime hours for existing staff.

Additional funding provided November 2024 to end of March 2025 to support waiting list validation and provide additional funds for overtime.

Pharmacy input into ND is supporting post-diagnosis follow-up titration & monitoring, releasing medical colleagues to support the waiting list further and we are currently recruiting to a fixed-term pharmacy technician 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.

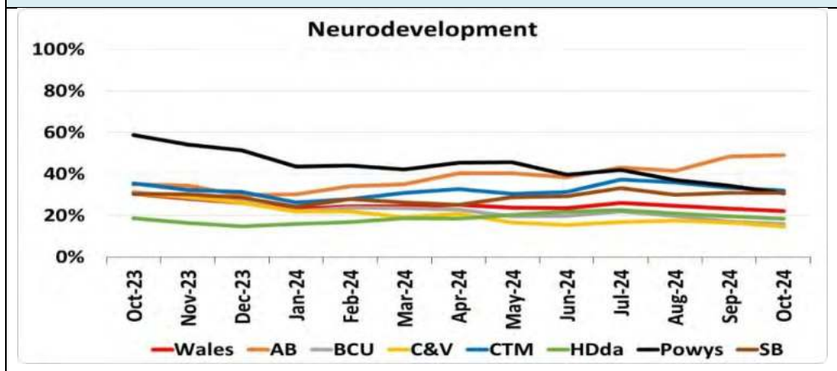
We anticipate that the waiting list over the coming months will decrease as additional staff commence in post and capacity meeting the demand. It is anticipated that the longest waiter at the end of March 2025 will be around 78 weeks (longest waiter at end of March 2023 and 2024 was >104 weeks), although achieving this target does involve seeing 1,800 new patients in total over 2024/25; with still a relatively small clinical team.

There have been higher levels of sickness within the clinical team during October and this has had an impact on the commencement new assessments. Staff are due to return to work mid January where new patient slots will become available again

ND event in Lampeter during November, with leads from Health, Education, Social Care, 3rd sector and Parent/Carer Network. WG/NHS Executive to publish new guidelines imminently which support CTMUHB model. Agreement sought to pilot `fast-track´pathway for autism referrals in children/young people aged 5 or 6 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.

How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
AB	49.2%	1st
CTM	**32.1%**	**2nd**
SB	30.9%	3rd
Powys	30.9%	3rd
HDda	18.6%	5th
BCU	16.1%	6th
C&V	14.9%	7th

What are the main areas of risk?

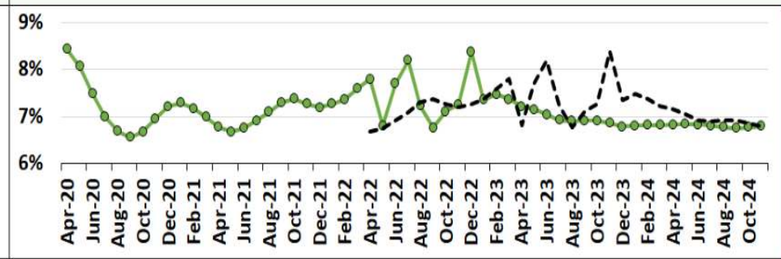
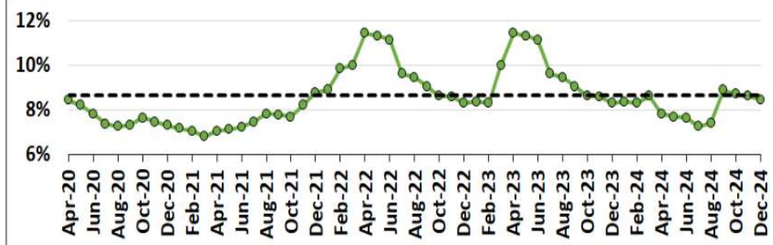
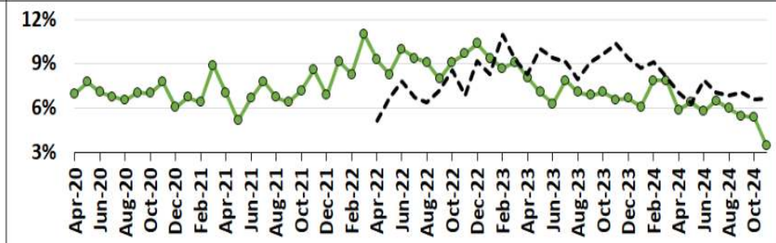
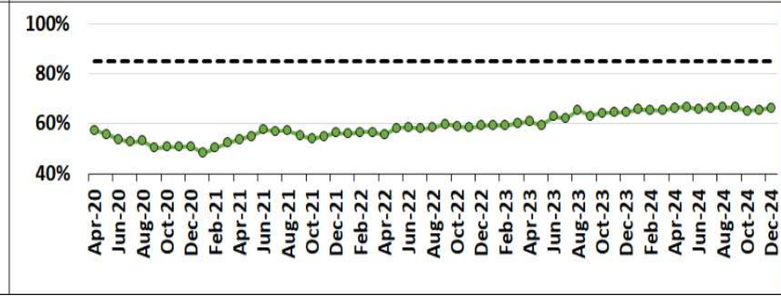
A demand and capacity review was undertaken early in 2024 with templates implemented and fixed on WPAS to ensure forecast remains accurate. Vacancies within the ND team, namely ADHD nurses, had created additional waits for children/young people for ADHD assessments, although these are now starting to 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 the financial year, 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.

Higher levels of sickness than usual within a small clinical team will have an impact on the number of new assessments. However, current sickness absences are due to end shortly, where the service will be at full complement from mid January 2025.

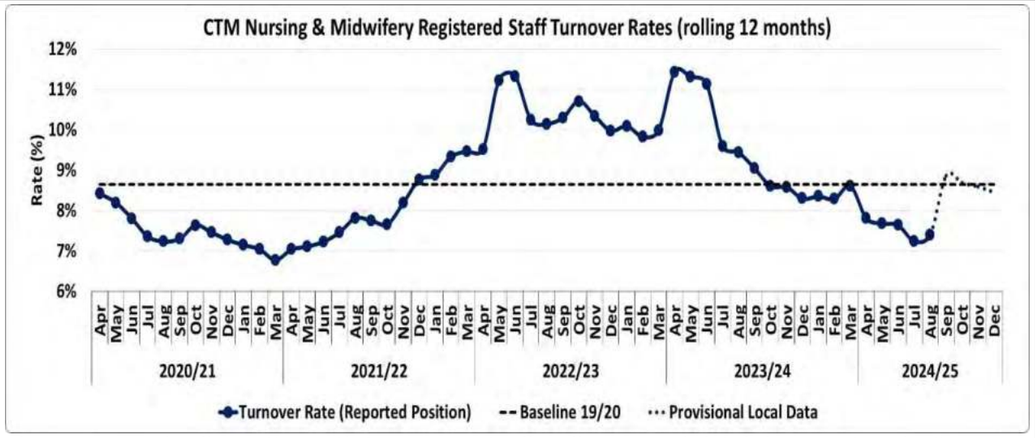
2.4 Welsh Government Performance Indicators: Quadruple Aim 3 - A Motivated & Sustainable Workforce

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Target Achieved / Target Failed — Latest Position	
Motivated & Sustainable Workforce	% of sickness absence rate of staff	12 Month Reduction Trend		6.8%	Nov-24
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2019-20 (8.65%)		8.45%	Dec-24
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		3.5%	Nov-24
Training & Development	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		66.3%	Dec-24

CTMUHB Workforce Metrics

Turnover rate for N&M registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2019/20



The provisional rolling 12 month turnover rate (locally sourced data) for registered N&M Staff at December 2024 is 8.45%, with the reported position at August pleasingly reducing to 7.4%. The equivalent previous reported rolling 12 month period (September 2022 to August 2023) rates were 9.44%.

(N.B. rates will be subject to change when HEIW data is received due to the inability to locally monitor staff leaving NHS Wales).

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

The Retention Lead continues to work with key stakeholders to implement the actions within both the HEIW all Wales Nursing and Midwifery Retention plan and the CTM Retention Action Plan. Flexible working, promotion and work-life balance remain the principle reasons for staff leaving CTM and the Retention Lead is currently supporting ongoing retention priorities in relation to these areas. These are discussed at the CTM Retention Group, which aligns the work to other work streams around improved attraction, bolstered recruitment pipelines, our culture, Workforce Race Equality Standard (WRES), Equality, Diversity and Inclusion (ED&I), wellbeing, employee experience offer.

The CTM Retention Group gives oversight, direction and engagement on nurse retention and other staff groups. The meetings are held on a bi-monthly basis with a wide stakeholder group that includes support services across CTM. A multidisciplinary retention workshop will be held early December and will focus on working collaboratively to progress both national and local retention actions, sharing best practice and identify next steps.

While it is positive that turnover is reducing it is difficult to say, at this stage, what is contributing to the lower rates or that the interventions are having an impact, but we continue to monitor in the CTM Retention Group.

The risks are that the turnover increases but we remain focused on the actions set out in the plans and working closely with leads/managers to understand the importance of this agenda. This is to ensure we maintain a sustainable workforce, whilst monitoring the data and any trends.

We are also working closely with other HBs as part of the Retention Community of Practice to share and learn from other HBs on their activities and initiatives to continually improve the retention of staff. To date, there are no different approaches being used. We continue to monitor other HB turnover rates as a benchmark and to assess our current position to support any changes to our action plans.

Lateral Moves Scheme for Band 5 Nurses and Midwives

Applications	Employees	Current Status (end of December 2024)
Complete	31	Moves agreed
Shared	23	Managers for requested areas identified and applications shared with them
Submitted	14	Applications received and pending review by People Services
Queried	3	Applications received and queried by People Services
Total	**71**	

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

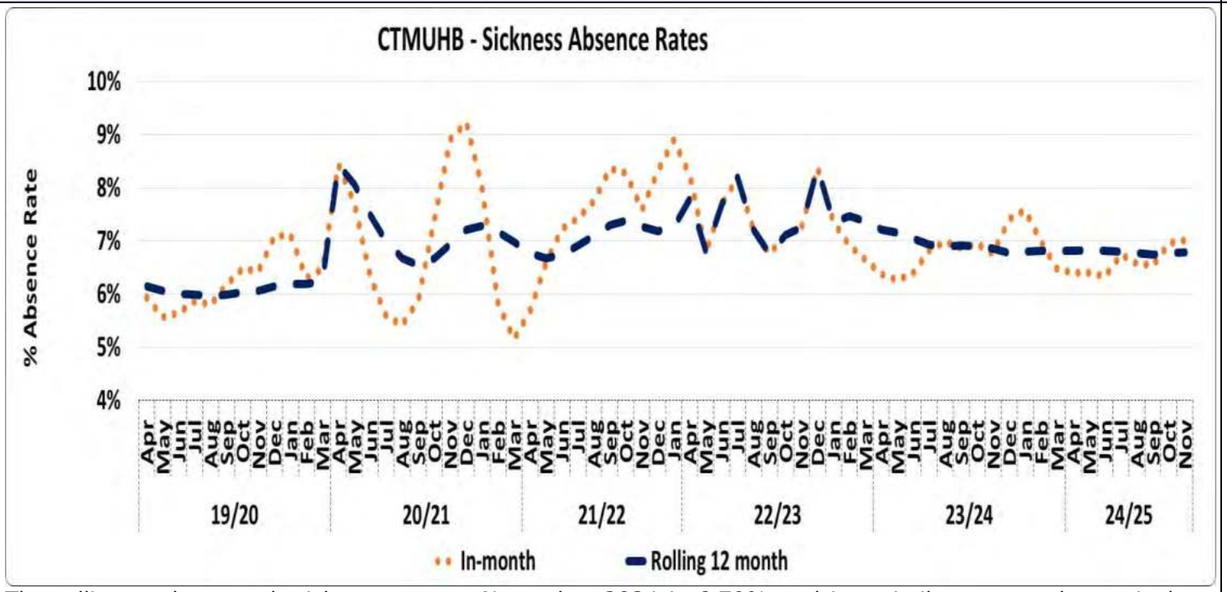
The Lateral Moves Scheme was designed originally for band 5 registered nurses and midwives, employed within CTM, who wish to request an internal move to another Band 5 post within the Health Board. The Scheme recognises the benefits of staff working in different areas, services and teams to gain new knowledge, skills and experiences whilst enhancing professional goals and expanding their career pathways. This process introduces a more seamless and agile mechanism for doing so, which will benefit both the individual and the organisation by promoting and improving access to a wide range of internal opportunities. The scheme supports CTM to retain experienced and valued staff and also forms part of our offer to attract new nurses and midwives to join the organisation.

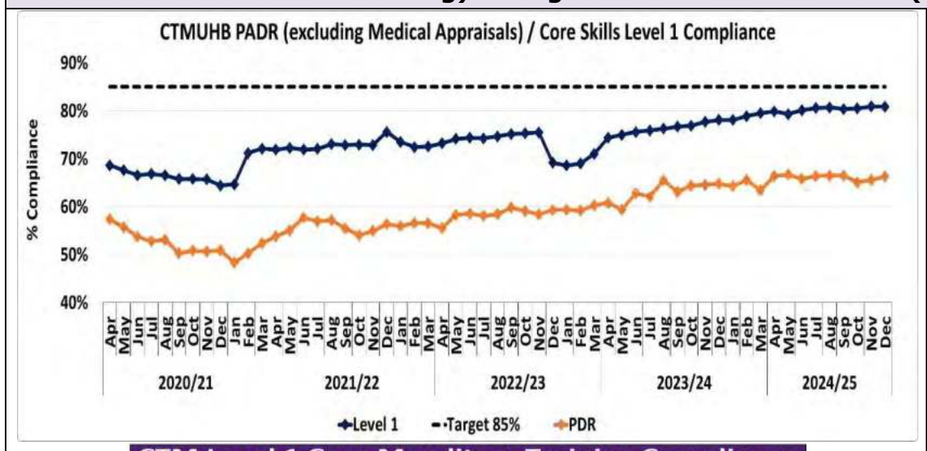
The Lateral Moves Scheme has been in place since February 2024, and since then 46 applications were submitted and 22 moves agreed/taken place. There is now a focus on rolling out the scheme to wider staff groups for fairness, equity and flexibility. In December, the scheme was extended to Band 2 Health Care Support Workers (HCSW) and we have seen 12 HCSW applications since this time; further engagement with this group of staff will take place over the coming months.

A timetable for rolling out to other staff groups is in development with service leads to expand the scheme to include Allied Health Care Professionals and Health Care Scientists next.

There are risks of de-stabilising services should numbers increase outside of manageable limits, but monitoring of the scheme is in place to ensure that this does not happen. Where there are large numbers or themes arising these will be escalated to the Retention Group, initially for discussion and consideration of next steps. It is hoped that the benefits of the scheme support the retention of staff and it becomes a business as usual activity once fully rolled out.

CTMUHB Workforce Metrics

% of sickness absence rate of staff – Target is 12-month reduction trend November 2024 (6.79%)	What actions are we taking & when is improvement anticipated? What are the risks?
 The rolling twelve-month sickness rate to November 2024 is 6.79% and is a similar rate to the equivalent rolling period of the previous year (6.86%). The in-month sickness rate is 7.01% and is slightly higher than the equivalent period of 2023 (6.76%).	The People Services Team (PST) continues to support the application of attendance management principles via awareness, skills development and case support activities. This includes weekly distribution of sickness absence levels by care group, monthly long term sickness reports and delivery of policy training. Between during the past two months the PST responded to 64 requests for advice related to attendance management, which equates to 20% of the contacts to the team during this period. These requests range from general policy questions to longer term support to implement return to work plans or conclude formal attendance management processes. From January 2025 the PST will be tracking third stage sickness cases as well as reviewing data from the team triage process to assist with highlighting trends in sickness management approaches to continually improve the products available to support improved attendance at work. The support from the People Services team is to ensure that managers are equipped to manage sickness alongside the policy. Good people management is key to reducing sickness absence, but also ensuring a swift return where possible. It is important that we support the wellbeing of our workforce and are aware of any themes so that these can be managed and any risks are avoided, addressed and/or removed.

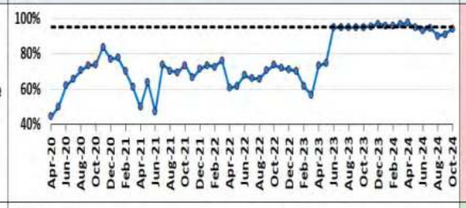
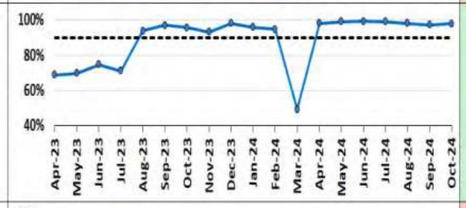
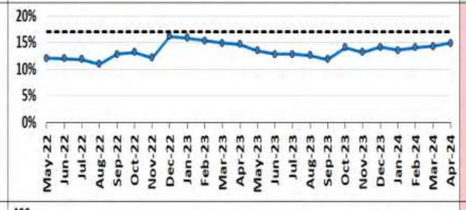
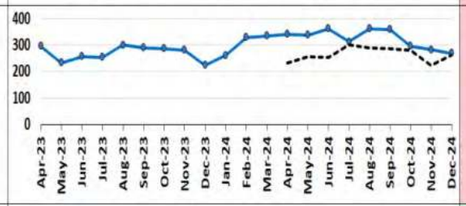
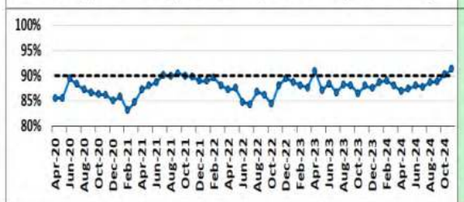
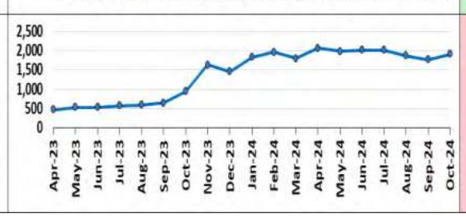
Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training) – Target 85% - December 2024 (66.3% - Provisional)	What actions are we taking & when is improvement anticipated? What are the risks?
 PDR compliance is improving slowly, currently around 66%. Compliance for the past year has ranged between 63.4% and 66.7%, recognising that this remains below the WG target of 85%.	**PADR – *Your Conversation*:** Shared Services internal audit into PDR process underway, with feedback shaping future additions to the educational offer alongside improvements to the process/paperwork. "Making the most of PDR – *Your Conversation*" workshop developed and being delivered with management teams. This is part of a full day educational offer, embedded into the Leadership Development offer. Evaluation form embedded into paperwork - feedback shaping improvements and modifications to the forms and associated process. CTM-specific PADR and Pay Progression FAQs developed and shared with affected staff on a monthly basis (i.e. managers with staff who are due to go through a gateway). Targeted communications being sent to managers with PADR compliance below 85%. Ongoing assessment to establish how best to capture Medical & Dental appraisals as part of overall figures, in collaboration with the ongoing data dashboard work. **Core Learning:** CTM Core Learning Review Report in final draft stage, capturing organisational Core Learning provision and performance, with a view to influence an All Wales review. Report contains a number of recommendations, including establishment of greater governance around the mandating of subjects. All subject areas now responsible for the administration of training co-ordination, freeing up Learning and Development resource to undertake organisational activities aimed at creating a culture of compliance. Support being given to the Care Group Core Learning Recovery Plans in order to improve compliance across the Health Board. Monthly drop-in sessions ongoing, with the Core Learning team attending different sites each month. Range of subject guides and educational materials in development to support staff to access their learning. Apprentice Core Learning Coordinator in post.

CTM Level 1 Core Manditory Training Compliance December 2024	
Safeguarding Children	86.0%
Safeguarding Adults	85.2%
Health, Safety and Welfare	85.1%
Equality, Diversity & Human Rights	84.3%
Moving & Handling	83.4%
Information Governance	82.1%
Violence & Aggression	80.8%
Fire Training	79.6%
Infection Prevention and Control	76.6%
Resuscitation	66.5%
HB Overall Compliance	80.9%

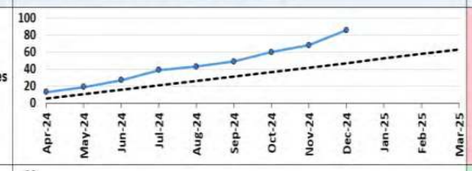
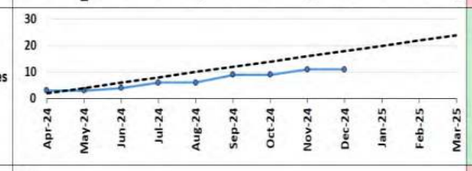
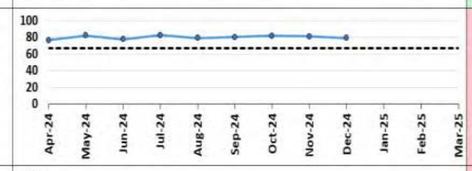
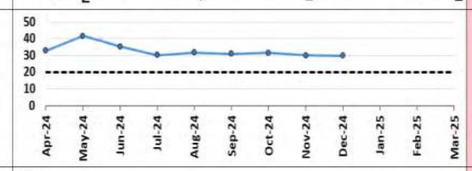
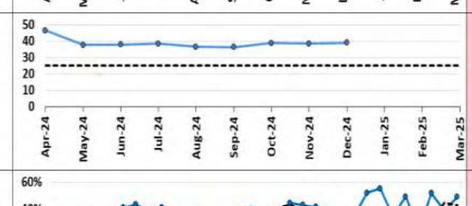
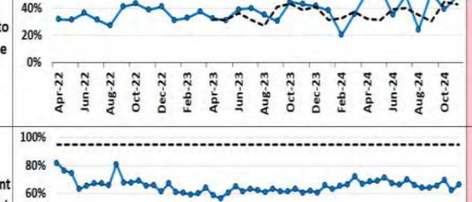
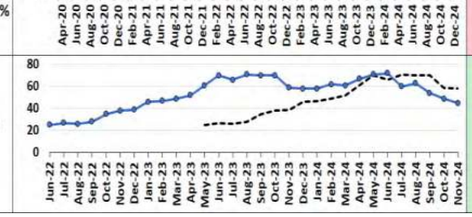
Currently, combined core mandatory training compliance is 73.3% with **Level 1** disciplines at 80.9% and is improving overall in small increments, however continuing to remain below the required standard of 85%.

2.5 Welsh Government Performance Indicators: Quadruple Aim 4 - Improvement & Innovation enabled by data & focused outcomes

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

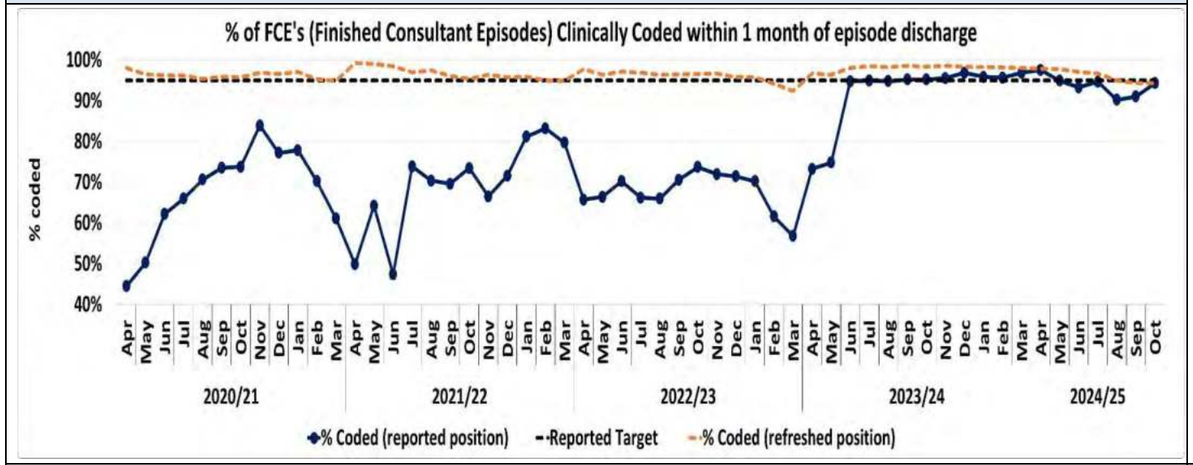
	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Target Achieved / Target Failed — Latest Position	
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate a 12 month improvement trend		94.3%	Oct-24
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		97.9%	
Efficient Services	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17% or more		14.9%	Apr-24
	Number of Pathways of Care delayed discharges	12 month reduction trend		270	Dec-24
People Centred Care	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		93.6%	Nov-24
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over			91.3%	
	Number of service user feedback experience responses completed and recorded on CIVICA	Month on month improvement		1,772	Oct-24

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Target Achieved / Target Failed — Latest Position	
Safe Services	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	No more than 60 cases for 2024/25		86	Apr 24-Dec 24
	Cumulative number of laboratory confirmed bacteraemia cases: Pseudomonas aeruginosa	No more than 24 cases for 2024/25		11	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,00 population		79.51	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus (MRSA and MSSA)	20.00 per 100,00 population		29.89	
	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	25.00 per 100,00 population		39.16	
	% of confirmed COVID cases within hospital which had a definite hospital onset (>14 days after admission)	Reduction compared to the same month in the previous year		49.0%	Nov-24
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	12 month improvement trend towards national target of 95%		66.5%	Oct-24
	Percentage of ambulance patient handovers within 15 minutes	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes		19.8%	Dec-24
	Number of National Reportable incidents that remain open 90 days or more	12 month reduction trend		45	Nov-24

Effective Services - Clinical Coding

% 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 – October 2024 – 94.3%



Current Coded Position as at 6th January 2025				
2024/25	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-24	11,613	11,474	139	98.8%
May-24	11,869	11,748	121	99.0%
Jun-24	10,935	10,762	173	98.4%
Jul-24	11,939	11,727	212	98.2%
Aug-24	10,566	10,317	249	97.6%
Sep-24	10,620	10,127	493	95.4%
Oct-24	11,443	10,870	573	95.0%
Nov-24	10,775	6,587	4188	61.1%
Dec-24	9,625	334	9291	3.5%
Total	99,385	83,946	15,439	84.5%

Uncoded 2024/25 (Apr - Dec 2024)	15,439	15.5%

How are we doing?

The reported position for October 2024 is 94.3% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale, falling just short of the set target of 95%.

As of the start of January 2025, the coded position from April to December currently stands at 84.5% with the backlog accrued during April to October 2024 largely coded and is at 97.5%.

Compliance for the correction of errors within 35 days was 97.9% during October with 93 of the 95 errors corrected within the requiste 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.

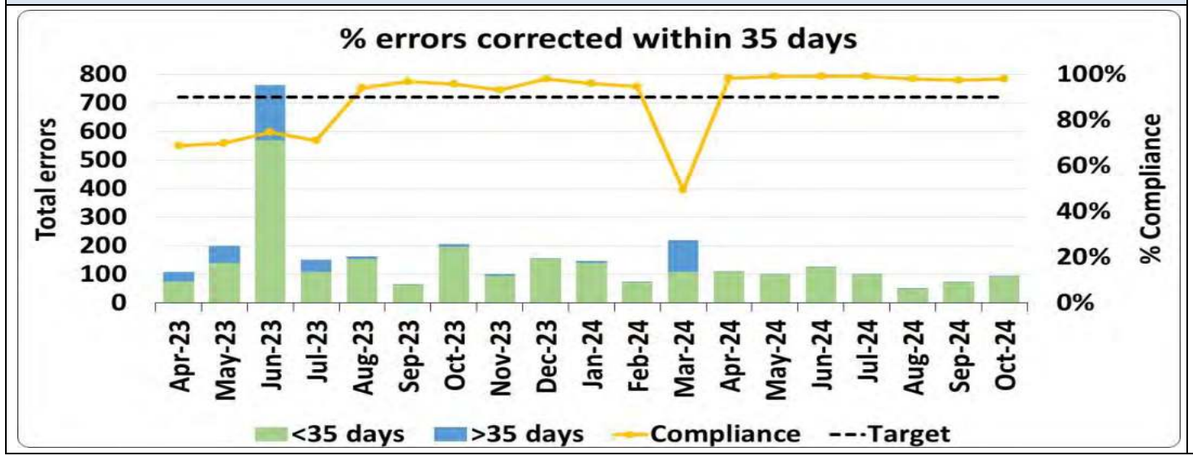
What actions are we taking & when is improvement anticipated? What are the main areas of risk?

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.

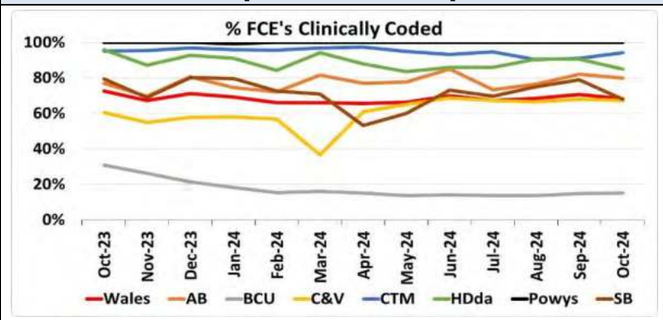
The changes in ward moves associated with the POW roof have had a disruptive impact on coding demand patterns and changes to the flow and availability of the medical record. Best endeavours are being relied upon until a more consistent pattern of service activity is observed which will enable coding 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.

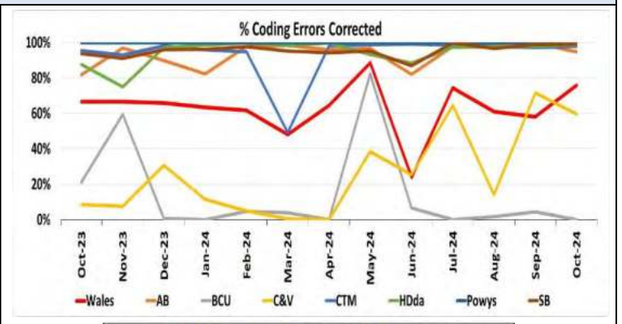
% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - October 2024 – 97.9%



How do we compare with our peers?



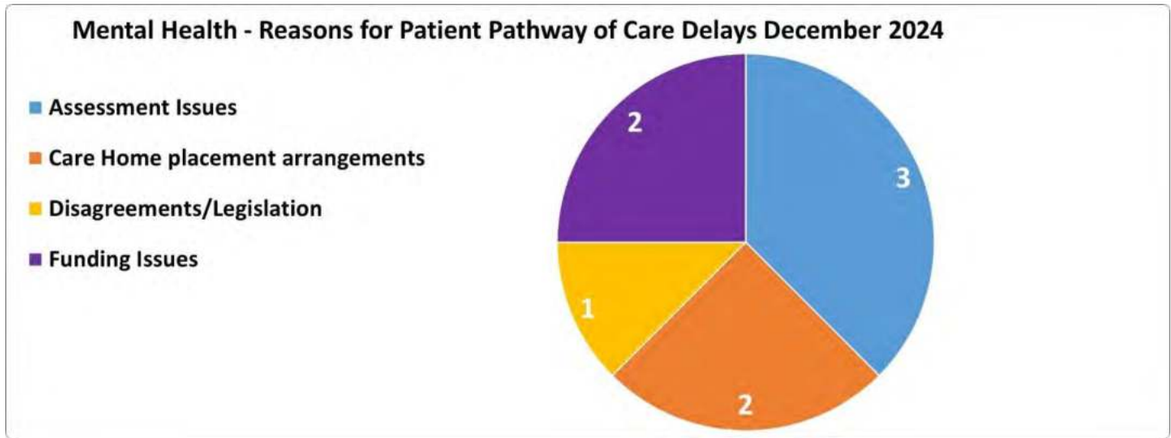
Status as at October 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
CTM	**94.3%**	**2nd**
HDda	85.1%	3rd
AB	79.9%	4th
SB	68.1%	5th
C&V	67.2%	6th
BCU	15.1%	7th

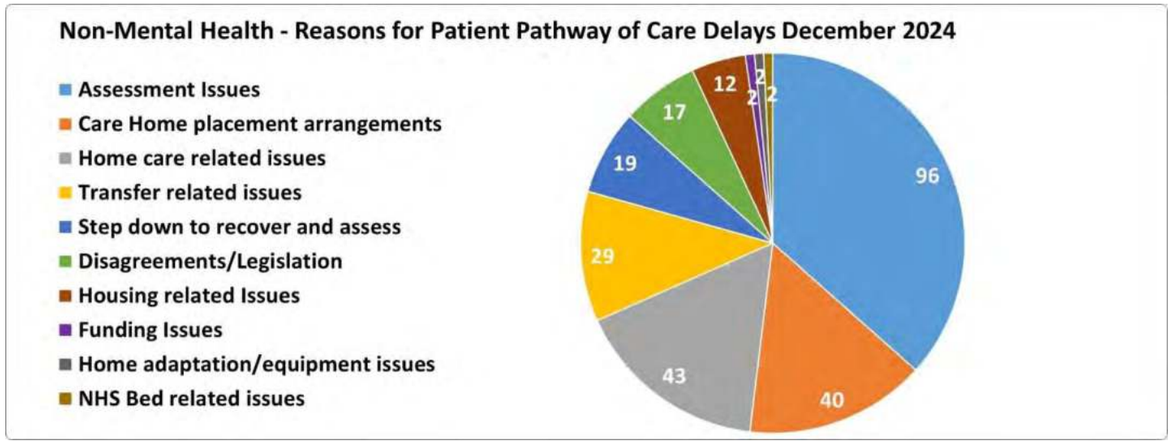


Status as at October 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	99.2%	2nd
HDda	98.8%	3rd
CTM	**97.9%**	**4th**
AB	94.7%	5th
C&V	59.6%	6th
BCU	0.0%	7th

Efficient Services – Pathways of Care Delayed Discharges - December 2024

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 8 / Non Mental Health Delays = 262





How are we doing?

On average, 321 Pathways of Care Delayed Discharges have been recorded each month for the past 12 months, with the vast majority (41.6%) related to delayed assessment, as per the table below (left), with 99 assessment delays during December 2024 as described in the table below (right) :

Reason for Delay	Dec-24	12 month average	
Assessment Issues	99	134	41.6%
Care Home placement arrangements	42	60	18.6%
Home care related issues	43	51	15.8%
Transfer related issues	29	21	6.6%
Disagreements/Legislation	18	21	6.7%
Step down to recover and assess	19	13	4.1%
Housing Related Issues	12	8	2.6%
NHS Bed related issues	2	4	1.1%
Funding Issues	4	6	1.8%
Home adaptation/equipment issues	2	3	1.0%
Total	**270**	**321**	

Assessment Delay Flag - December 2024	
Awaiting completion of assessment AHP	14
Awaiting completion of assessment by social care	25
Awaiting completion of assessment Nursing	27
Awaiting Continuing Healthcare (CHC) Assessment	7
Awaiting joint assessment	14
Awaiting Social worker allocation	11
Awaiting completion of assessment Pharmacy	1
Total Assessment Issues	**99**

Work on the new Discharge Framework commenced in October and it continues to bed in. Issues at POW have made an impact in all areas of Discharge – we have seen an increase in home care related issues reflecting the general temperature of the service as well as the problems in getting packages of care in some areas covered by the UHB.

What actions are we taking & when is improvement anticipated?

It is still early days for the roll out of 'Optimise' across CTM with the aim of improving the structure of daily board rounds, flow and discharge planning. Work continues with a good level of engagement from colleagues.

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.

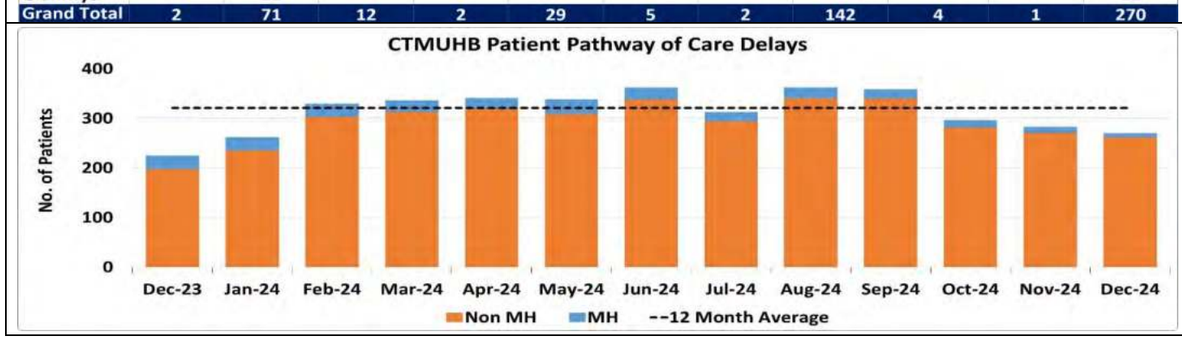
The Discharge Hub Team meets with senior colleagues from the wards and the local authority for a delayed patient review twice a week – this is providing useful management focus across community hospitals.

Delays by Local Authority - December 2024

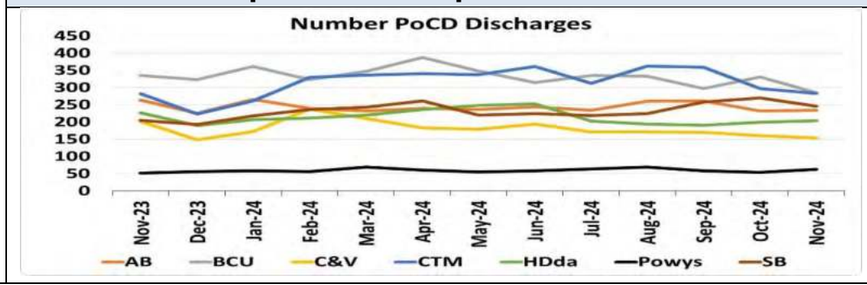
Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Cardiff	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Vale of Glamorgan	Other (outside Wales)	Total
PCH	2		12		8		2	10			34
POW		37		1		5			3		46
RGH		5						38			43
YCC		2			21			32	1	1	57
YCR		4		1				45			50
YGT		11						17			28
Glanrhyd		12									12
Grand Total	2	71	12	2	29	5	2	142	4	1	270

What are the main areas of risk?

Co-ordination of patient-centred approach to discharge planning is limited - multiple team working within individual parameters. If the discharge model in CTM remains non-integrated, the risk is that separate agencies, not centrally managed, will not be supporting D2RA best practice model, which will cause further delays and confusion.
Analysis shows increased levels of complexity and frailty in patients, with higher levels of dementia and associated longer length of stay in our hospitals.
Events in POW have led to high levels of pressure on Discharge Liaison, where despite some appointments, there are gaps in staffing.



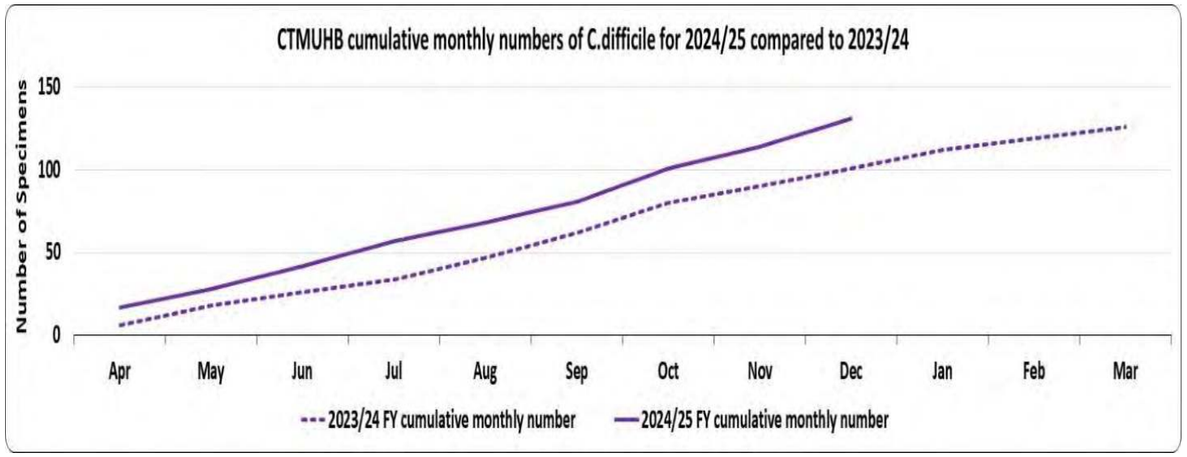
How do we compare with our peers?



Status as at November 2024		
Health Board	Compliance	Rank
Powys	63	1st
C&V	154	2nd
HDda	204	3rd
AB	235	4th
SB	246	5th
CTM	**283**	**6th**
BCU	286	7th

CTMUHB Safe Services – Healthcare Acquired Infections – April to December 2024

C.difficile

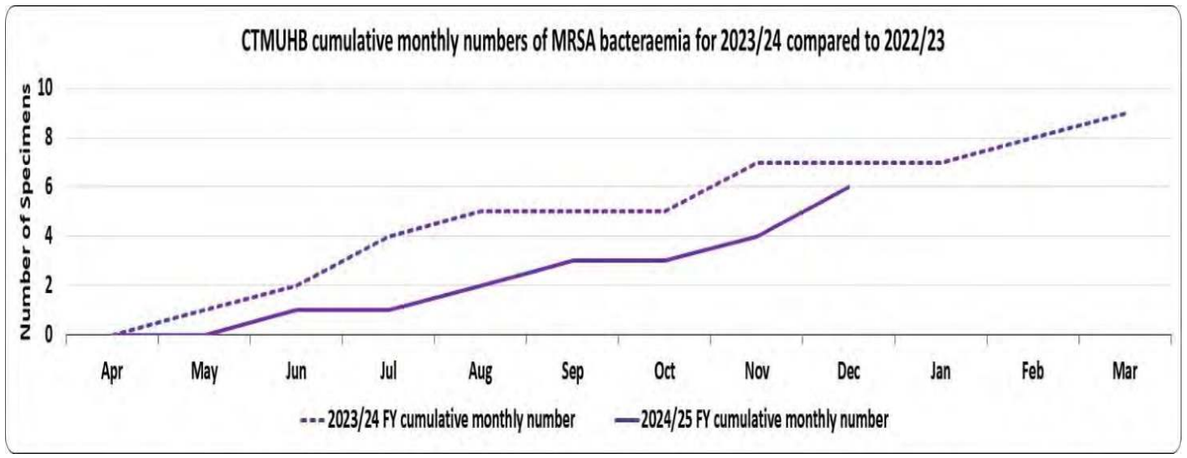


131 C.difficile cases have been reported by CTM for Apr-Dec 2024. This is 30 more cases than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 39.16, which compares to the All Wales rate of 49.63.

In CTM, 40% 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.

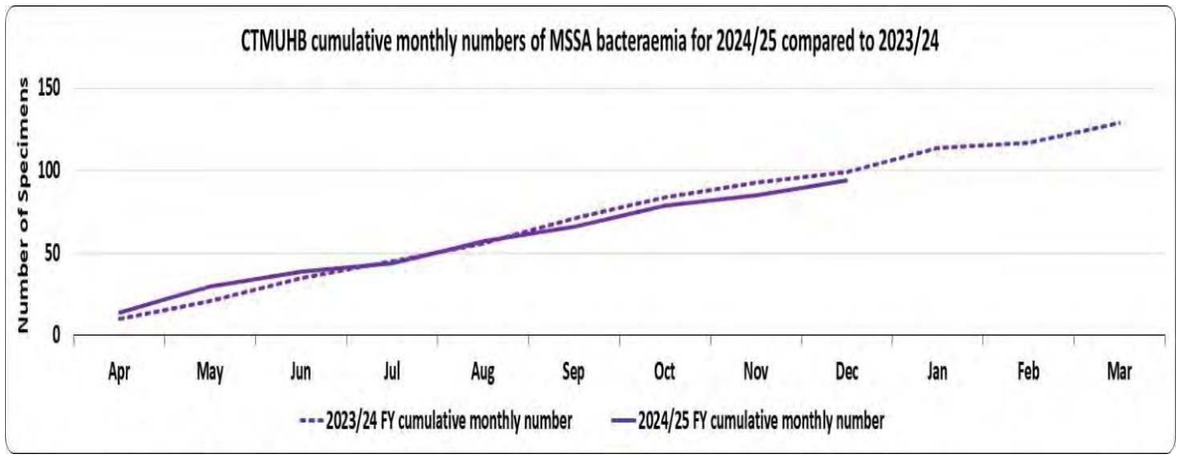
MRSA



6 MRSA bacteraemia have been reported by CTM for Apr-Dec 2024, with 4 cases being community onset and the remaining 2 cases, hospital onset. This is 1 less case than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 1.79, which compares to the All Wales rate of 1.91.

Nonetheless, any MRSA Bacteraemia should be an avoidable event and work is being do to review these cases, particularly he latest 2 hospital onset and identify learning point 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



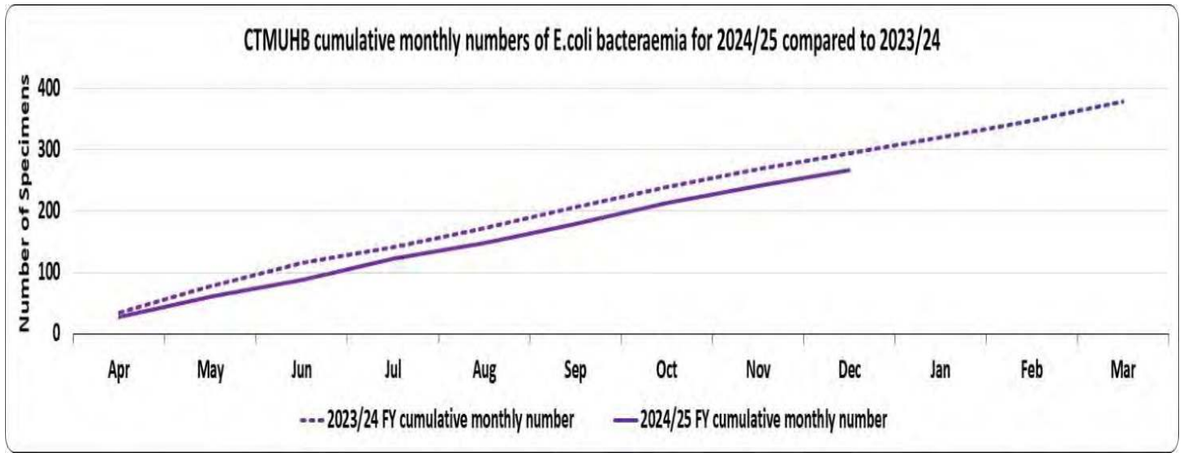
94 MSSA bacteraemia have been reported by CTM for Apr-Dec 2024. This is 5 cases less than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 28.10, which compares to the All Wales rate of 28.27.

77% 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 77% 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 to December 2024

E.coli

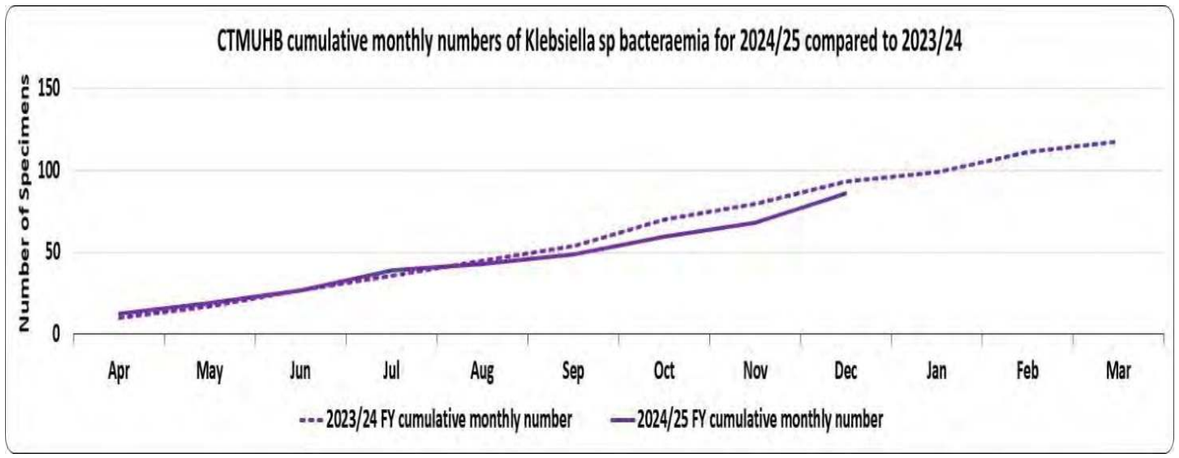


266 E.coli bacteraemia have been reported by CTM for Apr-Dec 2024. This is 29 fewer cases than the equivalent period of 2023/24. The provisional rate per 100,000 population for 2024/25 is 79.51, which compares to the all Wales rate of 68.62.

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.

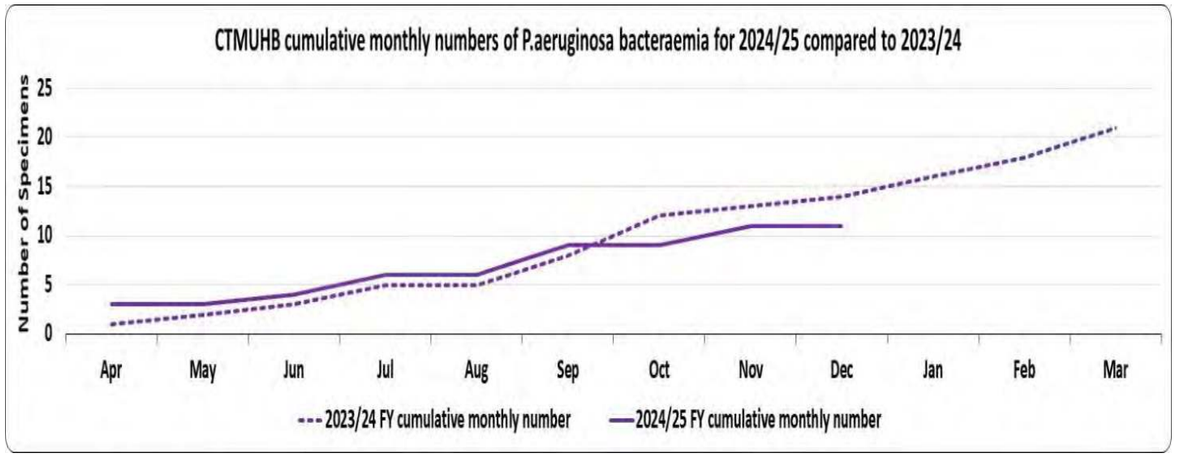
Klebsiella sp



86 Klebsiella sp bacteraemia have been reported by CTM for Apr-Dec 2024. This is 7 less cases than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 25.71, which compares to the All Wales rate of 23.61.

Of the specimens taken, 74% 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

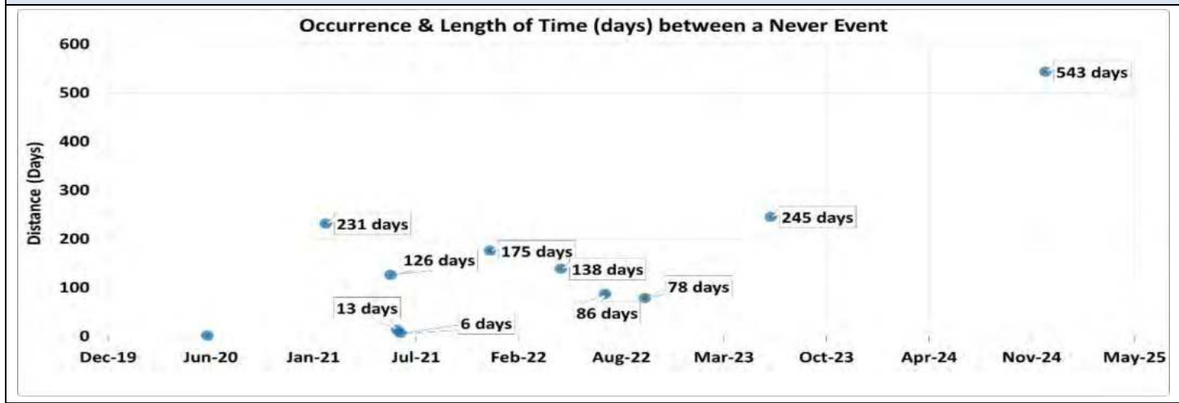


11 P.aeruginosa bacteraemia have been reported by CTM for Apr-Dec 2024. This is 3 less cases than in the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 3.29, which compares to the All Wales rate of 5.34.

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 strategies to 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 no 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

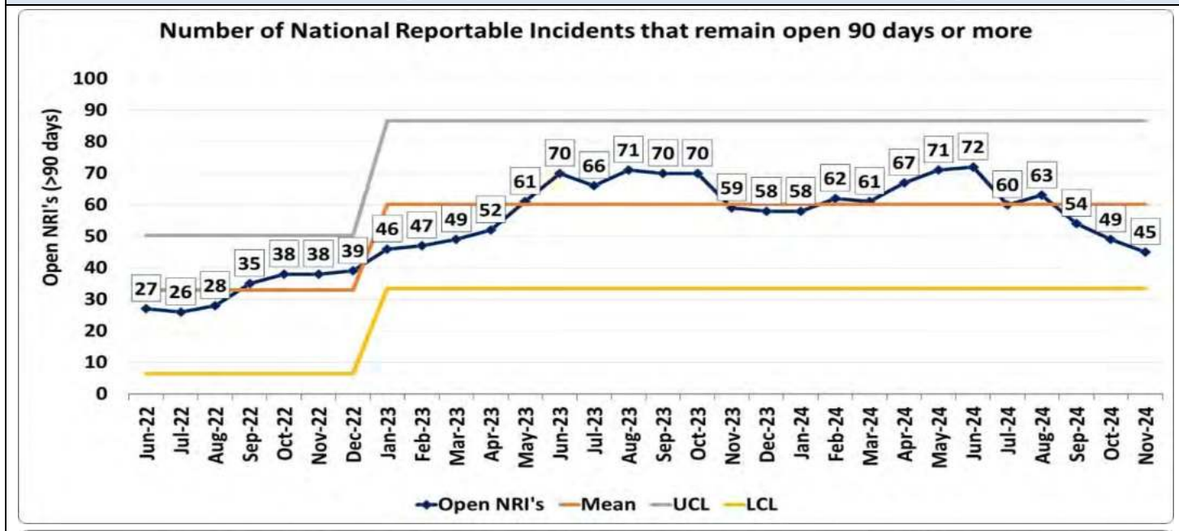
Number of Never Events – December 2024 - One

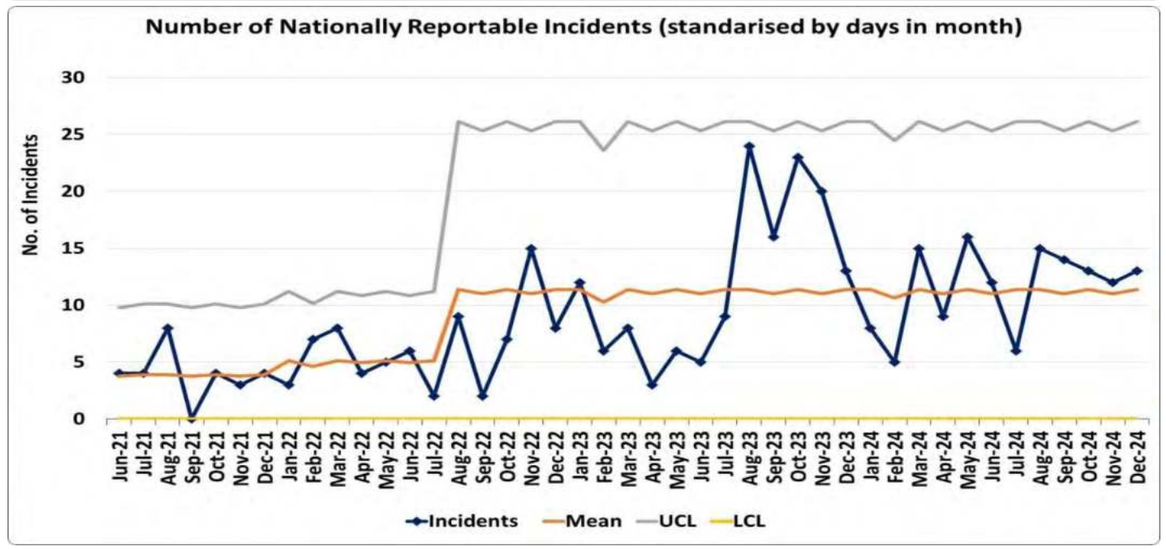


Never events are patient safety incidents that are defined as being wholly preventable. They are considered wholly preventable because guidance or safety recommendations are in place at a national level and should have been implemented by all providers in the healthcare system. This should act as a strong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

There was one Never Event reported during December 2024, with this being the first occurrence since June 2023 (543 days). Investigations are continuing.

Number of National Reportable incidents that remain open 90 days or more – Target is 12 month reduction trend – November 2024 - 45





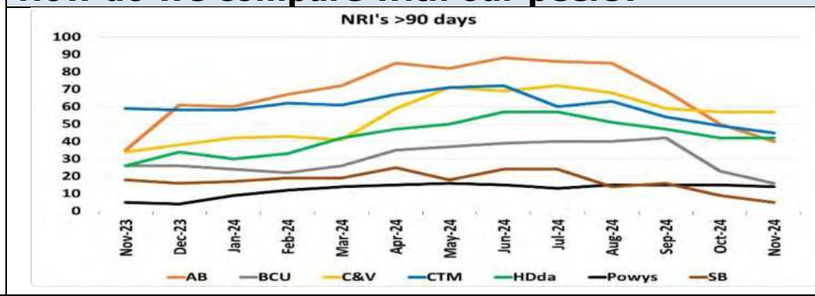
N.B. in order to allow for accurate reporting there is a time lag of approx. one month for the 90 days measure.

During December, 13 NRI notifications were submitted to the NHS Executive (NRI's are detailed in the table below), with a total of 138 incidents submitted during the last 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	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
Pressure Damage	3	3	5	1	4	3	4	3	3	8	6	7	50
Maternity/Neonatal adverse occurrence	1	1	2	4	2	3		2	1	3	1	2	22
Clinical Assessment, clinical diagnosis			2		1	2		2	2	1			10
Admission / Transfer / Discharge	3		2	1	1			3	3				13
Infection Prevention & Control				1		2	1	1	3			2	10
Treatment, Procedure			1	1	7			2	1		2	1	15
Patient/Service user death	1		2		1	2	1				2		9
Medication								1	1				2
Slip, Trip or Fall		1								1		1	3
Behaviour (including violence and aggression)				1									1
Infrastructure (Staffing/Facilities/Environment)													0
Monitoring/Observations								1					1
Safeguarding			1										1
Communication											1		1
Grand Total	8	5	15	9	16	12	6	15	14	13	12	13	138

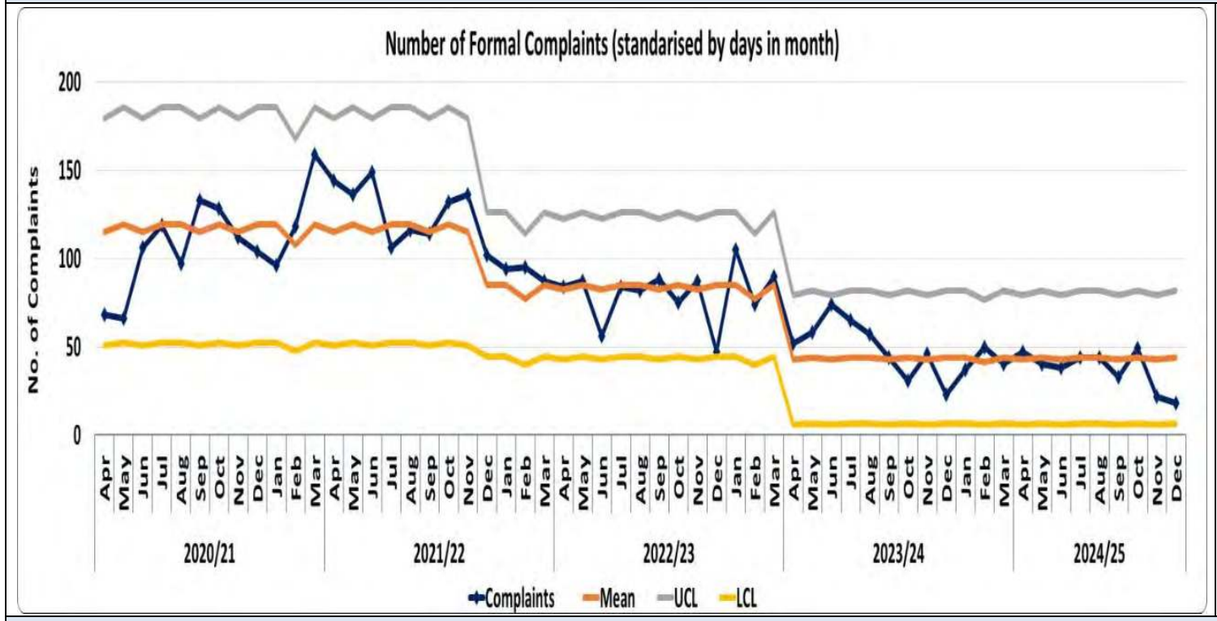
How do we compare with our peers?



Status as at November 2024		
Health Board	Compliance	Rank
SB	5	1st
Powys	14	2nd
BCU	16	3rd
AB	40	4th
HDda	42	5th
CTM	**45**	**6th**
C&V	57	7th

CTMUHB Focus on Putting Things Right

Number of formal complaints managed through Putting Things Right – December 2024 - 18 Formal Complaints

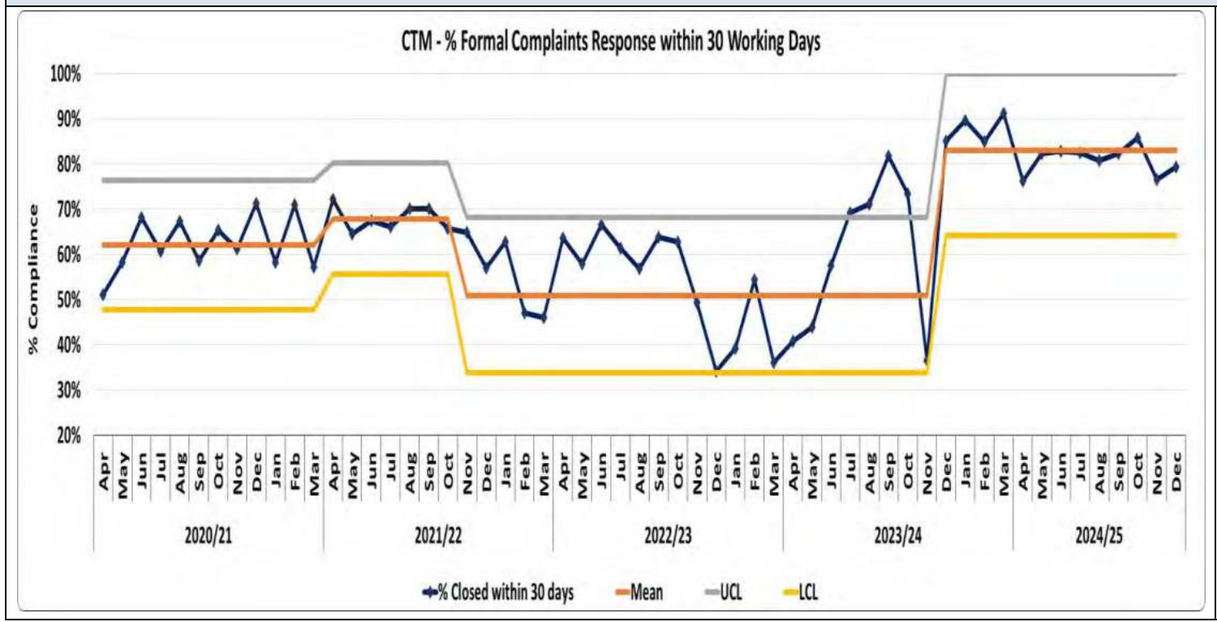


During December, 18 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations.

For those complaints received during December, the majority related to clinical treatment/assessment (15), 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	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
Clinical Treatment/Assessment	31	38	28	37	35	33	29	35	23	22	13	15	339
Discharge Issues	0	3	6	3	0	1	2	1	2	7	0	0	25
Medication	2	2	1	1	0	1	2	3	0	4	1	0	17
Communication Issues (including Language)	0	1	0	2	1	1	0	1	2	4	1	1	14
Attitude and Behaviour	0	1	2	1	1	0	2	1	0	1	0	1	10
Other	1	1	2	1	0	0	0	0	0	3	0	0	8
Patient Care	1	0	0	0	0	0	2	0	0	2	3	0	8
Accident/Falls	1	0	1	0	1	0	3	1	0	0	0	0	7
Access (to Services)	0	2	0	0	0	0	0	0	2	0	2	0	6
Appointments	1	1	0	0	1	0	1	0	1	0	1	0	6

% formal complaints response within 30 working days – December 2024 – 79.3%



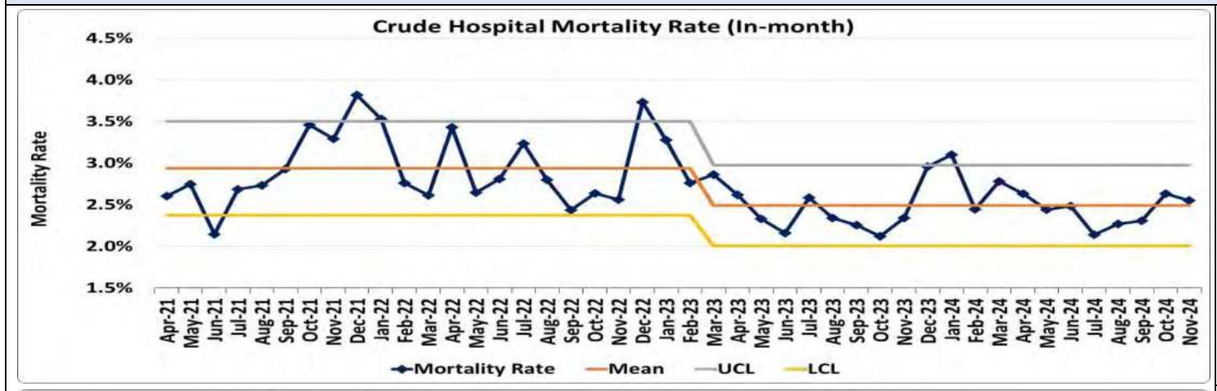
Compliance during December was 79.3%, just under the current mean of 83%

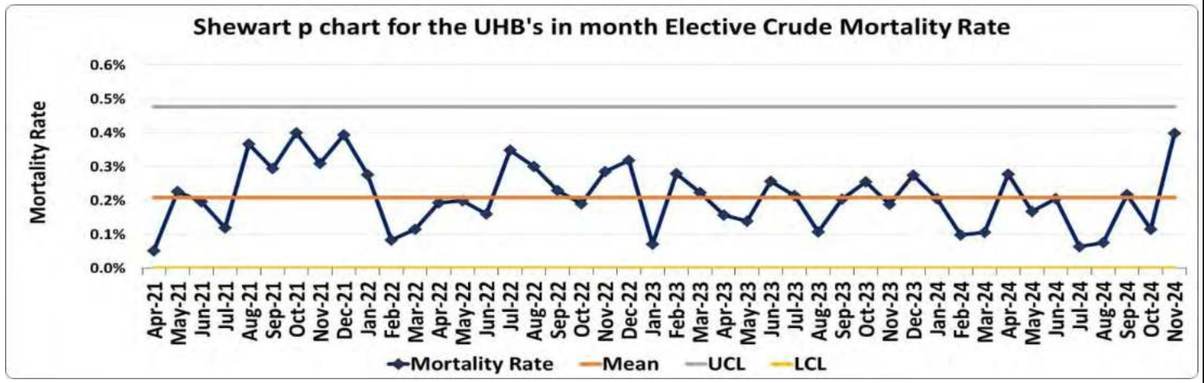
Compliance has remained over the national target of 75% since December 2023, with the Health Board's internal target of 85% being missed during the past 2 months.

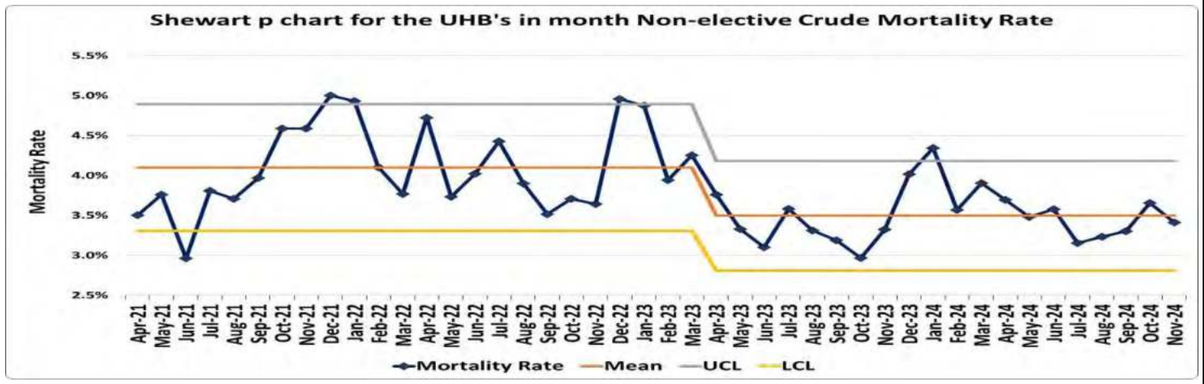
Daily complaints huddles are fully embedded to ensure open cases are reviewed and robust escalation is undertaken

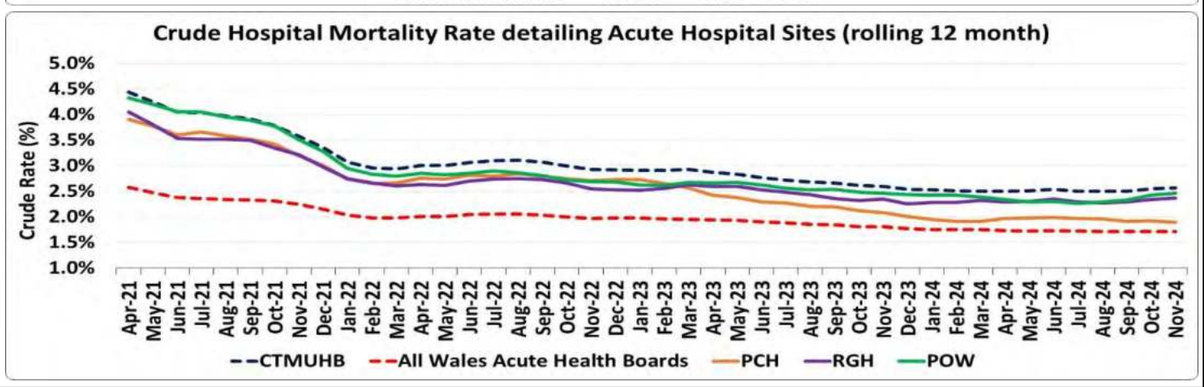
CTMUHB Focus on Mortality Rates

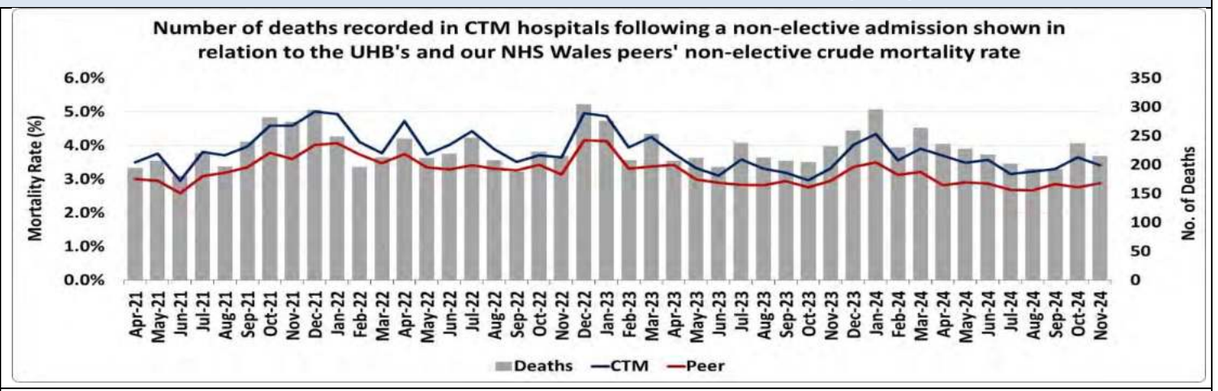
Crude Hospital Mortality Rates - *Please note the mortality data in this report is sourced from CHKS and is derived from the Admitted Patient Care (APC) dataset*











The various mortality indicators used by the Health Board (Crude, Standardised Hospital and Risk Adjusted) are also influenced by the changes in counting practice, with more patients now being admitted following a presentation to the Emergency Department.

As per WG policy the UHB's Multidisciplinary Mortality Review Screening Panel continues to review all deaths in line with the 2014 Palmer Report. Further information is available in previous report to Q&S committee (https://ctmuhb.nhs.wales/about-us/our-board/committees/quality-safety-committee/quality-safety-committee-documents/2022/15-november-2022/66-learning-from-mortality-reviews-update-20102022pdf/). A digital solution to improve the efficiency and effectiveness of the mortality review process has been implemented and in operation since the start of 2024.

As per the second chart, the UHB's in month elective crude mortality rate, showed a fairly large increase in November. On review it has been found that 9 of the 10 deaths were palliative cancer care patients, receiving end of life support in our dedicated Y Bwythyn palliative care unit.

It is also worth noting that the overall number of elective spells in November was 2,506, over 10% down on the 12 month average of 2818.

Finance Update – Month 9

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

3. Key Risks/Matters for Escalation

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

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge.	
Enw da / Reputational	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.	

5. Recommendation

5.1 The Board is asked to **NOTE** the Integrated Performance Dashboard.

2024-25 Finance Report

Month 9

Summary

Situation	Background
This Finance report outlines our financial performance for Month 9 (i.e. the period to 31st December 2024). 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 9 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.	Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards: • A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years • A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers. Our draft financial plan for 24/25 was submitted to Welsh Government (WG) at the end of March 2024. This plan showed a break even position with a net risk to the plan of £9.4m. It is important to note that, even if the Health Board delivers a break-even position in 24/25, it will not achieve the 3 year break even duty due to the £24.2m deficit reported in 22/23. However, delivering a break even position in 24/25 will mean that it will be possible to achieve the 3 year break even duty in 25/26.

Summary

Assessment	Recommendation
Overall Revenue position - 2024/25: • The M9 position was a £0.2m surplus and the M9 YTD position is now a £0.2m deficit. • The current year forecast break-even position has been maintained at M9. This is after the additional £7.5m from WG for continued demand and inflationary pressures. • The risks to the break even forecast are now £2.7m (M8: £3.4m) and these are summarised on Page 19. **Recurrent Revenue position:** • The b'fwd 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 £9.5m (M8: £8.3m). • It is important to highlight, that most of the risks to the In year break-even forecast also apply to the forecast underlying deficit. Consequently, there is a significant 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 31st December 2024.

Contents

Slide	Subject Area
5	Executive Summary
6	Summary Income & Expenditure account
7-9	YTD Performance & Forecast
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

Executive Summary

Overall Revenue Position

- The M9 position was a £0.2m surplus and the M9 YTD position is now a £0.2m deficit. The forecast current year break-even position has been maintained at M9. This is after the additional £7.5m from WG for continued demand and inflationary pressures.
- The forecast recurrent position has deteriorated to £9.5m in M9 (M8 : £8.3m).
- The net risks to the forecast break even position at M9 are £2.7m (M8: £3.4m) and these are summarised on Page 19.

Savings Position

- Actual savings in M9 was £2.0m which was £0.2m below the M8 target of £2.2m. The M9 YTD savings is now £10.0m and is £9.7m below the M9 YTD target of £19.7m.
- The M9 forecast In year savings is £14.6m, which is £11.7m below the £26.3m target. This is a £0.9m improvement from M8 and is primarily due to increased CAT M price savings.
- The M9 forecast Recurrent savings is £14.9m, which is £11.4m below the £26.3m target. This represents a £0.8m improvement from M8 and is also due to increased CAT M price savings.

Cash

- The closing cash balance at 31st December 2024 was £2.4m 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 8th Jan 2024, was £87.5m.
- Expenditure to M9 was £44.7m.
- The outturn capital position is forecast to be balanced against the CRL target.

Summary
Income & Expenditure Account

	M9 Actual	M9 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(124.1)	(1083.5)	(1550.2)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.1)
03. Welsh NHS Local Health Boards & Trusts Income	(6.0)	(57.8)	(75.5)
04. WHSSC Income	(1.1)	(9.5)	(12.7)
05. Welsh Government Income (Non RRL)	0.7	0.2	(0.0)
06. Other Income	(4.5)	(37.2)	(49.2)
Total Allocations & Income	**(135.0)**	**(1187.9)**	**(1687.7)**
08. Primary Care Contractor	13.9	119.9	161.4
09. Primary Care - Drugs & Appliances	9.1	79.4	106.3
10. Provided Services - Pay	59.6	540.5	725.1
11. Provider Services - Non Pay	10.8	88.4	117.1
12. Secondary Care - Drugs	5.6	45.7	61.8
13. Healthcare Services Provided by Other NHS Bodies	25.4	216.0	288.0
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	6.1	51.8	70.5
16. Other Private & Voluntary Sector	0.8	8.9	17.9
17. Joint Financing and Other	0.3	8.8	12.2
18. Losses Special Payments and Irrecoverable Debts	0.3	2.0	2.6
22. DEL Depreciation\Accelerated Depreciation\Impairments	2.9	26.2	34.9
23. AME Donated Depreciation\Impairments	0.1	0.5	90.2
25. Profit\Loss Disposal of Assets	0.0	(0.1)	(0.1)
Total Expenditure	**134.8**	**1188.1**	**1687.7**
Grand total	**(0.2)**	**0.2**	**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 M9 year to date position is reporting a deficit of £0.2m.
- The Year end forecast remains a breakeven position.
- The Year end forecast assumes that the year to date expenditure of £1,188k will remain consistent with future periods after allowing for DEL & AME capital charges together.
- The key risks to this forecast position are shown on Page 19.

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

Key Points:

- The M9 YTD overspend of £0.2m includes a £9.8m shortfall in savings offset by other favourable variances of £(9.6)m.
- The forecast break-even position has been maintained at M9.
- Further details of the key drivers for the YTD position and year end forecast are provided overleaf.

Year to Date Performance and Forecast

	M9 YTD £m	M9 Year-end forecast £m
Savings:		
Shortfall v £24.3m Delegated target	12.5	16.3
Surplus v £2.2m Non delegated target – Primary care prescribing CAT M savings	(2.8)	(4.6)
Sub total	**9.7**	**11.7**
Operating overspends:		
AB arbitration outcome	1.4	1.9
AB LTA activity variances	0.5	0.6
Additional Regional Cataract investment	0.7	0.9
Unscheduled Care Medical pay overspends	1.4	1.8
Primary Care Prescribing growth above plan	3.5	4.7
Corporate directorates – pay underspends	(1.8)	(2.5)
JCC Forecast Deficit (inc VCC transfer of service)	1.1	1.5
Dental Performance	(0.6)	(1.3)
Meg Mgt (Comm Pharm, Vaccines & NICE)	0.8	1.1
Net Other Operating Variances	0.6	1.3
Sub total	**7.6**	**10.0**

Table continued overleaf

Year to Date Performance and Forecast

	M9 YTD £m	M9 Year-end forecast £m
Financial plan improvements:		
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(3.7)	(5.0)
Agency costs	(1.8)	(2.4)
Energy costs	(0.8)	(1.1)
Non pay inflation	(0.6)	(0.8)
Pay contingency v 23/24 anticipated recurrent allocation	(0.8)	(1.1)
Non pay reserve for planned care activity increases	(0.8)	(1.0)
Pay award funding – Bank/Vacancies etc	2.9	3.8
Other Cost pressure reserves	(1.7)	(2.3)
Other	(0.6)	(1.1)
Additional WG Funding M8	(4.5)	(7.5)
POW Roof integrity issues	1.5	2.9
Sub total	**(11.1)**	**(15.6)**
Accountancy gains	(6.0)	(7.0)
WG funding utilised to remove M8 risks	0.0	0.0
Settlement of AB LTA dispute	0.0	0.9
Grand Total	**0.2**	**0.0**

Key Points:

- The break-even forecast includes a forecast overspend on Delegated budgets of £25.7m , offset by a forecast underspend on non Delegated budgets of £25.7m.
- A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 9 (i.e. the Delegated budget position). This report is discussed at the Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.
- **The Health Board still needs to manage the key risks to the forecast break even position. These risks are estimated at £2.7m and are summarised on Page 19**.

Forecast Underlying Position

Underlying Deficit	Plan £'m	M1 F/Cast £'m	M2 F/Cast £'m	M3 F/Cast £'m	M4 F/Cast £'m	M5 F/Cast £'m	M6 F/Cast £'m	M7 F/Cast £'m	M8 F/Cast £'m	M9 F/Cast £'m
B'Fwd Core Plan Deficit 23/24	19.4	19.4	19.4	19.4	19.4	19.4	19.4	19.4	19.4	19.4
Allocation & Income Changes	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)
Cost Pressures & Investment	55.2	55.2	55.2	55.2	55.2	55.2	55.2	52.6	52.6	53.8
Savings Target	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)	(13.3)	(13.3)	(13.3)
Grand Total	**(2.1)**	**(2.1)**	**(2.1)**	**(2.1)**	**(2.1)**	**(2.1)**	**(2.1)**	**8.3**	**8.3**	**9.5**

Key Points:

- The b'fwd 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 £9.5m (M8: £8.3m).
- It is important to highlight, that most of the risks to the In year break-even forecast (See page 19) also apply to the forecast underlying deficit and therefore the recurrent forecast could deteriorate further in the coming months.

Pay Expenditure Trends

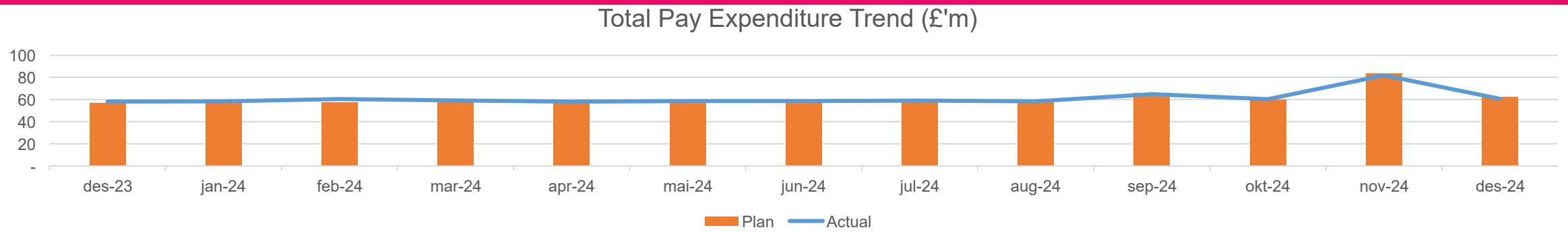
Staff Group	Qtr1Ave £'m	Qtr2 Ave £'m	Oct-24 £'m	Nov-24 £'m	Dec-24 £'m
Administrative & Clerical	7.6	7.5	7.4	10.8	8.4
Medical And Dental	15.4	15.9	15.6	22.2	16.8
Nursing And Midwifery Registered	18.2	18.2	18.4	25.7	19.1
Add Prof Scientific And Technical	1.7	1.7	2.1	2.6	1.8
Additional Clinical Services	7.4	7.5	7.4	9.4	7.7
Allied Health Professionals	3.6	3.7	3.6	5.2	3.8
Healthcare Scientists	1.1	1.1	1.1	1.5	0.9
Estates And Ancillary	3.4	3.4	3.4	4.3	3.4
Students	0.0	0.0	0.0	0.0	0.0
Grand Total	**58.4**	**58.9**	**59.1**	**81.8**	**61.8**

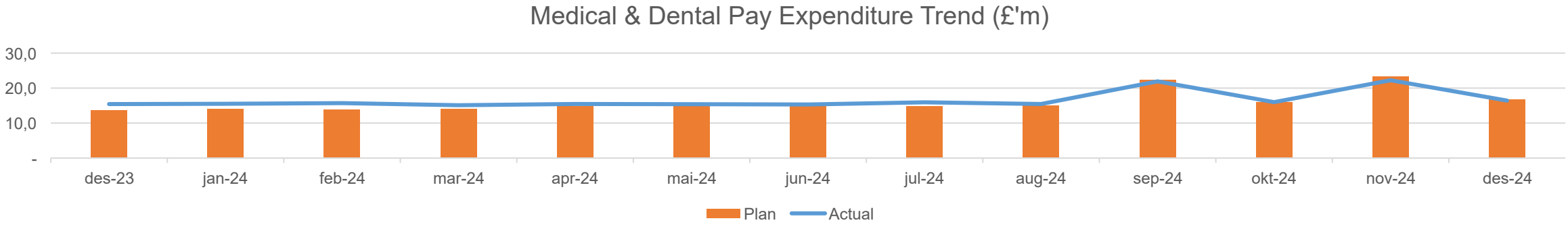
Spend category	Qtr1 Ave £'m	Qtr2 Ave £'m	Oct-24 £'m	Nov-24 £'m	Dec-24 £'m
Core	50.3	50.7	50.9	73.4	54.7
Agency	3.4	3.4	3.2	2.8	2.8
Overtime	1.4	1.5	1.7	2.0	1.2
ADH	2.0	2.0	1.9	1.9	1.8
Bank	1.2	1.2	1.3	1.6	1.3
WLI	0.2	0.2	0.1	0.1	0.1
Grand Total	**58.4**	**58.9**	**59.1**	**81.8**	**61.8**

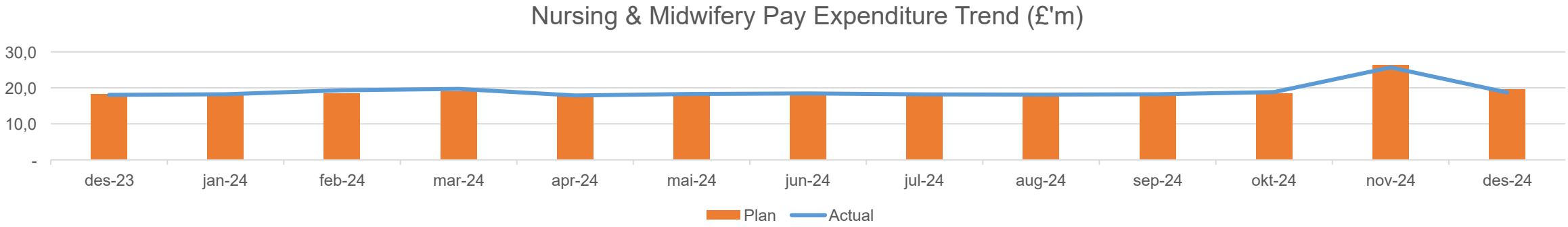
Key Points:

- 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.
- Total pay expenditure in M9 was £61.8m. This remains consistent with the Q2 average when adjusted for the 24/25 pay award.
- When compared with the Q2 Averages, the following Variable pay movements occurred:
  - Increase in Core costs of £4.0m (£0.5m after allowing for the pay award impact)
  - Reduction in agency costs of £0.6m
  - Reduction in Overtime of £0.3m
  - Reduction in ADH's of £0.2m
  - Increase in Bank of £0.1m

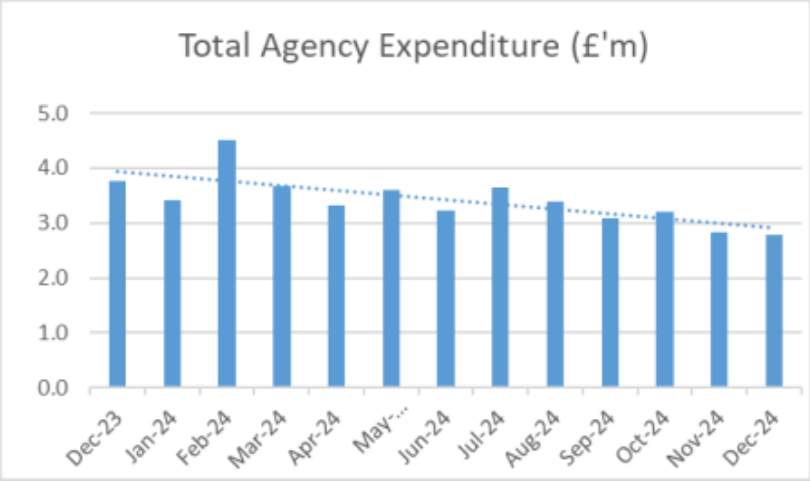
Pay Expenditure Trends

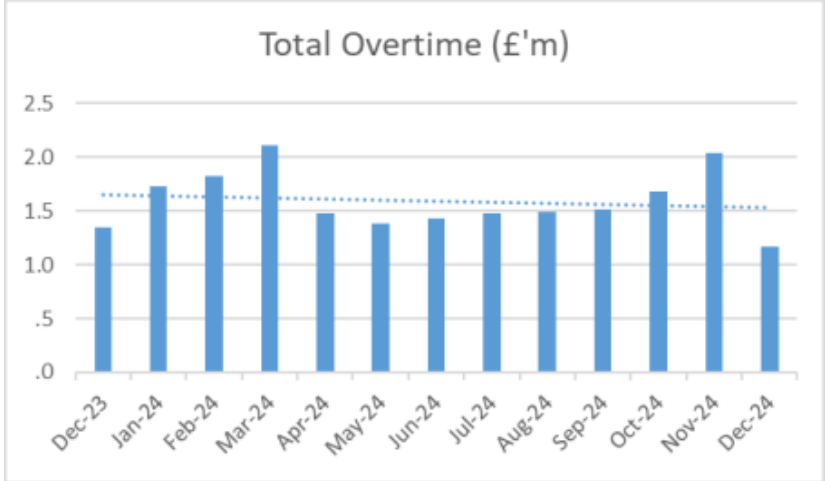


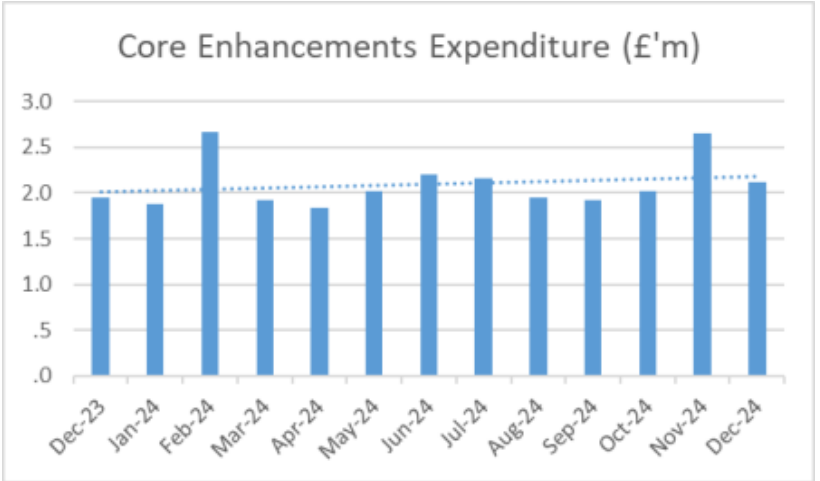


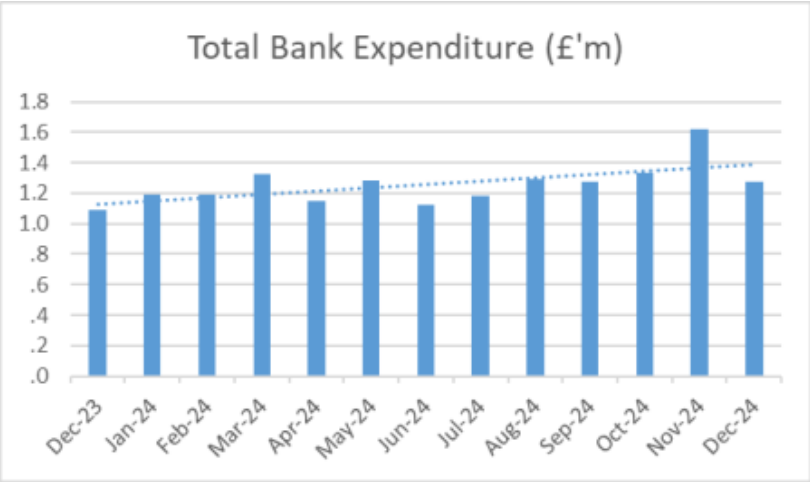


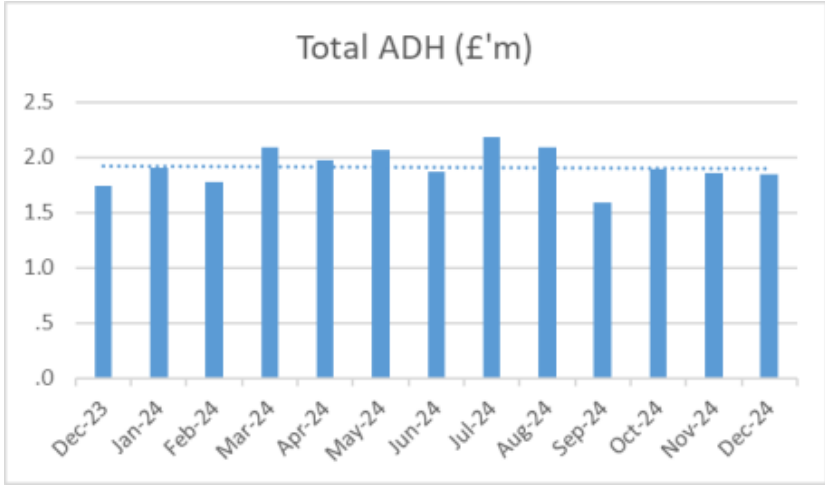
Variable Pay Expenditure Trends









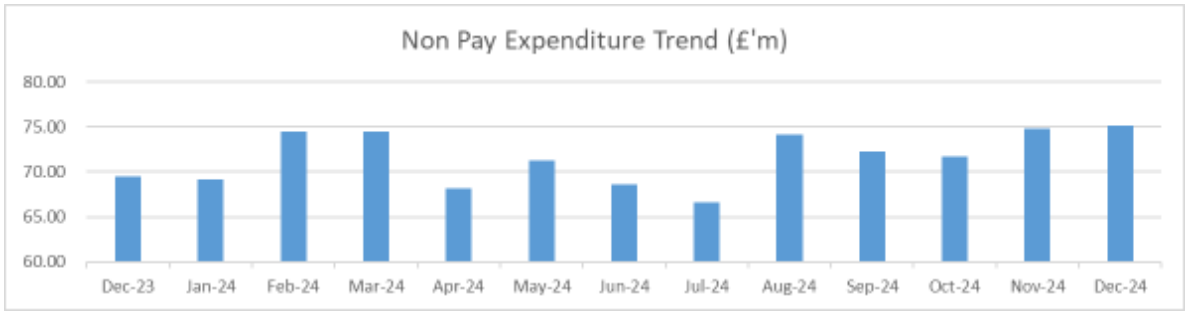


Key Points :

- Agency spend – No movement in M9 and overall a downward trend.
- Overtime payments- £0.8m decrease in M9 and a decreasing trend.
- Core enhancements – £0.5m decrease in M9 and returning to previous monthly levels.
- Bank – £0.3m decrease in M9 but an increasing trend.
- ADH spend – No movement M9 and a flat trend.

Non Pay Expenditure Trends

Non Pay Group	Qtr1 Ave £'m	Qtr2 Ave £'m	Oct-24 £'m	Nov-24 £'m	Dec-24 £'m
Primary Care Contractors	12.1	12.6	12.6	12.3	13.1
Primary Care Drugs	8.3	8.9	9.3	9.2	9.1
Provider Non Pay	10.3	9.3	9.4	9.5	10.8
Secondary Care Drugs	4.8	5.0	5.6	5.0	5.6
Healthcare Commissioning	22.6	24.3	23.8	25.9	25.4
CHC & FNC	6.4	5.6	6.9	6.6	5.7
Other	4.7	5.2	5.3	6.3	4.2
Total Expenditure	**69.3**	**71.0**	**72.9**	**74.8**	**73.9**

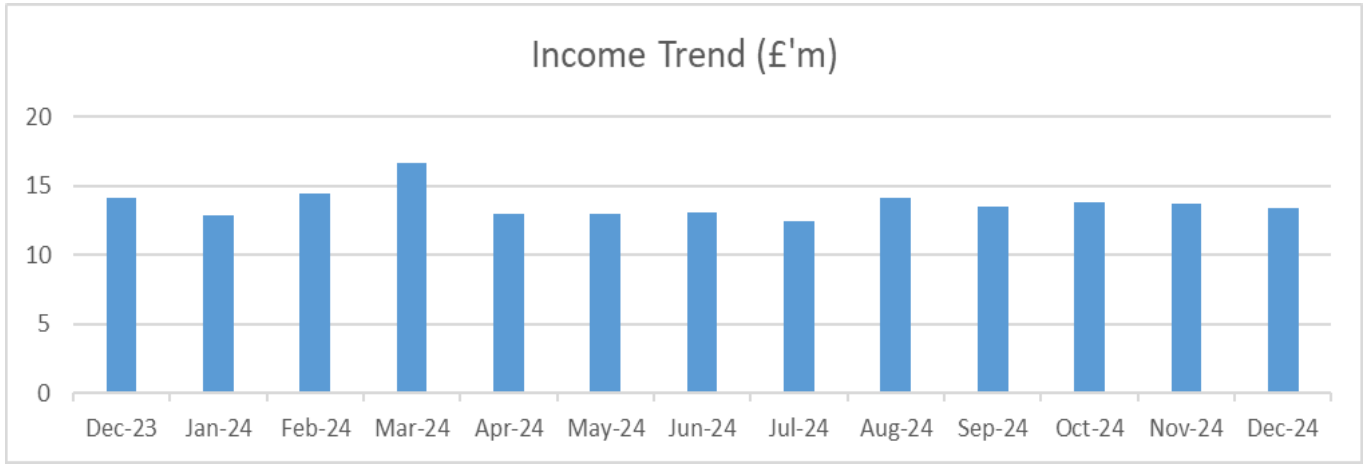


Key Points:

- The total spend in M9 of £73.9m was £2.9m higher than the Q2 average. The main movements were:
  - Primary Care Contractors of £0.5m – Recognition of contract inflation and new allocations for Optometry services and GMS.
  - Increase in Provider Non-Pay of £1.5m – Reclassification of RPB expenditure of £0.8m together with increases in energy costs of £0.2m and IT expenditure of £0.2m.
  - Increase in Secondary Care Drugs £0.6m – Continued growth of NICE drugs.
  - Increase in Healthcare Commissioning of £1.1m – Directed allocations for JCC along with increased commissioned LTA activity.
  - Decrease in Other of £1.0m – Reclassification of RPB expenditure of £0.8m together with reduction in use of private endoscopy unit.

Income Trends

Income Group	Qtr1 Ave £'m	Qtr2 Ave £'m	Oct-24 £'m	Nov-24 £'m	Dec-24 £'m
Welsh NHS Income	6.5	6.3	6.8	6.5	6.0
JCC Income	1.0	1.1	1.0	1.0	1.1
Primary Care Contractor Income	1.0	1.1	1.3	1.2	1.1
CHC Income	0.4	0.6	0.7	0.6	0.6
Other Income	4.0	4.2	4.1	4.4	4.5
Total Income	**13.0**	**13.3**	**13.8**	**13.7**	**13.4**



Key Points:

- The total Income in M9 of £13.4m is consistent with the Q2 average of £13.3m .
- The reduction from M8 is mainly due to a £0.5m reduction in Welsh NHS Income, which is due to a reduction in activity being delivered by CTM for other Health Boards.

Income Assumptions WG

	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,273.5	31.2	25.0	87.3	1,417.0
Anticipated Allocations:					
Emergency/Urgent Care	1.4				1.4
RLW Social Care	3.4				3.4
IFRS 16 Adjustment	(3.0)				(3.0)
Pay Award funding 2024/25 including RLW	18.3				18.3
Trainees	2.1				2.1
Depreciation	94.8				94.8
Medical staff pay award funding	11.8				11.8
Other	4.3				4.3
Total Allocations	**1,406.7**	**31.2**	**25.0**	**87.3**	**1,550.2**

Key Points:

- As at M9 the confirmed Revenue Resource allocation was £1,417.0m.
- The forecast position assumes a further £136.2m of additional allocations offset by a reduction of £3.0m for IFRS 16 adjustments to give a Total allocation of £1,550.2m.
- The main outstanding allocations are for :
  - Depreciation £94.8m
  - Pay awards £18.3m
  - Medical staff pay awards £11.8m

Income Assumptions - NHS

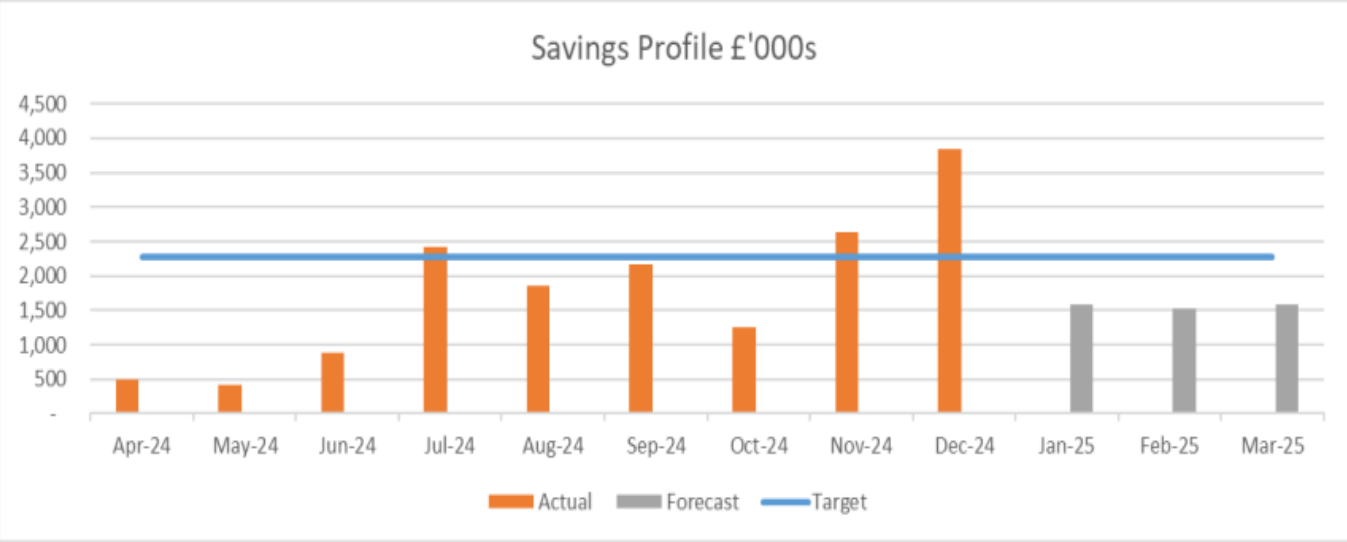
	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	(2.4)	27.4
Aneurin Bevan University	20.2	0.8	21.0
Betsi Cadwaladr University	0.0	0.3	0.3
Cardiff & Vale University	17.2	1.2	18.3
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.6	0.4	1.0
Powys	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	0.5	1.0	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	**88.9**	**32.5**	**121.3**

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).
- Most of the LTA documentation with other Welsh NHS organisations has now been signed by both parties but work continues to progress the final documentation and signing of our LTAs with Cardiff & Vale UHB and ABUHB.

Savings

	Month 9			Month 8		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target	19.7	26.3	26.3	17.5	26.3	26.3
Actual and Forecast Savings	(10.0)	(14.6)	(14.9)	(8.0)	(13.7)	(14.1)
Total	9.7	11.7	11.4	9.6	12.6	12.2



Key Points:

- The M9 YTD savings is now £10.0m ,which is £9.7m below the YTD target of £19.7m.
- The forecast In year savings of £14.6m is £11.7m below the £26.3m target. This is a £0.9m improvement from M8 and is primarily due to increased CAT M price savings.
- The M9 forecast Recurrent savings of £14.9m is £11.4m below the £26.3m target. The £0.8m improvement from M8 is also due to increased CAT M price savings

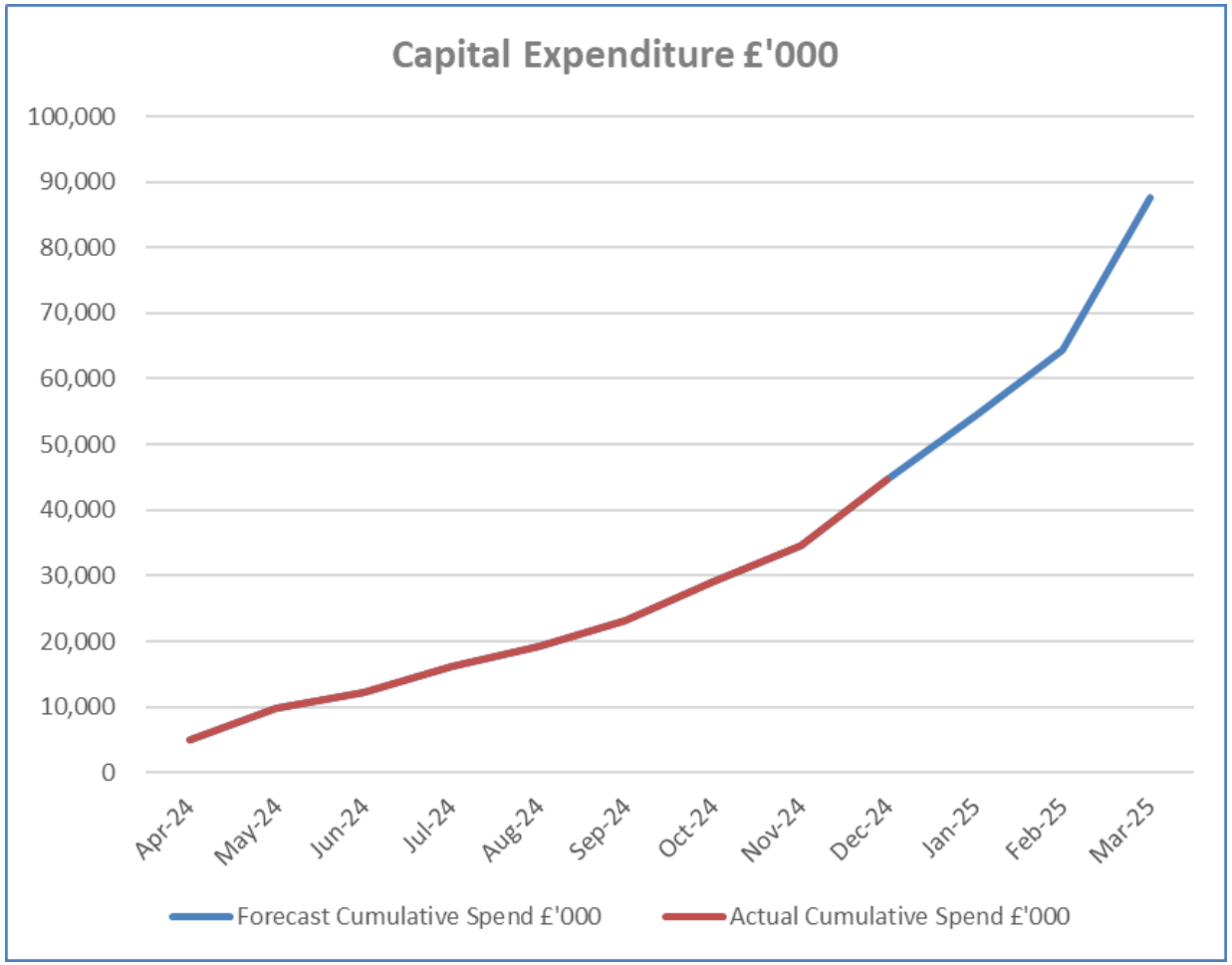
Risk Management
Risks and Opportunities

	M9 £m	M8 £m	Comment
Funding risks:			
Risk of the 24/25 pay award not being fully funded	tbc	tbc	
Risk of assumed funding for Real Living Wage for social care of £3.4m not being fully funded.	1.0	1.0	We increased our assumed allocation in M6 by £1m to be consistent with other Health Boards.
Community pharmacy contract	0.0	0.5	Forecast shortfall for 24/25 Community pharmacy fee element compared to recent allocation. Further discussion needed with WG Community Pharmacy team. Now included in the M9 year-end forecast.
Other risks:			
Other cost pressures and forecasting risks, including POW	1.3	1.2	
ABUHB LTA baseline- Activity Risk	0	1.1	Risk relating to the ABUHB LTA Activity dispute has been settled and is now reflected in the M9 forecast.
JCC English CUF impact	0.4	0	As directed by JCC & WG, the impact of the English CUF upon the JCC position has been shown as a risk rather than recognised in the forecast.
Potential pay banding disputes Band 2/Band 3 including retrospective application	tbc	tbc	
Total Risks	**2.7**	**3.8**	
Opportunities			
Further Balance sheet opportunities in 24/25	tbc	tbc	£7.0m now included in year-end forecast at Table A.
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 high level of risk.
Other Non Recurrent Opportunities	0.0	(0.4)	
Total Opportunities	**0.0**	**(0.4)**	
Total	**2.7**	**3.4**	

Key Points :

- As at M9 we are reporting an estimated net risk of £2.7m, a decrease of £0.7m from M8.
- The financial risks that the Health Board is trying to manage remains high and there is a still a risk that the In year and Recurrent forecasts could deteriorate in the coming months.

Capital Expenditure



Key Points:

- The latest Capital Resource Limit (CRL) for 2024/25, issued on the 8th Jan 2024, is £87.5m. This compares with an opening CRL of £53.8m and reflects the significant additional allocations secured during the financial year, including the POW Roof Coverings replacement and associated works (circa £16.5m).
- This is supplemented by a forecast £0.1m of donated funds in this financial year giving an overall programme of £87.6m.
- Expenditure to M9 was £44.7m.
- 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 M08 £'000	Closing Balance as at M09 £'000
Non Current Assets			
Property, Plant & Equipment	730,452	741,287	748,494
Intangible Assets	2,092	2,092	2,092
Trade and Other Receivables	67,191	67,191	67,191
Total Non-Current Assets	**799,735**	**810,570**	**817,777**
Current Assets			
Inventories	7,367	7,345	7,213
Trade and Other Receivables	77,735	120,178	110,428
Cash and Cash Equivalents	1,485	1,482	2,366
Non Current Assets Classified as Held for Sale	0	0	0
Total Current Assets	**86,587**	**129,005**	**120,007**
Current Liabilities			
Trade and Other Payables	161,743	161,743	161,743
Provisions	36,955	36,955	36,955
Total Current Liabilities	**198,698**	**198,698**	**198,698**
Non-Current Liabilities			
Trade and Other Payables	18,437	34,012	19,002
Provisions	65,735	89,422	82,243
Total Non-Current Liabilities	**84,172**	**123,434**	**101,245**
TOTAL ASSETS EMPLOYED	**603,452**	**617,443**	**637,841**
Financed By:			
General Fund	493,867	507,858	528,256
Revaluation Reserve	109,585	109,585	109,585
TOTAL	**603,452**	**617,443**	**637,841**

Key Points :

There were a small number of movements on the balance sheet between M8 and M9:

- **Trade and Other payables £15m decrease.** This is due to a reduction in the Pension, National Insurance and Tax creditors of £9.6m.The other increases are across other general trade payables.
- **Trade and Other Receivables £9.8m decrease.** This is mainly due to a decrease in the Welsh Risk Pool Debtor of £7.3m, for which there is a corresponding decrease in Provisions. The remaining increase is due to decreases in general receivables.
- **Property, Plant & Equipment £7m increase**. This is mainly due to new expenditure on the PoW roof scheme and PCH Phase 2.

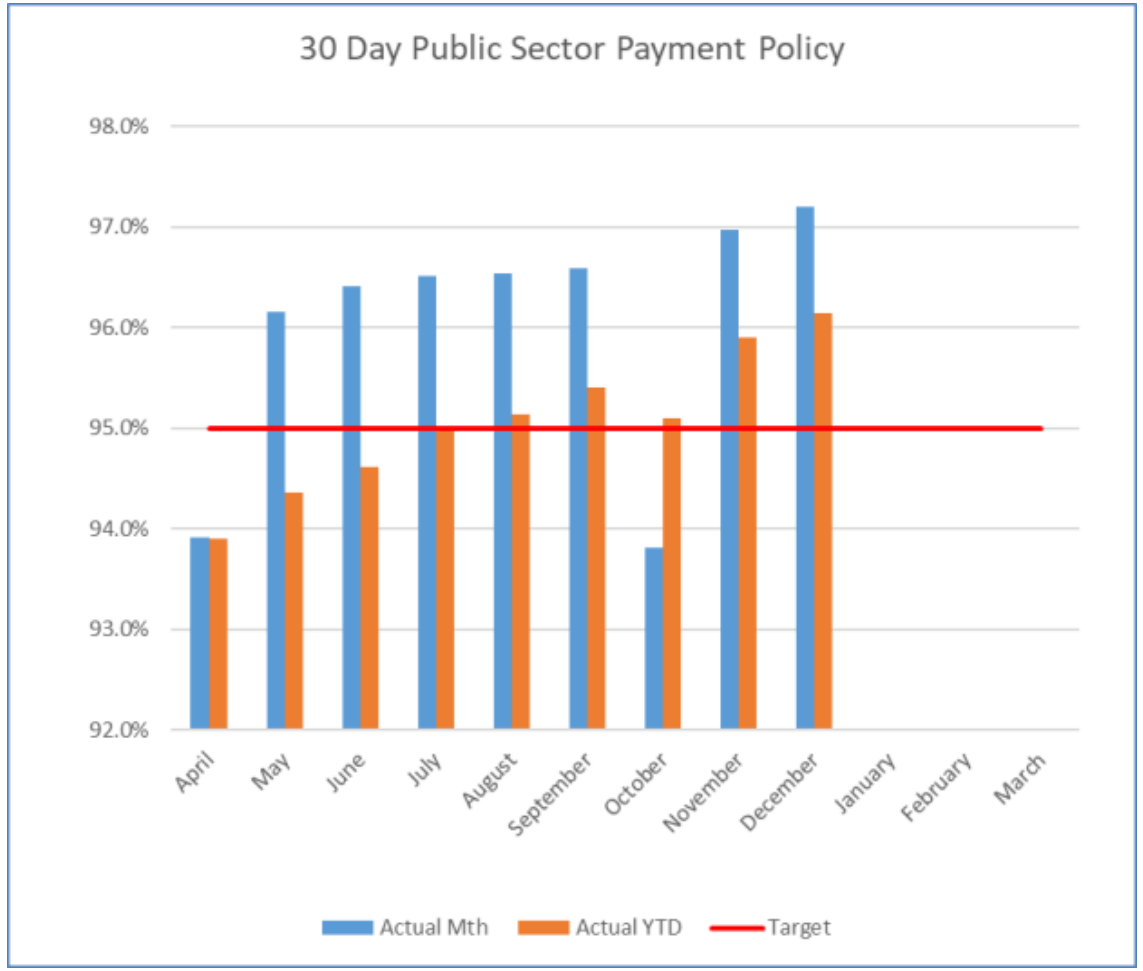
Cash Flow Forecast

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	119,700	126,500	126,047	1,457,614
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	28,023	89,823
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Org'ns	13,521	8,976	10,095	10,090	10,783	10,967	10,075	8,641	9,104	10,000	10,000	10,000	122,252
Other	6,489	5,527	3,110	1,968	4,648	5,427	3,417	3,909	4,925	4,000	4,000	4,000	51,420
Total Receipts	**130,070**	**139,004**	**127,650**	**141,029**	**141,605**	**135,047**	**128,885**	**157,216**	**157,833**	**143,000**	**151,700**	**168,070**	**1,721,109**
Payments													
Primary Care Services	18,463	30,299	9,946	19,043	29,494	9,023	19,011	31,274	20,061	19,236	20,236	10,681	236,767
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	62,000	62,000	62,000	716,167
Capital Payments	5,476	6,126	3,568	2,845	4,105	3,004	4,171	5,379	7,791	9,300	11,200	23,058	86,023
Other	59,061	48,104	52,532	59,439	58,482	56,688	50,916	53,187	58,925	54,000	58,000	73,425	682,759
Total Payments	**127,988**	**142,030**	**124,240**	**137,685**	**147,096**	**130,159**	**133,205**	**158,106**	**156,949**	**144,536**	**151,436**	**169,164**	**1,722,594**
Net Cash In/Out	2,082	(3,026)	3,410	3,344	(5,491)	4,888	(4,320)	(890)	884	(1,536)	264	(1,094)	
Balance B/F	1,485	3,567	541	3,951	7,295	1,804	6,692	2,372	1,482	2,366	830	1,094	
Balance C/F	3,567	541	3,951	7,295	1,804	6,692	2,372	1,482	2,366	830	1,094	0	

Key Points within the Cash Flow Forecast :

- The cash balance at the end of M9 was £2.4m, which is in line with our targeted monthly balance.
- The year end cash flow forecast shows a balanced position.
- It is important to note that this cash forecast is dependent on the Health Board receiving cash from WG for some of the key outstanding resource allocations noted on Page 16 (e.g. Pay award funding).

Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in December was 97.2%
- The cumulative percentage to M9 is now 96.1%.
- We are forecasting to achieve the 95% target by the end of the year.

Agenda Item
6.3

Health Board Meeting

Stroke Services Update

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sian Bingham, Head of Operational Planning USC/PC&C Jade Rees, Directorate Manager for Integrated Medicine
Cyflwynydd yr Adroddiad / Report Presenter	Sarah Follows, Service Director, Unscheduled Care
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Recognising that the changes to Stroke were an emergency service change, there was limited opportunity for significant engagement. However, in addition to a range of internal discussions, there were discussions, with Llais, our Trade Union partners as well as other Health Boards	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
POWH	Princess of Wales Hospital
SB	Swansea Bay
UHW	University Hospital Wales
ACP	Advanced Care Practitioner
WTE	Whole Time Equivalent

1. Situation

1.1 The ability to deliver Senior Stroke Clinical Leadership across 2 Sites (PCH and RGH) has diminished rapidly over the last 2 weeks due to long-term sickness within the stroke workforce. This has contributed to unsustainable demand upon the remaining consultant workforce (substantive and locum) that must be addressed to continue providing a safe service to patients experiencing a stroke.

1.2 We have worked closely with stroke and other clinical teams to explore opportunities for utilising the workforce in different ways to improve capacity and also explored cross-Health Board support with neighbouring Health Boards. However, to maintain a safe service that can continue to save lives and reduce the effects of stroke for as many patients as possible, we must make immediate temporary, local changes to the way in which services are provided.

As such, to maintain a safe and effective acute Stroke Service for our patients and communities, immediate urgent plans are being developed to move onto a single site. Following an options appraisal (Appendix 1) a decision was made to centralise all Stroke services at the Royal Glamorgan Hospital.

1.3 A project team and workstreams are in place developing plans and pathways and undertaking the actions required at pace to achieve the move of the Stroke Service from PCH to RGH on the 8 January 2025.

2. Background

2.1 Due to the roofing issues at the Princess of Wales hospital in Bridgend and the resulting necessity to decant some wards and services to alternative locations, emergency stroke services were moved from POWH into the RGH in Llantrisant in the Autumn 2024.

2.2 This move took place against a backdrop of existing, severe specialist medical workforce challenges within the stroke services across POW and PCH that have made it extremely problematic to provide a resilient, safe and sustainable service to the population of CTM. The main underlying issue has been the difficulty in recruiting to vacant Stroke Consultant positions on a substantive and also locum basis.

2.3 There are currently 4.0 WTE substantive stroke consultant positions and 4.8 WTE CNS positions across CTM, broken down as follow:

PCH

- 2 WTE substantive consultants in post (x1 on maternity leave)

- 1 WTE consultant Vacancy
- 2 WTE Clinical Nurse Specialists

Mitigations/escalations:

- 1 WTE fixed term locum consultant who was due to start in November has not yet been cleared for pre-employment checks

RGH

- 2 WTE substantive consultants in post (x1 on long-term sick leave)
- 2.8 WTE Clinical Nurse Specialists

Mitigation/escalations:

- 1 WTE agency locum consultant to cover long-term sickness (contract extended until April 2025)
- A second WTE agency locum is due to start on Monday 6 January 2025

2.4 Currently the Stroke consultants within CTM cover Stroke services on two acute sites (RGH and PCH) including the provision of Stroke outpatient and TIA Clinics. The RGH consultants and CNS team have also providing TIA and stroke outpatient clinics on the POW site.

2.5 The consultants provide a 1:6, seven-day stroke on-call advice service. However, due to vacancies/sickness within the consultant workforce the ratio for the on-call rota is currently 1:3 due to constraints within the workforce.

2.6 The Stroke consultants at RGH also have a GIM on call commitment on a 1:21 rota on the POW site, comprising of weekday evening and full weekend day cover resident cover with non-resident overnight cover.

2.7 The Acute Stroke service across CTM has become increasingly fragile over recent weeks and this was brought to a head during December when one of the 3 remaining substantive consultants was required to go on long-term sick with immediate effect. This left just one substantive and one locum consultant working at RGH.

2.8 PCH is also at significant risk with just one substantive consultant.

2.9 A decision was made prior to Christmas to suspend some of the TIA and outpatient Stroke clinics until a safe service could be provided.

3. Proposal

3.1 Following an options appraisal (Appendix 1) a decision was made to urgently centralise all Stroke services at the Royal Glamorgan Hospital. One

of the main findings was that locating the Service at PCH would displace 422 patients out of CTM to SB and UHW. Choosing RGH displaces 251.

3.2 This proposal will entail:

- Moving the PCH Acute Stroke Ward to RGH Ward 19 which will provide up to 22 Stroke beds as well as the 27 Stroke beds on Ward 20. (Up to 49 beds).
- Creating a dedicated Therapy space on Ward 19 to enhance the inpatient Therapy Service provided for patients.
- Reprovision of TIA clinics.
- Continuing to progress plans to enhance Community Rehabilitation beds at YCR increasing from 8 to 27.
- Self-presenting patients with suspected Stroke symptoms (FAST+ve) to continue to be directed to their nearest Hospital as per national pathways.
- All EDs (PCH, POW and RGH) administrating time critical treatment for patients that present with suspected stroke symptoms. All patients with a confirmed diagnosis of Stroke requiring an Acute intervention will then be conveyed to the RGH for admission onto a Stroke inpatient ward.
- Patients identified as suspected Stroke by WAST will continue to be conveyed to the nearest Acute Stroke Unit as per the pathway.
- There will be no change to the access to community rehabilitation beds due to the centralisation onto the RGH site.

To achieve this immediate and urgent temporary change:

- Workstreams established focusing on i. Communication and Pathway development ii. Workforce iii. Estates and Physical environment.
- Data provided to inform the demand and potential impact on flows. This will however need to be monitored over the coming months.
- Communications' colleagues are working to ensure that accurate and timely information is provided to our communities, workforce, patients and partners.
- Internal moves at RGH have been undertaken to enable the relocation of Stroke onto the Site.
- Identification of administrative space and storage.
- Workforce planning, engagement and arrangements to facilitate the urgent change of delivery.
- Community provision is being maximised/prioritised for patients that are clinically optimised for discharge at RGH.
- Plans are being developed for the Therapy component of the Community Plans.
- Discussions are on-going with WAST colleagues re pathways of suspected Stroke patients.
- Discussions are underway to agree plan to mitigate the high demand/lost capacity for beds across the RGH site.
- Arrangements to transfer remaining Stroke patients from PCH to RGH on 8 January 2025 are being progressed.

- High level Senior discussions have taken place with neighbouring Health Boards and with the Regional Partnership re changes to flow.
- Engagement has taken place with Llais under their emergency changes protocol.
- WAST pathway to convey query strokes to nearest Acute Stroke Unit is in place to ensure the best outcomes possible for Stroke patients.
- Data will be monitored to analyse impact and regular discussions will be on-going with neighbouring Health Boards.

3.3 Following the move to RGH as the single site, work will continue beyond the 8 January 2025 to enhance and develop the pathways further. This will also include monitoring the data on demand and flows as well as performance. This analysis and the forecast for successful Consultant recruitment will be key in informing the future delivery model for Stroke patients across CTM.

4. Risks

4.1 An increase in sickness of either nursing and/or medical staffing or locums leaving would have a significant impact on the viability of a safe and effective Acute Stroke service. Mitigations:
- Discussions have taken place to explore options with Cardiff and Vale UHB,
- Stroke Locums continue to be sought alongside continued advertising for substantive appointments.
- Well-being services are engaged with teams.

4.2 The demand levels to transfer self-presenting patients with a confirmed Stroke diagnosis from PCH and POW to the Stroke Unit at RGH in a timely manner could significantly increase demand on WAST and availability of a Stroke bed at RGH. Mitigations:
- additional WAST vehicles will be procured by the Health Board to ensure a dedicated service to RGH and also from RGH to a Community bed.
- There will be a requirement for a minimum of 2 Stroke beds to be ring-fenced on the Stroke Unit at all times.
- Increased Community beds at YCR.

4.3 The increased flow of patients across a number of specialties and recent changes in flow across CTM could overwhelm the RGH. Mitigations:
- Exploration of urgent options to mitigate the loss of bed capacity underway.

4.4 Delays in confirmation of the Therapy workforce and funding/recruitment to provide the rehabilitation element for the expansion of beds at D4 YCR could impact flow of patients across the system in relation to the opening of the additional beds. Mitigations:
- Immediate proposal in development by the Therapies Service

- Funding/Recruitment
- Stroke governance arrangements to monitor and support the development of deliverable plans and progress a longer-term Community model for Stroke.

4.5 Neighbouring Health Boards and Trusts in England may experience a higher demand in WAST conveyed query Stroke patients where there is a change to the nearest Acute Stroke Unit Site. Mitigations:

- High level discussions have taken place with neighbouring Health Boards.
- Change of flows will be contained as will only impact WAST query Stroke patients and not self-presenters.

4.6 Due to limited consultant workforce there was a decision to cancel TIA and stroke clinics, this remains a significant risk for patients waiting an appointment. Mitigations:

- Plans in place to move all outpatients' clinics to RGH for both PCH and POW local patients to support consultant efficiencies
- Further locum due to start on Monday 6th January
- Review if acute medical teams will support with additional clinics (WLIs) to reduce long waits / TIA backlog

5. 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: Improving Care
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality**	Safe
	If more than one applies please list below:

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

Impact Assessment		
Ansawdd *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	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	There could be reputational damage for CTM should the service have to collapse due to the fragile consultant workforce	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Due to gaps within the medical workforce, there will be an impact on financial budgets due to the reliance on locum support	

6. Recommendation

6.1 To **NOTE** the urgent change of service model for Stroke across CTM and the progress being made to plan and ensure the provision of safe, resilient and effective Stroke services.

7. Next Steps

7.1 To continue to progress the planning and implementation of the urgent change to centralise the CTM Stroke Service on the RGH Site through the Stroke Operational Governance arrangements.

7.2 To continue to monitor the levels of demand for Acute Stroke and Rehabilitation beds and provision for future plans.

7.3 To continue to seek opportunities to stabilise the Stroke Consultant Workforce.

7.4 To progress the Therapy plan/recruitment to enable the opening of the additional Stroke beds on D4 YCR.

7.5 To consider the optimum Stroke Service for CTM informed by the data, performance and workforce position and forecast that develops over the coming months.

Appendix 1

Option 1

Collapse and centralise service onto RGH site

Risks

- Staff engagement to move from PCH to RGH site, particularly the ward nursing team
- Increased levels of sickness
- Risk to managing to demand through one site with only 3 WTE consultants
- Increased travel times for patients presenting with stroke symptoms
- Risk of managing self-presenters at PCH emergency department
- Capacity for TIA / stroke outpatient clinics to prevent physicians from working across site
- Unclear on impact to Powys patients

Enablers

- Move ward 10 PCH to ward 19 RGH
- De-escalate ward 1 RGH to allow ward 19 to move into, currently planned care capacity
- Sufficient TIA / stroke outpatient capacity to stop cross site working
- Potential stroke support from Neurology consultant at RGH
- WAST input to pathway changes

Benefits

- Enables consultant to cross cover during leave periods
- Likely to support future recruitment to consultant workforce due to site location
- Reduced risk of stroke service fully collapsing
- More ANP/CNS resource on one footprint to support front door stroke patients
- Will enable the required therapy space to be created if ward 19 is allocated to stroke services (potentially reducing LOS for patients)

Option 2

Collapse and centralise service onto PCH site

Risks

- Emergency department at PCH would not be able to support demand of all stroke patients for CTM
- Smaller bed base on ward 10 compared to RGH ward 20/ward 19 proposal
- PCH has an overall smaller bed based in comparison to RGH site
- Unlikely to support future recruitment to consultant workforce
- Staff engagement to move from RGH to PCH – taking into account staff at RGH have only just moved from POW site

- Capacity for TIA / stroke outpatient clinics to prevent physicians from working across site
- Increased travel times for patients presenting with stroke symptoms
- No ward identified to create a 'step down' area for acute stroke patients / stroke mimics

Option 3

Do nothing and provide a reduced service at PCH with 1 WTE consultant

- Severe risk of service collapse
- Cannot maintain a service with only 1.0 WTE consultant and no prospective cover on one site (PCH)
- High risk to patient safety and outcomes
- Severe risk of staff burnout creating further significant staffing issues

Recommendation

Option 1 – to centralise stroke services onto RGH site on Wednesday 8th January 2025, if all enablers are able to be met prior to move.

5.4b	21 January 2025	Quality, Safety & Experience Committee	Stroke Services Update - Urgent change to Acute Stroke Services

FOI Status:	Open
If closed please indicate reason:	Not applicable
Prepared By:	Sian Bingham/Jade Rees
Presented By:	Sarah Follows, Service Director Unscheduled Care
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer
Report Purpose	**For Noting**
Engagement undertaken to date:	Workforce/Neighbouring Health Boards/WAST/Llais/Patients and Families on the ward.

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	The emergency change of service has been necessary to achieve safe levels of care.
Related Health and Care Standard	
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	**No** (Explain why) – Emergency Measures.
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes – expenditure on Locums and other workforce gaps to ensure safety and effective care.
Link to Strategic Goals	Please Select: **Improving Care**

Situation/Background

- The ability to deliver Senior Stroke Clinical Leadership across 2 Sites (PCH and RGH) diminished rapidly during the end of December 2024 due to long-term sickness within the stroke workforce.
- Background: existing severe specialist medical workforce challenges and emergency re-location of the Stroke Service from POW to RGH due to the critical incident.
- Result: an unsustainable demand upon the remaining consultant workforce (substantive and locum) to maintain a safe and effective acute Stroke Service for our patients and communities.
- Options appraisal undertaken for an immediate solution to maintain services with decision to centralise all Stroke services at the Royal Glamorgan Hospital.
- Data modelling undertaken to support the planning and decision making. Data suggested that locating the Service at PCH would displace 422 patients out of CTM to Swansea Bay and University Hospital Wales. Choosing RGH displaces 251.
- A project team and workstreams are in place developing plans and pathways and undertaking the actions required at pace to achieve the move of the Stroke Service from PCH to RGH on the 8 January 2025.

Proposal

Urgent centralisation of all Stroke services at the Royal Glamorgan Hospital.

This proposal will entail:

- Moving the PCH Acute Stroke Ward to RGH Ward 19 which will provide up to 22 Stroke beds as well as the 27 Stroke beds on Ward 20. (Up to 49 beds).
- Creating a dedicated Therapy space on Ward 19 to enhance the inpatient Therapy Service provided for patients.
- Reprovision of TIA clinic service.
- Continuing to progress plans to enhance Community Rehabilitation beds at YCR increasing from 8 to 27.
- Self-presenting patients with suspected Stroke symptoms (FAST+ve) to continue to be directed to their nearest Hospital as per national pathways.
- All EDs (PCH, POW and RGH) administrating time critical treatment for patients that present with suspected stroke symptoms. All patients with a confirmed diagnosis of Stroke requiring an Acute intervention will then be conveyed to the RGH for admission onto a Stroke inpatient ward.
- Patients identified as suspected Stroke by WAST will continue to be conveyed to the nearest Acute Stroke Unit as per the pathway.
- No change to the access to community rehabilitation beds due to the centralisation onto the RGH site.

Planning and Implementation

- Workstreams established to focus on i. Communication and Clinical Pathway development ii. Workforce iii. Estates and Physical environment.
- Data provided to inform the demand and potential impact on flows. This will be monitored over the coming months.
- Communications' colleagues working to ensure accurate and timely information is provided to our communities, workforce, patients and partners.
- Internal moves at RGH undertaken to enable the relocation of Stroke onto the Site.
- Identification of administrative space and storage.
- Workforce planning, engagement and arrangements to facilitate the urgent change of delivery.
- Community provision being maximised/prioritised for patients that are clinically optimised for discharge at RGH.
- Plans are being developed for the Therapy component of the Community Plans.
- Discussions are on-going with WAST colleagues re pathways of suspected Stroke patients.
- Discussions are underway to agree plan to mitigate the high demand/lost capacity for beds across the RGH site.
- Arrangements to transfer remaining Stroke patients from PCH to RGH on 8th January are in train.
- High level Senior discussions have taken place with neighbouring Health Boards and with the Regional Partnership re changes to flow.
- Engagement has taken place with Llais under their emergency changes protocol.
- WAST pathway to convey query strokes to nearest Acute Stroke Unit is in place to ensure the best outcomes possible for Stroke patients.
- Data will be monitored to analyse impact and regular discussions will be on-going with neighbouring Health Boards.

work will continue beyond the 8th January to enhance and develop the pathways further and to monitor the data on demand, flows, performance and patient experience. This analysis and the forecast for successful Consultant recruitment will be key in informing the future delivery model for Stroke patients across CTM.

Risks

1. An increase in sickness of either nursing and/or medical staffing or locums leaving would have a significant impact on the viability of a safe and effective Acute Stroke service. Mitigations:

- Discussions have taken place to explore options with Cardiff and Vale UHB,
- Stroke Locums continue to be sought alongside continued advertising for substantive appointments.
- Well-being services are engaged with teams.

2. The demand levels to transfer self-presenting patients with a confirmed Stroke diagnosis from PCH and POW to the Stroke Unit at RGH in a timely manner could significantly increase demand on WAST and availability of a Stroke bed at RGH. Mitigations:

- additional WAST vehicles will be procured by the Health Board to ensure a dedicated service to RGH and also from RGH to a Community bed.
- There will be a requirement for a minimum of 2 Stroke beds to be ring-fenced on the Stroke Unit at all times.
- Increased Community beds at YCR.

3. The increased flow of patients across a number of specialties and recent changes in flow across CTM could overwhelm the RGH. Mitigations:

- Exploration of urgent options to mitigate the loss of bed capacity underway.

4. Delays in confirmation of the Therapy workforce and funding/recruitment to provide the rehabilitation element for the expansion of beds at D4 YCR could impact flow of patients across the system in relation to the opening of the additional beds. Mitigations:

- Immediate proposal in development by the Therapies Service
- Funding/Recruitment
- Stroke governance arrangements to monitor and support the development of deliverable plans and progress a longer-term Community model for Stroke.

5.Neighbouring Health Boards and Trusts in England may experience a higher demand in WAST conveyed query Stroke patients where there is a change to the nearest Acute Stroke Unit Site. Mitigations:

- High level discussions have taken place with neighbouring Health Boards.
- Change of flows will be contained as will only impact WAST query Stroke patients and not self-presenters.

6. Due to limited consultant workforce there was a decision to cancel TIA and stroke clinics, this remains a significant risk for patients waiting an appointment. Mitigations:

- Plans in place to move all outpatients' clinics to RGH for both PCH and POW local patients to support consultant efficiencies
- Further locum due to start on Monday 6th January
- Review if acute medical teams will support with additional clinics (WLIs) to reduce long waits / TIA backlog

Next Steps

- To continue to progress the planning and implementation of the urgent change to single site the CTM Stroke Service on the RGH Site through the Stroke Operational Governance arrangements.
- To continue to monitor the levels of demand for Acute Stroke and Rehabilitation beds and provision for future plans.
- To continue to seek opportunities to stabilise the Stroke Consultant Workforce.
- To progress the Therapy plan/recruitment to enable the opening of the additional Stroke beds on D4 YCR.
- To consider the optimum Stroke Service for CTM informed by the data, performance and workforce position and forecast that develops over the coming months.

Recommendation:	**The Committee are asked to:** To note the urgent change of service model for Stroke across CTM and the progress being made to plan and ensure the provision of safe, resilient and effective Stroke services.

Agenda Item
6.5

CTM Health Board

Primary Care & Community Development

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sarah Bradley, Service Director for Primary Care & Community
Cyflwynydd yr Adroddiad / Report Presenter	Gethin Hughes, Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
OOHs	Out of Hours

1. Situation /Background

1.1 The purpose of this report is to:

- Understand the current arrangements for general practice and cluster working in CTM
- Provide clarity on the challenges facing primary and community services
- Understand the programme for transformation nationally and locally
- Test CTM end state thinking
- Identify key outcome measures for the Board

2. Specific Matters for Consideration

2.1 Within the CTM footprint we have the following:

- 43 GP practices (1 of these – a managed practice within the Rhondda)
- GP OOH provided by the UHB with 2 hubs (PCH, RGH and POW)
- 42 Optometry Practices
- 50 Dental Practices

2.2 We provide a wider range of community services which include the following:

- Community nursing and therapies
- Community Hospitals beds which support patients for rehabilitation and complex care
- Specialist Palliative Care services from dedicated centres at Ysbyty Cwm Cynon in Merthyr Tydfil, Y Bwythin Newydd in Royal Glamorgan Hospital Taff Ely and Y Bwythin in Bridgend
- GP OOH which involves clinical triage, home visiting and medical assessment at 3 primary care centres in Prince Charles Hospital, Royal Glamorgan Hospital and Princess of Wales Hospital
- Navigation Hub. This provides support in hours for a number of urgent care pathways, such as community professionals and care homes and supporting Welsh Ambulance Trust
- Integrated health and social care provision is delivered in the Bridgend locality and this is supported by a formal agreement between the Health Board and Bridgend County Borough Council via a section 33 agreement

2.3 Within the Health Board footprint there are 3 Localities and these are coterminous with the Local Authority footprints. Within the localities services are organised on a 'cluster' basis. The aim of the clusters is to provide a local approach to multi-professional and multi-agency needs assessment, planning and delivery of services in order to meet the needs of the population within community. A formal governance structure supports the process and involves collaborative meetings at individual professional level (for example GPs, pharmacists, nursing and allied health professionals), these report into the multi-professional clusters which refine and agree the priorities. These then report into the local Cluster Planning Groups which in turn report into the Regional Partnership Board.

2.4 There are a number of challenges which are influencing the urgent need for change including:

- The substantial health needs in our population, due to wide inequalities in life expectancy and poor health outcomes
- Existing community services are not integrated and operate independently of one another, making it difficult for professionals let alone our population to navigate
- Recruitment and retention is often a challenge for some professional groups
- Digital technologies is underutilised and would significantly help to support more patients to return to their homes or remain in their own homes and avoid unnecessary hospital attendance
- There is inertia to change for fear of the unknown but change is complex and once embraced can be exciting
- Understanding our communities and their vision for change and what is required
- Welsh Government directive is for Health Boards to adopt a Primary Care Model for Wales which involves a range of professionals delivering services within communities

2.5 All of the above underpins the need to change the way in which services are delivered. Transformation will be a whole system approach and the aim is to redesign all of the services which operate in the tiers of Primary Care and Community so they are fully integrated and mutually supportive, and critically easy to access, navigate and are seamless for patients and their families. The focus will be on ensuring that we have robust urgent response and at the same time a focus on population health management which is a proactive approach to health care.

2.6 To date we have:

- Established the Navigation Hub providing urgent response to those in need
- Invested in Enhanced Community Care and focus on developing 'Hospital@Home' services
- Utilised the Population Health Management data to inform where services should be focused for prevention
- Explored the appetite to provide our Managed Practice via a tender
- Increased weekend community Nursing capacity
- Reconfigured our cluster model to strengthen delivery more local focus in respect of planning
- Implemented First Contact Practitioner model
- Implemented the Wellness Improvement Service (known as WISE) which focuses on educating and supporting patients to understand the impact that healthy lifestyles have on management of long term conditions.
- Focused on improving the support and capacity for Palliative and End of Life Care to support more patients within the community and to enable them to die 'well' in their place of choice.

The change ambition will be supported through a Primary Care and Community Transformation Board which is chaired by the Chief Executive. The Board will provide one strategic decision making structure pulling all the various work streams and priorities together. A workshop of the Board was held 8th January and a formal launch of the programme is being planned for late March.

2.7 Additional expertise is being commissioned from the National Association for Primary Care to work alongside the Care Group to support the programme and to give capacity to the leadership teams to deliver at pace over 6 months. The aim of the initial 6 month is to be able to:

- Work with Stakeholders to challenge the traditional barriers to change
- Create alignment
- Build consensus about future model
- Articulate the model
- Develop an implementation plan

2.8 Key elements of the programme will include:

- Exploring different models of care
- Population health approach
- Supporting people early with chronic condition management
- Supporting sustainable Primary Care and Community Services
- Align and support the Acute Clinical Services Plan 2025-2030
- Alignment with 6 goals Urgent and Emergency Care

3. Key Risks / Matters for Escalation

3.1 The need for change to ensure Primary Care and community services are sustainable, resilient and at the heart of the services we provide is essential.

3.2 There is an ambitious programme of change and the details of this will be developed at pace over the next 6 months. Local cluster planning will be a key aspect of this programme.

3.3 Focus of the change is to improve access for all parts of Primary Care and Community Services

3.4 The ambition can be achieved but will inevitably involve reorganisation of services.

3.5 There will need to be a resultant shift in resources from other parts of the system to Primary and Community.

3.6 Ambition in this area will have an impact on staff as well as our community, and their engagement is key to shaping changes.

3.7 Primary and Community Care strategic development will work seamlessly with the Acute Services Plan to continue to ensure the one CTM Approach is maintained.

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: this will lead to an improvement in the quality of services provided to our population	If no, please include rationale below: Not at the current time
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	If no, please include rationale below: Neutral

	Outcome for Welsh Language (delete as appropriate): NEUTRAL	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Both workforce and financial	

5. Recommendation

5.1 The Board is asked to note the challenges and work which has commenced to develop a Primary Care and Community Services Strategy.

6. Next Steps

6.1 To develop with NAPC a plan for the key stages and timeframes involved in developing the Sttrategy.

Agenda Item	8.1.1

Unapproved Minutes of the Public Board Meeting

Date and Time of Meeting	28th November 2024 9:00am-13:00pm
Venue	In Person at The Hub, Royal Glamorgan Hospital Virtual Teams option available for Board Members

Members Present	Jonathan Morgan	Chair
	Kath Palmer	Vice Chair
	Paul Mears	Chief Executive Officer (In part)
	Dilys Jouvenat	Independent Member – Third Sector
	Rachel Rowlands	Independent Member – Community (virtually)
	Ian Wells	Independent Member – Digital & Data
	Helen Lentle	Independent Member – Legal
	Patsy Roseblade	Independent Member – Finance (virtually)
	Hayley Proctor	Independent Member – Trade Union
	Gethin Hughes	Chief Operating Officer (In part)
	Richard Hughes	Deputy Director of Nursing
	Linda Prosser	Executive Director of Strategy & Transformation (In part)
	Lauren Edwards	Executive Director of Allied Health Professions & Health Sciences
	Philip Daniels	Executive Director of Public Health
	Dom Hurford	Executive Medical Director
	Sally May	Executive Director of Finance (virtually)
	Hywel Daniel	Executive Director for People
	Lisa Curtis-Jones	Associate Board Member – Director of Social Services (Merthyr Tydfil) (In part)
	Anne Morris	Associate Board Member – Chair of the Stakeholder Reference Group
	Sally Bolt	Associate Board Member – Chair of the Clinical Advisory Group
In Attendance	Gareth Watts	Director of Corporate Governance / Board Secretary
	Stuart Morris	Director of Digital
	Simon Blackburn	Director of Communications, Engagement & Fundraising
	Ceri Bear	Llais Cymru Representative
	Elizabeth Stevenson	Llais Cymru Representative

Public Observers		
	Paula Cornelius	Head of Occupational Therapy Services (Virtually)
	Donna White	Senior Finance Manager, Planned & Unscheduled Care (Virtually)
	RCN Members	Kelly Andrews, Lorna Barrett, Sian Hawke

Meeting Support	Cally Hamblyn	Assistant Director of Governance & Risk (Virtually)
	Emma Walters	Head of Corporate Governance & Board Business
	Kathrine Davies	Corporate Governance Manager (Virtually)
	Tyler Lewis	Corporate Governance Officer (Virtually)

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.
1.2	**Apologies for Absence**
	Apologies for absence were noted from: • Greg Dix, Executive Director of Nursing / Deputy CEO • Carolyn Donoghue, Independent Member • Geraint Hopkins, Independent Member
1.3	**Declarations of Interest**
	No declarations of interest were noted prior to or during the meeting.

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**.
2.1.1	**Questions Raised in Advance of the Meeting** The Chair advised that the Board is able to accommodate questions from members of the public up to three working day prior to the Board meeting in order to allow accurate responses to be provided. The Chair added that three questions had been received from Kelly Andrews, Royal College of Nursing (RCN), on behalf of RCN Members working within the Health Board. Members noted that the questions were received on 22 November and responses to the questions were provided in writing on the 26 November 2024. The Chair advised that whilst it was standard practice to take and respond to any questions received after the completion of all other items on the agenda, in light of the interest in the questions raised today, he had decided to address these questions at the start of the meeting. The Chair read out the questions received along with the responses provided as outlined below: **Question**: Are the board members aware of the lack of pay parity between Princess of Wales Hospital, the Royal Glamorgan and Prince Charles hospitals, and impact that this is causing the staff at Princess of Wales?

	Response provided: Yes - the Board, which incorporates both Executive Directors and Independent Members, has been briefed and is fully aware of the different shift patterns which exist at POW, compared the RGH and PCH. The Board has been apprised on the specifics of the different shift patterns, as well as the fact that this issue has been raised by POW staff on a number of occasions since the Bridgend Boundary Change in 2019. **Question**: As a result of the damage to the POW roof, are the board prepared to continue to allow POW staff to work alongside colleagues at Royal Glam and Prince Charles knowing that these staff do not share the same benefits? **Response provided**: While it is clear that the position with the POW roof, and the need for POW staff to work alongside RGH / PCH staff, has shone a further light on the shift pattern differences, it is not appropriate to change shift patterns while the work to understand the benefits of the different shift patterns from a quality and safety, and well-being perspective, and prior to any consultation and decision being made. **Question:** Are the Board aware since 2020 several grievances have been raised and nothing has been done by the trust to resolve these concerns, leaving POW staff feeling failed, disrespected and let down by the Health Board? **Response provided:** As stated above, the Board is aware that this issue has been raised a number of times since the Boundary Change in 2019. The Health Board has received two formal grievances, one of which was withdrawn, and the other of which was not upheld, as the Health Board's position was that the shift patterns, which still exist across Swansea Bay UHB, were introduced by a fair and appropriate consultation process by the former Abertawe Bro Morgannwg University Health Board, prior to the Boundary Change, and are protected by the Transfer of Undertakings Protection of Employment (TUPE) Regulations. The Chair advised that there were no further questions to consider today and advised that Members of the public are reminded that should they wish to raise any further questions to the Board, guidance was provided under the Our Board section on the Health Board's website. The Chair added that if any further questions were submitted following the Board meeting today, colleagues would endeavour to respond to the questions within seven days.
3.	**SHARED LISTENING AND LEARNING**
3.1	**Listening and Learning Story**
	The Chair advised that due to unforeseen circumstances the Board would not receive a Listening and Learning story on this occasion. However, he assured the Board, that further work would be undertaken between the Corporate Governance Team & Patient Care and Safety Team to ensure Listening & Learning Stories are sourced for future meetings.
4.	**SETTING THE SCENE**
4.2	The Chair invited the CEO to present the report at 9:10am given a diary clash which would result in the CEO having to leave the meeting at 9:30am. P. Mears presented the overarching report that highlighted key areas of activity of the Chief Executive.

	L Curtis-Jones welcomed the positive news that the Child and Adolescent Mental Health Services (CAMHS) Performance had been de-escalated by Welsh Government to enhanced monitoring, given that this had been an area of concern for Local Authorities. L Curtis-Jones added that she was conscious that had been a recent national inspection in relation to CAMHS and sought clarity as to whether the Health Board was developing a plan in regards to this and if so, queried when this would be available. P Mears confirmed that the national piece of work would be picked up by the local team within the Health Board and added that the Health Board would be undertaking some benchmarking against the recommendations. P Mears advised that he would be happy for this work to be presented to the Childrens Board to ensure there was multi-agency oversight in place of the plan. K Palmer also welcomed the de-escalation of the CAMHS service. K Palmer welcomed the development of the Memorandum of Understanding in relation to the development of an Integrated Community Care System for Cwm Taf Morgannwg and expressed the need for the Health Board to be working closely with Local Authority members on this. K Palmer advised that she would welcome greater understanding on the level of ambition as a Health Board in relation to integrated budgets, integrated model and the single approach to workforce. K Palmer made reference to Mental Health and sought clarity as to how the Health Board could ensure moving forwards that regional lessons learnt were being taken forward. P Mears advised that a discussion on an integrated model for Mental Health was held at the recently held Adults Board, particularly in relation to the need to learn from experiences and examples of integrated working across health and social care and what works well and not so well. Members noted that a discussion had been held on sharing of records between organisations, which was often seen as a barrier to enable joint working. In relation to the scale of the ambition, P Mears agreed that big ambitions were required and added that this needed to be undertaken in a phased approach way. P Mears advised that a discussion was also held at the Adults Board of the need to ensure a piece of work was also undertaken on the Culture and Organisational Development aspects. S Morris made reference to digital provision and advised that a Digital Regional Working Board was in place which was focusing on specific areas, including a connecting care approach, and created an opportunity to work with Digital colleagues within Local Authorities in regards to some common solutions, for example, Microsoft platforms. L Prosser advised that the Board were being formally asked to approve the signing of the Memorandum of Understanding, which was essentially a Statement of Intent to work on bringing the agreements that were in place together under a single Section 33 agreement and to provide a mechanism which can be added into as the approach to joint working and joint delivery of services is developed. The Chair advised that the Section 33 of the Social Services and Wellbeing Act was probably a little used element of the legislation that would be hugely

	impactful if it was used, and added that he found this to be an exciting initiative and was a fantastic opportunity for the Health Board and its Local Authority partners.
Resolution:	The Board **NOTED** the report and **APPROVED** the signing of the Memorandum of Understanding.
Action:	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.
4.1	**Chairs Report and Affixing the Common Seal** The Chair presented the report and highlighted the key matters for Members' attention.
Resolution:	In conclusion the Board resolved to the **NOTE** the report, **RATIFY** the affixing of the common seal and **RATIFY** the Chairs Urgent actions highlighted within the report.
4.1.1	**Action Log** The Chair presented the action log and drew Members' attention to actions that remain open and in progress.
Resolution:	The action log was **NOTED** and the actions proposed for closure were **SUPPORTED**.
5.	**GOVERNANCE, RISK AND ASSURANCE**
5.2	**Board Committee and Advisory Group Highlight Reports**
5.2.1	**Charitable Funds Committee Highlight Report 23 October 2024**
	I Wells presented the report that updated members on the items the Charitable Funds Committee wished to escalate to the Board following the meeting held on 23 October 2024. Members noted the proposal to support the purchase of new high specification glaucoma diagnostic equipment required to diagnose/manage new glaucoma patients in the Glaucoma Diagnostic Hub at Maesteg Community Hospital which was **approved** by the Committee and noted the Committee requested a **DEFERRAL** of the Arts council Business Case due to further clarity being required on a number of points.
Resolution:	The Board **NOTED** the report.
5.2.2	**Stakeholder Reference Group Highlight Report 15 November 2024**
	A. Morris presented the report that updated members on the items the stakeholder reference group wished to escalate to the Board following the meeting held on 15th November 2024 A. Morris highlighted an error contained within the report within the final paragraph on page 3 which needed to be rectified and sought Board approval on the three new Members nominations outlined within the report.
Resolution:	The Board **NOTED** the report and **APPROVED** the three new Member nominations outlined within the report.

5.3	**Escalation Status Update**
	The Chair advised Board Members that an update on Escalation status was included in the Chief Executives report at agenda item 4.2.
Resolution:	Not applicable
5.4	**Board Assurance Framework**
	G. Watts presented the Board Assurance Framework update report which was received by the Executive Leadership Group on 11th November 2024 and highlighted the key matters for the Board's attention. Members noted that changes had been made to the format and structure of the report following comments made by Board members at the September Board meeting. G Watts advised that he would welcome any feedback on the revised format. K Palmer extended her thanks to G Watts for presenting the report which she had found to be a helpful document and showed that the Board were able to reflect the impact of the critical incident within the report. K Palmer added that she welcomed the update provided on the continuing consideration being given to the development of the new Strategic Risk for Capital and Estates which is being considered by the Executive Director of Finance.
Resolution:	The Board **APPROVED** the updates reflected in the Board Assurance Framework and the changes outlined in section 3.
5.6	**Director of Public Health Annual Report 2024 Diabetes.**
	P. Daniels presented the report that informed the Board members of the Annual Report of the Director of Public Health and promoted discussion and subsequent approval of the recommendations relating to the Health Board which were set out within the report. D Hurford advised that the size of the challenge in tackling Diabetes and Obesity within Cwm Taf Morgannwg could not be underestimated and added that this was a serious issue that needed to be addressed by the Health Board. L Edwards agreed that this was a significant risk for the organisation as well as being a national issue and added that some joint work was being undertaken across Wales and advised that each of the Clinical Executive Peer Group Forums across Wales were working together to develop a set of shared priorities, which included Diabetes and Obesity. D Jouvenat expressed the importance of recognising the support the Third Sector could provide to the Health Board in order to help the organisation deliver on this plan, particularly as the Third Sector deal directly with programmes on Healthy Eating for example and could help with the cascading of messages to members of the community. P Daniels confirmed that he was in discussions with some Third Sector organisations, for example, the Gellideg Foundation on the work they were undertaking in regards to healthy eating. The Chair advised that he had attended a number of meetings and forums where he had highlighted the number of Public Health challenges being faced by the Health Board region. He advised that as referred to earlier in the meeting, discussions would need to be held at the December Board Development Session on matters that the Board would wish to prioritise.

Resolution:	The Board **APPROVED** the report.
5.7	**Annual presentation of Nurse Staffing Levels** R. Hughes presented the report and highlighted key updates for Board attention. P Roseblade made reference to the financial impact and referred to the table in paragraph 4 which talked about proposed uplifts in different wards, and added that in paragraph 7 on the recommendation, it stated 'note the changes to the funded establishments'. She sought clarity as to whether the recommendation should read 'note the required changes' or queried if the changes had already been made. R Hughes confirmed that the recommendation should read 'note the required changes.' The Chair advised that the legislation applied in a very specific way to certain inpatient wards and hospitals and added that there had been a significant campaign led by the RCN Wales to have the legislation extended into other areas, which had not happened as of yet despite broad support being in place from Government Ministers, and sought clarity as to whether there was any likelihood of this happening in the future. R Hughes advised that the Health Board utilised a system called Safe Care within Paediatrics to obtain data on staffing and careful consideration was being given to introducing Safe Care into Mental Health also, which would enable Mental Health to become part of the Nurse Staffing Act. H Daniel made reference to budget approvals in regards to uplifts and sought clarity as to what process was in place regarding this. R Hughes advised that where there has been a requirement for uplift in regards to Healthcare Support Workers, the Nurse Directors were being asked to go back to their Care Group Service Directors and Finance Partners to consider how this could be resourced financially within the Care Group financial plan.
Resolution:	The Board **NOTED** the report and **NOTED** the required changes to the funded establishments.
5.1	**Update Report on the Princess of Wales Hospital** The Chair outlined the operational challenges and extended his thanks to the Executive Team and all staff who had stepped up to address the issues that had been faced. S. May & G. Hughes presented the report and highlighted the main items for the attention of the Board. The Chair advised that he recognised that the Executive Director of Finance and her Team were working at pace in order to achieve the Business Case submission to Welsh Government for approval. S May extended her thanks to the Assistant Director of Capital and Estates in the work undertaken to obtain Business Case approval in a short space of time. P Roseblade also extended her congratulations to everyone involved for this achievement in such a short space of time. P Roseblade made reference to capital spending and advised that she was pleased to see that Welsh Government had requested that solar panels be installed at the same time as

	the new roof and sought clarity as to whether this would elongate the timetable and sought clarity as to whether this would impact on the achievement of the Capital Resource Limit for this year and next year. S May advised that this was a large scheme that was presenting later in the year and added that a day to day programme had been set out by the Capital Planning Team to ensure progress was being tracked closely. Members noted that there was an expectation that the Health Board would spend £16m of the £27m this year, however, this would need to be worked through further to reach a final position by end of January 2025. S May confirmed that whilst the inclusion of the solar panels does not impact the programme from the perspective of re-occupation in the timeline originally expected, there may be some works that extend beyond the set deadline of the 31 July 2025, which again would not impact on the re-occupation of the building. D Jouvenat advised that she was incredibly impressed in the way in which this incident had been addressed and managed by staff at all levels. D Jouvenat advised that she would welcome reassurance that work would be undertaken to identify whether or not the Health Board could be faced with another similar critical incident and how maintenance matters would be dealt with in the future. The Chair advised that there were two matters that needed to be considered, one being a look back to determine whether there were any lessons that could be learnt as a Board from this experience and Members noted that the Chair had made a commitment to the Cabinet Secretary that this would be undertaken. The Chair added that secondly, it was also important to consider the rest of the Health Board's estate to determine whether there were similar issues. P Mears advised Members that a piece of work was being undertaken by the Director of Corporate Governance & Board Secretary to determine what reports have been shared previously via various forums in regards to the sequencing of events during the Bridgend transition from a governance perspective. Members noted that a learning event process had also been undertaken of the Gold Command structure that had been put into place in regards to the critical incident in order to identify what had worked well and what had not worked so well. P Mears added that he had been asked how it could be ensured that there were not similar problems in similar facilities across the Health Board's estate and advised that a stock take would be undertaken to determine whether there were similar issues across the estate to what had been experienced at the Princess of Wales Hospital. S May advised 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 added that there had been some difficulty in retaining a Head of Estates on the Princess of Wales Hospital site. Members noted that the documentation that was provided to the Health Board regarding the site did not include all the detailed plans which had still not been located. Members noted that whilst the Health Board had been provided with surveys and some detailed knowledge, there had been issues experienced in regards to how the fire alarm system worked, how the electrical systems worked as well as other areas which had led to significant capital investment. S May

advised that in relation to the Royal Glamorgan Hospital, many of the Capital and Estates team in post had been involved in the build of the site and therefore had a good understanding of the site with regular surveys undertaken and were aware as to how long each piece of infrastructure had left to run. S May added that this did not necessarily mean that there was funding available to address any capital and estates issues given that the Health Board had a Capital Resource Limit to meet which could not be exceeded. Members noted that the Health Board regularly bids for and gets allocated Estates Funding Advisory Board funding which was targeted at infrastructure, electrical, fire compartmentation and other issues. In relation to Prince Charles Hospital, which was undergoing a £300m improvement scheme, S May advised that this had been extensively surveyed.

In regards to Princess of Wales Hospital, S May advised that the Health Board did not have an understanding that there was no ventilation in the roof, which would have normally been expected, and added the roof had been constructed with a shallow pitch and an inadequate overlap, which had led to these issues now being experienced. S May advised that in terms of understanding the Health Boards estate and the risks, the Health Board in general had a good tracking and surveying approach in place.

H Lentle made reference to the Board Development Session taking place in December 2024 where a discussion would be held on future priorities and sought clarity as to how the piece of work being undertaken by the Director of Corporate Governance would feed into those discussions. P Mears advised that once the work had been completed this could be presented to a future Board Development session.

I Wells advised that in previous discussions regarding the Princess of Wales Hospital a discussion was held on the schedule of works and when patients could be moved safely back into the areas affected, and sought clarity as to whether the Health Board was still on target to achieve the schedule. G Hughes advised that the priority area to be returned into the affected area was Maternity & Neonatal Services, with an aim to return services into the Hospital mid-January. Members noted that an evaluation was being undertaken of all services which had been moved. G Hughes advised that as a result of the additional work being carried out within the Operating theatres in regards to fire compartmental issues, Theatres would not be operational until August 2025, which would mean that the majority of Surgical services would need to remain as is until August 2025.

The Chair advised that in regards to the outputs of the work being undertaken by the Director of Corporate Governance, from an assurance perspective, consideration would also need to be given to what else the Board needed to know in regards to the quality of the estate more generally, given the number of properties that were owned by the Health Board within its estate. The Chair advised that previous discussions had been held as to what the plans were in terms of managing the estate in the future and what the estate is utilised for to better improve the services that were being delivered to patients.

	P Mears advised Members that he had just been in attendance at the Investment Board meeting with Welsh Government to discuss the development of the Llantrisant Health Park where a question was asked as to if resource was allocated to this project, what impact would there be on other Health Board sites and facilities and whether any facilities could be closed or capacity taken out of facilities that were not currently fit for purpose. P Mears advised that the Estate and the Facilities should follow the clinical model and added that this piece of work needed to be undertaken alongside the Acute Clinical Services Plan. Members noted that there was a very clear risk log and backlog position of the estates issues across all Health Board premises and it was suggested that a further update on this could be given at a Board Briefing session. P Mears advised that Digital Technology was an enabler to this piece of work. S May agreed that the service model needed to drive the estate and made reference to the work being undertaken on the development of the Llantrisant Health Park, where consideration was being given to how different models might work differently, meaning the estate needed to be shaped around this. S May added that it was clear from the Investment Board meeting that if investment was being put into a large scale scheme such as the Llantrisant Health Park, then this would limit investment elsewhere. S May advised that the Health Board was likely to see an increase in its discretionary capital allocation for next year and added that there would be an extension of the EFAB scheme, which would mean that there would be more funding that the Health Board could bid for. S Morris advised that in relation to the digital opportunity to reshape some of the services, some of the ageing estate within the Health Board in regards to maintenance and the retro-fitting to maintain those is more expensive. P Mears added that employee experience must not be under-estimated, with staff working in some facilities and environments which were not fit for purpose. G Hughes advised that part of the learning from the de-brief was the need to reset the level of expectation of staff working in some of these environments, as it was not appropriate for staff to have a level of acceptance in regards to working in poor environments and facilities. K Palmer expressed the importance of the new funding pot including Mental Health, given that the Mental Health estate was a high risk at present. S May confirmed that this was included. The Chair advised that there would be an opportunity to discuss and start shaping the position in relation to the priorities for the Health Board at the December Board Development session. The Chair advised that it would be helpful if regular updates could be provided to the Board at future meetings on progress being made in this area.
Resolution:	In concluding the item, the Board resolved to **NOTE** the report.
Actions:	
5.5	**Planning Maturity Matrix**
	This item was taken after agenda item 6.3.

	L. Prosser presented the report and sought agreement from the Board on the proposed level of maturity as set out in the report. The Chair sought clarity as to what Welsh Government did with the assessment once it had been submitted. L Prosser advised that she would think that they were reviewed and may form part of the discussions held at the Joint Executive Team meetings. The Chair advised that he felt the report was well written and agreed with the analysis and the outcome identified in the assessment. P Mears advised that a number of discussions were taking place in regards to the planning process and how it was currently constructed. The Chair advised that he felt this was a useful exercise for the Health Board to undertake and helps the Board in regards to reflection.
Resolution:	In concluding the item, the Board **APPROVED** the proposed level of the Planning Maturity Matrix.
6.	**DELIVERING OUR PLAN**
6.1	**Integrated Performance Dashboard Part 1**
	The Chair invited Executive Leads to present the Operational, Quality and People and Culture Sections and highlight key matters for Members' attention. The Chair made reference to the update provided by G Hughes in relation to the improvements being made within Breast Services performance and invited S Bolt to share her reflections on the position. S Bolt advised that the ability to centralise resource on one site had helped to improve the position, alongside role diversification, broadening the skills of the team to enable cross cover and exploring new technologies to streamline the care being provided to patients. P Mears made reference to the 104 week waits which had been highlighted by G Hughes as a risk and also highlighted the risks in relation to cataract activity which was being managed through the regional programme of work, which was being led by Aneurin Bevan Health Board. P Mears advised that Aneurin Bevan had been successful in securing a large volume of activity from the independent sector in relation to cataracts which should hopefully enable the Health Board to be in a better position in addressing the backlog of 104 week waits by the end of the year. Members noted that this would need to be monitored closely moving forwards. H Daniel provided members with an update on the latest position in relation to responses to the staff survey, which currently stood at a 23% response rate. Members were reminded that the total response rate for the previous year was 18% and H Daniel advised that a 5% increase in response rate was really positive given the difficulties that had been experienced by staff over the last few weeks. Members noted that most Health Boards in Wales had seen a reduction in response rates and noted that the Health Board was currently the top performer in regards to response rate. The Chair extended his congratulations to the People Team for this achievement.

D Jouvenat also made reference to the increase in percentage of Statutory and Mandatory training compliance and extended her congratulations to the Health Board for this improvement.

I Wells made reference to the improvement in performance within Clinical Coding which had improved significantly since 2020, from a position of 40-50% to a position of over 90% in terms of performance, which was as a result of digital efficiencies that had been introduced.

K Palmer made reference to the ADHD/ASD assessments and queried whether a different approach could be taken given that there were staffing vacancies within the service.

K Palmer made reference to discharges and how the Health Board were working with Local Authorities to align views around discharges to ensure consistency. G Hughes advised that as part of the work that was undertaken in responding to the critical incident, focus was placed on discharge and there was really good engagement with Local Authority colleagues, where clarity was provided on next steps for each patient. Members noted that focussed work was undertaken to ensure discharge coding was accurate, and some focussed work was also undertaken on 'super stranded' patients, who were patients that had been in hospital for more than 21 days. Members noted that the panel which had been established to focus on discharges had recently met where agreement was given on discharge five patients who had a collective length of stay of 982 days. Members noted that this piece of work had helped the Health Board to understand where there were specific gaps in the system for complex patients.

L Prosser advised that the main reason that the Board had been asked to sign up to the Memorandum of Understanding referred to earlier in the meeting was to have a longer term strategic approach to addressing some of these issues.

L Curtis Jones provided reassurance to the Board that conversations were taking place between the Health Board and Local Authorities on working in partnership in a number of areas, particularly in addressing discharge delays.

G Hughes advised the Board that additional money had been secured to support ADHD services. Members noted that the team was in the process of being redesigned into a new service model, and it was hoped that this redesign would help to address the waiting list position and bring the longest wait down to around 75 weeks.

The Chair made reference to Cancer Performance and the improvements that had been made in achieving performance against the cancer targets on the single cancer pathway. The Chair advised that by meeting the target of 60% by the end of the year and the 70% target by the end of March 2025 would be a significant achievement for the Health Board and needed to be congratulated, recognising the significant increase in demand which was likely to increase further. The Chair also extended his congratulations to the Team for the improvements that had been made in Diagnostic waits, which had reduced from 11,000 to under 3800 within 12 months.

	The Chair advised that further discussions may need to be held at the December Board Development session on the Hospital at Home model and what this means for people in terms of care being provided to patients closer to where they live. Members noted that there would be a need to articulate the impact people working within the community have on patients within community settings. P Mears advised that a Primary & Community Transformation Board had been established within the Health Board, the purpose of which was to enhance the development of community services. Members noted that a discussion had been held within the group on outcomes and how impacts could be measured and tracked.
Resolution:	The report was **NOTED**
6.2	**Month 7 Finance Update**
	S. May presented the Month 7 Finance update report and highlighted the key matters for Members attention. The Chair made reference to the financial savings and advised that at present the Health Board was forecasting that the savings for the year would be £13m below the £26.3m target. The Chair sought clarity as to whether the reasons behind this was as a result of the Health Board needing to respond to the issues experienced at the Princess of Wales Hospital and the impact this had on Teams to focus on identifying efficiency savings. S May advised that there had been more rigour this year in terms of recording of savings, which are on transformational or service change bases. Members noted that some savings and recovery schemes that had previously been identified had now been placed on hold as a result of the changes needed at the Princess of Wales Hospital. The Chair advised that one of the conversations that had been held with the Cabinet Secretary was in relation to the £50m of funding that had recently been announced and added that the Cabinet Secretary was looking for assurance that Boards had been sighted on how their share of the additional funding would be used and suggested that this may require further discussion at the December Board Development session. In addition this discussion could also include the likely additional further funding coming into budgets from April 2025 based on the announcement from UK Government, and how this could be utilised to address priority areas. S May advised that in relation to the £50m planned care recovery funding, the Princess of Wales impact was being funded from the planned care recovery funding that had been allocated to the Health Board, which totalled £7.5m, with the remaining funding being requested by the Health Board as additional support. In relation to next year, S May advised that there was a deterioration in the underlying position, with a predicted forecast deficit of £10m going into next year and added that the additional funding announced by UK Government would likely be impacted by the significant pay award and the increase in employers national insurance contribution which would need to be understood further.
Resolution:	The Board **NOTED** the report.
6.3	**Capital Update Report** S. May provided the Board with an update on the current Capital resource limit for 2024/25 and expenditure commitments made to date. The report also

	covered the actual capital expenditure as at Month 5 and a brief update on all current major capital projects. Members noted that there had been one addition to the report since it was presented to the Planning, Performance & Finance Committee, and that was to seek approval from the Board on the disposal of Pontypridd Health Centre. Members were provided with confirmation that no clinical services were being provided form this site, therefore, no public consultation was required prior to site disposal. K Palmer extended her thanks to S May for providing the report which she found to be detailed and helpful, and sought clarity as to whether consideration was being given to addressing the size of the current Capital Team, which was quite lean, given that there was a significant capital programme to deliver. S May advised that project management expertise was included in the capital spend and advised that there had recently been some difficulty in recruiting people who had the right skills and expertise. Members noted that discussions had been held with the Welsh Government Capital Team and Specialist Estates on how to develop some of this expertise. The Chair made reference to the disposal of the Pontypridd Health Centre and queried whether discussions would be held with Welsh Government as to what would happen to the funds that would be realised from the disposal of this site. S May advised that a discussion would need to be held with Welsh Government in regards to building this into future plans, and advised that based on previous smaller site disposals, the Health Board usually retained the funds realised. P Mears advised that the Health Board had just been allocated £27m of Welsh Government Capital, with a further request made of another £200m of capital investment, which needed to be taken into consideration when seeking any further additional funding. S May added that there was significant demand across Wales in regards to capital funding to address backlog maintenance and service change priorities. The Chair recognised the enormity of additional resource that was being invested by Welsh Government into the Health Board. I Wells made reference to the £600k funding that had been allocated to fund the Maesteg generator which had now been paused and sought confirmation as to what had happened to this funding. S May confirmed that this would now be a scheme for the next financial year.
Resolution	The Board resolved to **NOTE** the report and **APPROVED** the disposal of Pontypridd Health Centre.
7.	**STRATEGIC PLANNING**
7.1	**Integrated Medium Term Plan 2025-2028 – Development Process**
	L. Prosser presented the report and drew Members' attention to key updates. K Palmer welcomed the report which highlighted the Health Board's intention to shift care from secondary care into Primary and Community Care. K Palmer added that she felt that Dentistry needed to be included in the plan given the waiting list position, and advised that she felt that something needed to be included in regards to GP and enhanced services and the contractual monitoring

	of this. L Prosser advised that this would sit in the Primary Care Programme and added that this report was not intended to capture all business as usual initiatives and advised that a review could be undertaken to determine whether there was any activity within these areas that would not be classed as business as usual. P Mears advised that recent discussion had been held at the Integration Board and at the Executive Team meeting in regards to issues being faced within childhood dentistry and poor oral health in children, which was leading to some children needing to have full dental extractions, which should be classed as never events. The Board noted that it had been suggested that this may be an area that would need to be discussed at the Regional Partnerships Board, given that this was wider than a health issue. P Daniels made reference to the Designed to Smile programme who were facing additional demands and added that there was a clear understanding in place that this was a multi-agency issue and was not solely a health issue. I Wells made reference to the Commissioning intentions list within Creating Health, and one of the first items on the list referred to ensuring personal care plans were in place. I Wells sought clarity as to whether this related to patients who were at risk as a result of obesity and diabetes. L Prosser confirmed this was correct. The Chair advised that the report contained some rich information which would help to feed into the conversation at the December Board Development session in regards to the areas the Board would wish to invest into next year.
Resolution:	The Board **NOTED** the contents of the report.
7.2	**Winter Plan Update**
	G. Hughes shared the presentation and highlighted the key matters for Board attention. The Chair extended his thanks to G Hughes for sharing the comprehensive presentation and for the level of work being undertaken to prepare for the most challenging time of the year. P Mears recognised the significant amount of work undertaken on winter planning and advised that it would be important to reflect that the Health Board were 75 beds down and were still managing the position very well, despite the position being challenging. Members noted that this was as a result of all of the efforts made to redesign pathways.
Resolution:	The Board resolved to **NOTE** the update.
8.	**CONSENT AGENDA**
8.	**CONSENT AGENDA**
8.1	**FOR APPROVAL**
8.1.1	**Unconfirmed Minutes of the meeting held on 26 September 2024** The Minutes were **APPROVED**.

8.1.2	**Unconfirmed Minutes of the In Committee Board meeting held on 17 October 2024** The Minutes were **APPROVED**.
8.1.3	**Unconfirmed Minutes of the In Committee Board meeting held on 31 October 2024** The Minutes were **APPROVED**.
8.1.4	**Update to the Scheme of Delegation** The report was **APPROVED**.
8.1.5	**Cwm Taf Morgannwg Health Protection System** The report was **APPROVED**.
8.1.6	**Board Committee Legacy Annual Reports** The report was **APPROVED.**
8.2	**FOR NOTING**
8.2.1	**Board Annual Cycle of Business** The Board **NOTED** the Cycle of Business
8.2.2	**Board Forward Work Programme** The Forward Work Programme was **NOTED**.
8.2.3	**Board Committee and Advisory Group Highlight Reports** The reports were **NOTED**.
8.2.4	**Clinical Education Annual Report** The report was **NOTED**.
8.2.5	**Cwm Taf Morgannwg Regional Partnerships Board Annual Report 2023-2024** The report was **NOTED**.
8.2.6	**Public Services Board Update** The report was **NOTED**.
8.2.7	**NHS Wales Shared Services Partnerships Committee Assurance Report 19 September 2024** The report was **NOTED**.
9.	**CLOSE OUT BUSINESS**
9.1	**ANY OTHER BUSINESS** The Chair advised that he had not been notified of any other business.
9.2	**HOW DID WE DO IN THIS MEETING?** The Chair sought any comments which attendees may wish to make in respect of improvement at that point or within two weeks of the meeting to provide feedback in respect of the issues that were covered and in the way in which the meeting had been run and how future meetings could be improved.
10.	**PRIVATE / IN COMMITTEE SESSION**
10.1	The Chair advised that the following items would be discussed at the In Committee session following this meeting: • Regional Diagnostics Programme – Endoscopy & Radiology Business Cases
11.	**DATE & TIME OF THE NEXT MEETING**

	The next scheduled meeting of the Board held in public will take place on Thursday 30 January 2025
12.	**CLOSE OF MEETING**

Agenda Item	8.1.2

Unapproved Minutes of the In Committee Board Meeting

Date and Time of Meeting	Thursday 28 November 2024
Venue	In Person, The hub royal Glamorgan Hospital Llantrisant.

Members Present	Jonathan Morgan	Chair
	Kath Palmer	Vice Chair
	Paul Mears	Chief Executive Officer
	Dilys Jouvenat	Independent Member
	Rachel Rowlands	Independent Member (Virtually)
	Patsy Roseblade	Independent Member (Virtually)
	Helen Lentle	Independent Member
	Ian Wells	Independent Member
	Hayley Proctor	Independent Member
	Hywel Daniel	Executive Director for People
	Lauren Edwards	Executive Director of Allied Health Professionals and Health Sciences
	Gethin Hughes	Chief Operating Officer
	Dom Hurford	Executive Medical Director
	Gareth Watts	Director of Corporate Governance & Board Secretary
	Philip Daniels	Executive Director of Public Health
	Richard Hughes	Deputy Director of Nursing
	Sally May	Executive Director of Finance (Virtually)
	Simon Blackburn	Director of Communications, Engagement and Fundraising
	Stuart Morris	Director of Digital
	Sally Bolt	Associate Member
In Attendance	Emma Walters	Head of Corporate Governance & Board Business (Secretariat)
Meeting Observers		

Agenda Item	Meeting Business
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	The Chair welcomed everyone to the meeting.
1.2	**Apologies for Absence**
	Apologies have been received from: • Greg Dix, Executive director of Nursing / Deputy CEO • Carolyn Donoghue, Independent Member
1.3	**Declarations of Interest**
	There were no interests declared.

2.	**MAIN AGENDA**
2.1	**Regional Diagnostic Programme – Endoscopy and Radiology Business Cases**
	L. Prosser presented the report which was seeking approval from the Board on the South East Wales Regional Endoscopy Suite and Endoscopy Academy Business Case and the Community Diagnostic Hub Business Case. Following discussion, whilst Members expressed frustration that it had taken some time for these Business Cases to be developed and presented for Board approval, Members advised that they fully supported the approval of both Business Cases and noted the elements of associated.
Resolution:	The Board **APPROVED** the Business Cases and **APPROVED** the next steps outlines within the report.
3.	**ANY OTHER BUSINESS**
3.1	***Any Other Business***
	There was no other business to note.
4.	**DATE AND TIME OF NEXT MEETING**
4.1	**Date and Time of next meeting**
	The next Public Board meeting will be held on Thursday 30 January 2025

Agenda Item
8.1.3

CTMUHB Board Meeting

Creating Health Delivery Plan

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kate May, Assistant Director Public Health
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Creating Health Programme board	07/11/2024	Approved
Strategic Development Committee	16/01/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	
KPI	Key Performance Indicators

1. Situation /Background

1.1 Creating Health one of the strategic pillars of the CTM 2030 strategy, focusing largely on prevention and population health with the following overarching aims;

- Increasing healthy life expectancy and reduce inequalities
- Ensuring equal focus on mental and physical health
- Building healthier communities
- Being a healthy organisation

1.2 The purpose of the Creating Health Programme is to provide specific focus and strategic oversight of work to develop CTMUHB as a leading population health organisation. The programme will oversee the delivery of a number of defined workstreams and provide specialist input into the programmes of contributing work delivered across the health board.

1.3 A delivery plan has been drafted to reflect these responsibilities and set out a mechanism for monitoring progress against these.

1.4 The following objectives are included in the plan;

- 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)
- Become a population health organisation (modelling priority action areas on the Ottawa Charter)
- Build Healthier Communities
- Empower Systems leadership for Population Health Improvement

1.5 The delivery plan has been drafted through a series of engagement activities with stakeholders across the health board and approved at the Creating Health Programme Board in November 2024.

1.6 A draft data dashboard has been developed using multiple relevant sources of data into one document to facilitate ongoing review. Additional work is needed to further develop this dashboard to ensure strategic deliverables can be measured, and also operational level data can be provided to support the assessment of specific programs contributing to these. This work is ongoing.

2. Specific Matters for Consideration

2.1 The committee are asked to review and endorse the delivery plan noting that both KPIs and programme deliverables are set out in the plan to enable monitoring of delivery.

3. Key Risks / Matters for Escalation

3.1 The availability of resources will limit the delivery of Creating Health activities across the health board.

3.2 Securing resources to deliver these prevention activities provides an opportunity to improve the health of the residents of CTM and longer term slow down the demand for acute services as a result.

3.3 Plans are in development, at a CTM and National level, to develop a methodology for quantifying prevention spend (primary, secondary, tertiary and quaternary) to support ambitions to "shift left".

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Choose an item. If more than one applies please list below: All above
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Choose an item. If more than one applies please list below: All above
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:
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: This paper outlines the coordination of activities across the health board that will be individually subjected to an impact assessment in their local areas of delivery.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This paper outlines the coordination of activities across the health board that will be individually subjected to an impact assessment in their local areas of delivery.
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 are asked to **APPROVE** the attached Delivery Plan for further publication.

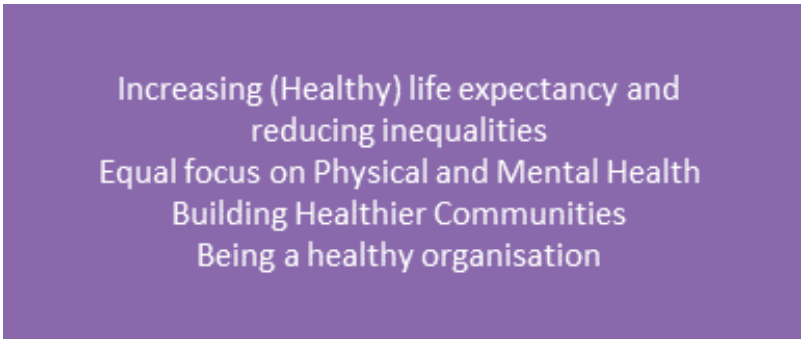
6. Next Steps

6.1 Subject to Board Approval there will be Publication on the CTM website and distribution to external stakeholders.

Cwm Taf Morgannwg Creating Health Strategic Delivery Plan 2024-2030

Introduction

Creating Health is one of the four strategic pillars for CTMUHB and has the following high-level keys aims.



The purpose of the Creating Health Programme is to;

- Provide specific focus and strategic oversight of work to develop CTMUHB as a leading population health organisation
- Oversee the delivery of a number of defined work streams reporting to Creating Health Programme Board.
- Monitor, support and provide specialist input into the wider delivery of activities across the health board that will contribute to embedding a population health approach across the organisation.

The programme will monitor the relevant population health outcomes and associated KPIs linked to the high level aims within the Creating Health strategic pillar, in order to support meaningful improvement in population health and inequalities of the CTM population.

Many programmes of work across the Health Board include activities that will help deliver the above aims and contribute to the overall health of our population. Those reporting to the Creating Health Board include;

- AF and Hypertension
- 3Ps (Prevent, promote, prepare)
- Making Every Contact Count (MECC)
- Hepatitis Elimination
- Population Health Management
- Smoking Cessation
- Healthy Weight
- Social Prescribing
- Data and performance reporting development
- Catering
- Diabetes

- Mental health and Well-being

Additional workstreams across the Health Board will also contribute to the outcomes of Creating Health, as the approach of population health and prevention become more embedded across the health board functions.

A detailed list of work programmes associated with these can be found in appendix 1

The under lying principles of VBHC will be assumed across all programmes of work and details of this can be found in appendix 2

A significant amount of work is being undertaken in Mental Health Services that cross cut many of the other programmes. Therefore, there is a requirement for all programmes to consider impacts on both mental and physical health in their work stream planning acknowledging that mental health and physical health are of equal importance. Several Mental health initiative overlap the programmes above and are currently reporting to Improving Care, they will not be required to report to Creating Health in addition.

Reporting of progress of the programme deliverables will be via the Creating Health Board, with governance arrangements set out in the Creating Health PID. The review of nationally reported KPIs and locally developed population health outcome measures, will be the responsibility of the Creating Health Programme board on behalf of CTMUHB with specialist advice for action or improvement will be provided via the Director of Public Health (DPH) role.

Role of the Strategic Delivery Plan

To ensure the coordination of efforts across all programmes, the Creating Health Strategic Delivery Plan (SDP) will set out related activities, delivery timescales and reporting arrangements.

The Creating Health SDP is a multiyear, live plan which is monitored regularly and reviewed annually to check we are making progress with regards to prevention and inequalities across the Health Board area. Ongoing evaluation of the delivery plan will be required in order to align with any changes to national policy.

Ministerial Priorities and Policy Drivers

A Healthier Wales, published in 2018, sets out plans for the long-term future vision of a 'whole system approach to health and social care' in Wales, focused on health and well-being, and illness prevention. It is intended to help address the future health and social care challenges facing Wales, including an ageing population, lifestyle changes, public expectation, and new and emerging medical technologies.

A number of key pieces of enabling public health legislation have come into effect in Wales in recent years, which have shaped our new strategy and this plan. These challenge public sector bodies to consider the longer-term impacts of decisions, and to support a greater focus on prevention and addressing inequalities. They include:

- The Well-being of Future Generations (Wales) Act 2015

- The Health and Social Care (Quality and Engagement) (Wales) Act 2020
- Socio-economic Duty 2021
- Social Services and Well-being (Wales) Act 2014
- Environment (Wales) Act 2016
- Active Travel (Wales) Act 2013
- Socio-economic Duty (wales) Act 2010

The CTM Population Needs-Assessment Summary also informs our work.

CTM 2030

The Creating Health Strategic Delivery Plan sets out how we will contribute to the delivery of the outcomes and objectives in CTM's Strategic Plan- CTM2030.



Creating Health is one of four integrated strategic goals, alongside Inspiring People; sustaining our future; and Improving care, which galvanise the health board and its partners towards "*Building Healthier Communities Together*", where we not only treat people when they become sick, but also support them to remain, and become, well.

These strategic pillars report into the over-arching CTM Strategic Transformation Board, supported by the work of the five strategy groups, (Starting; Growing; Living; Aging; and Dying well), covering the whole life-course, and are underpinned under-pinned by three key strategy themes:

- **Building healthier communities** – encouraging wellbeing and prevention
- **Integrated Community Services**- including primary care, mental health and social care
- **Acute Clinical Services Plan** – acute hospital services

The foundation of these activities are the organisation's **Values,** which help us **Be At Our Best.**



Collaboration and partners

Achieving better outcomes cannot be achieved working in isolation. Many of the activities within the Strategic Delivery Plan are not purely in CTM UHB's control and require effective working with our partners to be delivered successfully. Quality public services require collaboration and integration between partners, working across the public, private and voluntary and community and social enterprise sector, as well as private sector and academic partners. We are building strong, valued relationships to develop new operating models and tackle whole system challenges.

The Health Board will collaborate with wider partners via our Strategy Groups and Clinical Services in working to reduce levels of poor lifestyle and clinical risk and contributing to a reduction in inequalities and inequities in our population and our services. This will supported by:

- Effective use of data, including utilisation of different needs assessment methodology and staff/public contributions to identify need and priorities;
- An evidence based but innovative approach to care planning with opportunity for further research and development at a local level;
- Maximising learning around behavioural insights and change while incorporating into practice;
- Enabling individuals to have the knowledge, skills and confidence to look after their own health;
- Building on the work funded via the WG Regional Integration Fund (RIF), use of Population Health Management techniques such as population segmentation and risk stratification (PSRS) to help address multi morbidity and identify groups at greater risk of ill-health. This enables us to focus specific interventions and proactively allocate resources more effectively; and
- Continued partnership work to achieve a whole system approach and maximise community assets.

Finance

The trend for increasing healthcare costs to individuals, the health sector and wider society is significant, with the current financial landscape across the NHS remaining extremely challenging. Investing in population health improvement can be part of the solution to this challenge. The evidence shows that prevention is cost-effective, provides value for money and gives returns on investment in both the short and longer terms. Population-level approaches are estimated to cost on average five times less than individual interventions. This systematic review has indicated that for each £1 spent, an average return on investment to the wider health economy was £14.

Therefore investing in cost-effective interventions to reduce costs to our health services and other sectors can help sustain CTM's health system and economy for the future.

Creating Health Strategic Overarching Aim and objectives

Aim: To enable equity of health outcomes for the population of CTM.

Objectives

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

Objective 1: Improve Population Health Metrics and Reduce Inequalities in Health

As a UHB we are committed to:

- Earlier detection and mitigation of activities & environments that may cause a deterioration in the quality of life, happiness and healthy life expectancy. (Direct + indirect determinants of health)
- Increasing the awareness of our people within our communities on how to manage their health and the health of their 'dependents' and 'others'. Which in turn should result in an uptake of screening initiatives, acceptance of prescriptions, healthy living
- Delay or prevent the progression in severity of chronic diseases – Longitudinal analysis of prevalence rates and clinical and cost effectiveness of mitigating actions.

Historically we have benefited from the public health observatory providing robust retrospective analysis, enabling comparisons within our community and across the UK. The UHB is dependent on this analysis in many ways and will contribute to restoring and developing the Observatory's data and analysis which was greatly diminished by the covid-19 pandemic.

To be successful, the CTM creating health programme will require a strategic change in its use of data and analysis to be able to apply population health management techniques alongside AI and advanced analytical approaches.

As a Health Board we aim to be leaders in Population Health Management (PHM); aligning services to best support the people who need it the most. To identify those people, the Public Health Team has led the PHM programme of work to seek to understand patient populations by characteristics related to their need and use of health care resources.

Objective 2: Realise CTM UHB as a Population Health Organisation

Population health is an approach aimed at improving the health of an entire population, improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities.

Improving outcomes requires a multi-agency, system wide approach and a combination of population wide and targeted interventions taking into account the wider determinants of health. The Health Board has a key role, however, in prioritising prevention and early detection and intervention in all its pathways and striving to improve the equity of all care it delivers.

As a health board we are committed to is developing as a population health organisation and seeking to maximise our role in promoting good health and well-being to staff (80% of whom live in the CTMUHB footprint) and residents through the most effective use of all its resources and opportunities from estates, health promoting hospitals and employment and skills increasing our role as an anchor organisation.

This approach was endorsed by the Board in May 2021.

Objective 3: Build Healthier Communities

The overall vision of CTMUHB is "Building Healthier Communities Together". This includes working together internally within the health board, and externally with our population, communities and partner organisations. This objective within Creating Health focuses on what we can do to contribute to developing, supporting, and working with our communities to build capacity to encourage wellbeing and prevention.

This includes but is not limited to:

- Our role as an anchor institution
- Our role as part of the foundational economy and circular economy
- Our role in ensuring "More than just words" is enacted and embedded
- Our role in achieving Net Zero

Objective 4: Enable Systems Leadership for Population Health Improvement

Transforming a complex system – such as the health system or the environment in which we live – is a monumental task, requiring coordinated action by people with very different viewpoints. Systems-change initiatives often engage multiple organisations – governments, companies, civil society organizations, worker associations, research institutions and others – combining their capacities to achieve a shared goal.

CTM UHB, as an Anchor institution, is the largest employer and purchaser of goods and services in Bridgend, RCT and Merthyr Tydfil. It also plays a key role in partnerships such as the Regional Partnership Board, Public Service Board, Area Planning Board and Community Safety Partnership. As such, it has significant potential to operate as a System Leader to support population Health improvement beyond the health service estate.

Systems leadership is a set of skills and capacities that any individual or organization can use to catalyse, enable and support the process of systems-level change. It combines collaborative leadership, coalition-building and systems insight to mobilize innovation and action across a large, decentralized network

The complex challenges we face that require collective action, where no single entity is in control. Through promoting and foregrounding equity and prevention, the health board, its staff and independent members, can all play a role in mobilizing alliances of diverse stakeholders around a shared vision for systemic change, empowering widespread collaboration, innovation and action; and enabling mutual accountability for progress to shift systems towards sustainability and equity.

Deliverables and Timescales

Each programme reporting to Creating Health has a detailed work plan with unique supporting deliverables and milestones. These detailed plans are available on request, however the top key deliverables for the programmes are listed below and will be monitored as part of the reporting structure in the Creating Health Programme.

Programme	2024/25 Deliverables	2025/26 Deliverables	Creating Health Objective
AF and HPT	Develop a benefit realisation framework for the project	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	Objective 1 Objective 3
	Develop a comprehensive evaluation framework		Objective 3
	Collate current evidence base/clinical guidance to inform approach together with best practice examples		Objective 1 Objective 3
3 Ps	Establishing Single Point of Contact Team (SPOC), implement training programme, standard operating procedures and local scrips. Develop landing page and website.	Undertake local and national evaluation of the impact of SPOC team.	Objective 3
	Confirm analysis of waiting lists to identify priority areas for development. Priority contact with Stage 1 patients, Stage 4 patients in pilot phase.	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
	Establish working collaboratives and referral pathways to the three County Voluntary Councils (CVCs) across RCT, Merthyr and Bridgend to facilitate supported access and information on local community services and activities.	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	Commence improvement work to ensure future micro elimination of Hepatitis within park prison. Demonstrate a trajectory of improvement	Achieve micro elimination of Hepatitis C within Parc Prison and demonstrate sustainability	Objective 3

	CTM UHB to establish partnership working with HM Probation Service to identify a resource to deliver a sustainable service for testing.	Implement a sustainable service for testing across the three probation offices within CTM.	Objective 3
	To improve testing in substance misuse services, improve data collection and data entry on NEO.	Continue to improve testing rates and ultimately treatment rates.	Objective 3
MECC	Sixty Level 2 MECC training sessions undertaken	Re-establish MECC Level 2 offer in line with national direction from PHW	Objective 1 Objective 2 Objective 3 Objective 4
	Four hundred and eighty individuals to undertake Level 2 MECC training	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	Objective 1 Objective 2 Objective 3 Objective 4
	One hundred and fifty learners to begin Agored accreditation		Objective 1 Objective 2 Objective 3 Objective 4
	Establishment of Community of Practice		Objective 1 Objective 2 Objective 3 Objective 4
	Establishment of case study repository		Objective 1 Objective 2 Objective 3 Objective 4
PHM	Uninterrupted delivery and refinement of ongoing projects, outputs and data flows	Review of implementation and delivery of the model within CTM	Objective 1

			Objective 2 Objective 3
	Develop suite of population health training sessions	Work with HB corporate team on ways to embed a PH approach to all HB business	Objective 2 Objective 3
	Identify groups within the HB for training opportunities	Develop training specifically around using PSRS tool	Objective 2 Objective 3
	Test training module and evaluate	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	Scoping exercise on secondary care requirements	Objective 2 Objective 3
Integrated weight management and Whole system approach to Healthy Weight	Implement an integrated Level 2/3 weight management service for CTM	Introduction of obesity tier 2 and 3 for children	Objective 3
	Establish and deliver level 2 service for patients on the existing waiting list	Develop consistent CTM offer on Food Environments contribution	Objective 3 Objective 4
	Contribute to the national maturity matrix for whole system approach	Building upon evaluation of PIPYN service to inform system learning and service development	Objective 3 Objective 4
	Development of communications and engagement plan	Ongoing measuring impact and learning of PHW nine steps for CTM	Objective 3 Objective 4
	Establish system optimisation group and develop regional joint action plan	Development of CTM Healthy Travel Charter	Objective 3
Smoking Cessation	Increase no of pharmacies delivering level 3 smoking cessation services	Ongoing delivery of smoking prevention activity	Objective 3
	Implement HMQH Model	Evaluate HMQH model	Objective 3

	Developing sustainable funding stream HMQ services	Review impact of Primary Care referral data and target groups appropriately	Objective 3
	Implementation of comms plan for HMQ services	Ongoing delivery of comms plan	Objective 3
	Develop school nurses training on supporting young people who are nicotine dependant including vaping	Review progress of 24/25 and evaluate updated prevention strategy from PHW and continuously improve HMQ service offer	Objective 3
Catering	Square Meal Deal implementation	Grab & Go Shop RGH under phase 2	Objective 2 Objective 3
	Implement NHS staff meals	Ein Lle Restaurant and Starbucks Pod under phase 2	Objective 2 Objective 3
	Hot meal out of hours provision	Roll out cost price mobile fruit stalls	Objective 2 Objective 3
	Implement and audit sustainable approach to food waste and recycling	Implement Coffee ground waste recycling	Objective 2 Objective 3
Diabetes	Implement Value Based Diabetes prevention and improvement pathway across CTM	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	Establish Mental Health Public Health team	Complete Mental Health and Well-being assessment for CTM	Objective 2 Objective 3
	Map mental health and wellbeing provision currently provided or commissioned by CTM	Develop with CTM partners Mental Health and Well-being Strategy for CTM	Objective 2 Objective 3
Social Prescribing	Development of a "CTM Offer''	Explore digital solutions to providing information and the monitoring of activity and outcomes	Objective 1 Objective 2 Objective 3 Objective 4

	Implement national model and narrative to include marketing, public and professional engagement.	Establish a strategic view of local community development needs.	Objective 1 Objective 2 Objective 3 Objective 4
	Establish a baseline of activity, funding, assets and demographics of clients participating in social prescribing.	Continue to Develop "Healthy Partnership"	Objective 1 Objective 2 Objective 3 Objective 4
	Establish a reciprocal link to local and national networks e.g. Wales SP Research Network and national SP Co-ordinating Group.		Objective 1 Objective 2 Objective 3 Objective 4
Data and Performance	Agree Programme KPIs and population outcome measures for onward reporting and review	Ongoing performance monitoring schedule	Objective 1 Objective 2 Objective 4
	Baselining of data available and identify gaps	Scope and implement where possible the automation of data feeds	Objective 1 Objective 2 Objective 4
	Develop Data Dashboard	Re-evaluate performance measure targets	Objective 1 Objective 2 Objective 4

Key Performance Indicators (KPIs)

Recognising the long-term nature of population health improvement, the Creating Health Board will utilise both long and medium-proximal measures of progress.

In year one, working closely with informatics, a baseline dataset will be designed and established. A dashboard of key performance indicators will be developed in order to provide ongoing monitoring of progress towards agreed targets.

The dataset will be created using the NHS performance framework measures and also local information specific to CTM based on population health outcome measures that will contribute to the delivery of the creating health aims.

Although a detailed piece of work will be undertaken to scope appropriate measures, any gaps in data and the ongoing reporting mechanisms, examples of the information we will review and/or measure may include;

The CTM Population Health Outcome measures were developed in 2020 to provide long term clarity and focus the CTM's ambitions for 'Creating Health';

S/N	Goal	Update frequency
1a	By 2030, in men and women in CTM, Life Expectancy at birth matches the Wales average	Annual
1b	By 2030, in men and women in CTM, Healthy Life Expectancy at birth matches the Wales average	Annual
2a	By 2030, the absolute difference in Life Expectancy at birth between the most and least deprived population quintiles in CTM has been reduced by 20%	Annual
2b	By 2030, the absolute difference in Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20%	Annual
3	By 2030 Avoidable Mortality in CTM matches the Wales average	Annual
4	By 2030, cardiovascular and cancer mortality in CTM matches the Wales average	Annual
5a	By 2030, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births	Annual
5b	By 2030, percentage of Low Birth Weight (LBW) is lower than Wales average	Annual
6a	By 2030, the smoking prevalence in CTM is down to 5%	Annual
6b	By 2030, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated	Annual
7a	By 2030, the percentage of 4-5 year olds starting school at a healthy weight will increase	Annual
7b	By 2030, the percentage of adults who are obese will decrease	Annual

The current position in relation to these measures can be found in appendix 4.

In addition, the Quadruple Aim 1 of the NHS Wales Performance Framework 2024 to 2025 (gov.wales) will also be used to monitor incremental improvements to nationally reported performance.

Measure		Target	Update frequency
Smoking			
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Annual
2	Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks		Annual
Diabetes			
3	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Improvement of 2.5% against	Quarterly

		2020/21 baseline	
Substance Misuse			
4	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 quarter reduction trend	TBC
Vaccinations			
5	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)	95%	Quarterly
6	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	Quarterly
7	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	Annually
8	Percentage uptake of the COVID-19 vaccination for those eligible	75%	Seasonally
Screening			
9	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment		TBC
10	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks		TBC
11	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life		TBC

Current position in relation to these measures can be found in appendix 5

Governance and Monitoring

The Creating Health SDP is an integral part of the business planning framework for the Health Board, driving the delivery of significant activity and building momentum to deliver improved population outcomes. The SDP monitoring arrangements aim to support the delivery of activities, provide assurance and advise the Health Board on actions where required. This includes ensuring appropriate resource and capacity is available to support delivery and that proportionate corporate assurance and risk management arrangements are in place.

Programme leads, named within the SDP, are responsible for providing a bimonthly (2 monthly) highlight reports on programme activity progress. Information collated will focus largely on exceptions, where there are issues to successful delivery and is used to build both individual activity information and whole Health Board trends over time. The Creating Health Pillar meetings will

provide an opportunity to informally engage and influence the development of SDP activities at an early stage e.g. through engagement with an activity's outline business case or commissioning plan. As well as this, where highlight reports identify activities of concern, the Creating Health Pillar meetings will provide an opportunity to address specific lines of enquiry.

Once agreed, the KPIs will be updated on a rolling basis, contingent on the frequency of their update/ publication.

The Health Board's governance arrangements provide collective ownership of organisational issues, particularly on activity that has high risk, complexity and financial value within the SDP, to identify constructive action and assist effective delivery. Programme monitoring information is considered by the CTM Transformation Board every 2 months, with a full report taken to Population Health and Partnerships Committee bi-annually (every 6 months).

The Creating Health Pillar will produce an annual report for submission to the Board, of progress against its KPIs and narrative update on constituent programmes. This will inform production of an annual workplan, with allocated deliverables, alongside update of the SDP.

Oversight of activity will also be monitored as it progresses through the specified informal and formal governance and decision making process, in line with CTM UHB's Standard Operating Procedures.

Appendices

Appendix 1

Creating Health Programmes and Workstreams

- AF and Hypertension
- 3Ps (Prevent, promote, prepare)
- Making Every Contact Count (MECC)
- Hepatitis Elimination
- Population Health Management
- Smoking Cessation
- Healthy Weight
- Social Prescribing
- Data and performance reporting development
- Catering
- Diabetes
- Mental Health

Work streams considered in-scope include:

- Development of Population Health Management
- Wider determinants of health (housing, anchor institutions)
- Mental Health Needs Assessment
- Mental Health and Learning disability lived experience portfolio
- Health behaviours, risks including alcohol and tobacco/vape use
- Healthy weight (including infant feeding, diabetes and cardiovascular disease)
- Capacity for Population Health Management/reducing inequalities
- Collaboration between partners
- Making Every Contact Count (MECC)
- Prevention/early identification
- 3Ps (Prevent, promote, prepare)
- CTM Staff Wellbeing
- Vaccinations
- Population Health Organisation Projects including
  - Pre-diabetes pathway
  - ICL health check – long term vision and direction
  - AF in Primary Care
  - Training and education of staff
- Stroke prevention - HT and AF
- Design to Smile – dental programme
- All Wales Diabetes Prevention Programme
- Obesity Level 2 & 3
- WISE
- Population Segmentation
- Lung Health Check Pilot
- Early Cancer diagnosis
  - Rapid Diagnostic Clinic
  - C the Signs

Appendix 2

Value Based Health Care

A person-centred Value-Based Healthcare Approach

Embedding Value-Based Healthcare (VBHC) principles in Cwm Taf Morgannwg University Health Board's Creating Health Strategy is crucial for improving health outcomes, reducing inequity, and ensuring efficient resource utilisation. By focusing on patient-centred care, VBHC enhances the quality of care by working in partnership with patients, families and clinicians regarding the treatments to individual needs and what matters most to them, thereby achieving better health outcomes.

Furthermore, VBHC emphasizes measuring and analysing patient-reported outcomes and experiences, allowing for continuous improvement and evidence-based decision-making. This approach reduces inequity by ensuring that all patients receive high-quality care based on their specific health conditions rather than a one-size-fits-all model. CTMUHB align to the European Alliance for Value in Health, four pillars of VBHC include:

These pillars are crucial for creating a comprehensive and effective healthcare strategy:

1. **Personal Pillar**:
    - **Patient-Centred Care**: This pillar focuses on delivering care that is tailored to individual patient needs and preferences. It emphasizes shared decision-making and ensuring that patients are actively involved in their care process. By prioritizing patient experiences and outcomes, healthcare providers can achieve better health results and higher patient satisfaction.
2. **Technical Pillar**:
    - **Clinical Effectiveness and Efficiency**: This involves using evidence-based practices and technologies to ensure that care is both effective and efficient. It includes the implementation of best practices, continuous quality improvement, and the use of advanced medical technologies to enhance the precision and effectiveness of treatments.
3. **Allocative Pillar**:
    - **Resource Allocation and Cost-Effectiveness**: This pillar focuses on the optimal use of resources to achieve the best possible health outcomes. It involves prioritizing interventions that provide the greatest value and ensuring that resources are distributed equitably to meet the needs of all patients. By allocating resources wisely, healthcare systems can reduce waste and improve overall efficiency.

4. **Social Pillar**:

- **Equity and Population Health**: This pillar emphasizes the importance of addressing social determinants of health and reducing health disparities. It involves creating policies and practices that promote health equity and ensure that all population groups have access to high-quality care. By addressing broader social factors, such as socioeconomic status, education, and environment, healthcare providers can improve the health of entire communities.

These pillars ensure a holistic approach to healthcare, prioritising patient well-being, and fostering a sustainable healthcare system.

Appendix 3

Context

Why Creating Health?

Health Inequalities

Wales' population is the highest it has ever been, but it is also ageing because of falling birth rates and migration. The population is expected to continue to grow and then fall as we move to 2050, although this may be slowed by improvements in life expectancy. However, there is a growing understanding that such improvements are not evenly distributed across different population groups.

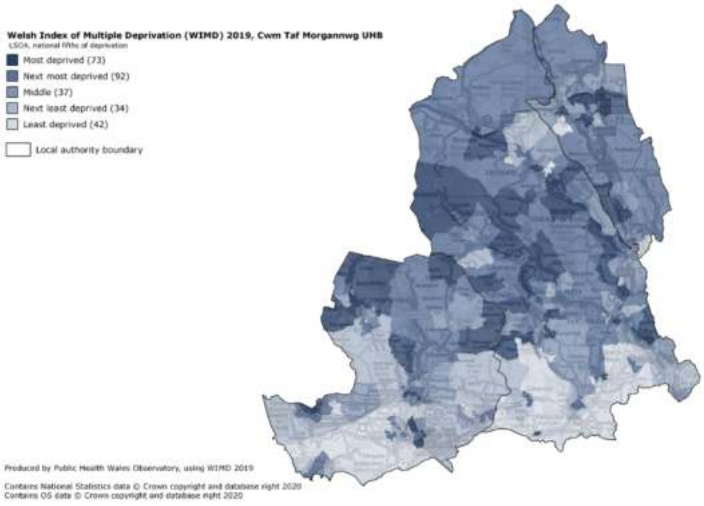
Health inequities are **unfair** and often **avoidable** differences in an individual's health, when comparing different people or groups, that are due to biological, social, geographical or other factors. These factors interact in a dynamic way across the life course and can persist through generations. The key point here is that they are unfair.

The geographical area covered by Cwm Taf Morgannwg University Health Board, comprising Bridgend, Merthyr Tydfil and Rhondda Cynon Taf County Borough Councils, is home to approximately 450,000 people. It is a place of close-knit communities, rich heritage and natural resources, social capital, aspiration and potential.

CTM has, however, a higher percentage of more deprived areas than other Health Board areas in Wales. Over a quarter of Lower Super Output Areas (LSOAs) in CTM are in the most deprived quintile or fifth (20%) of LSOAs in Wales; CTM has the highest proportion of LSOAs (59%) in the most and next most (40%) deprived quintiles when compared with other health boards[1].

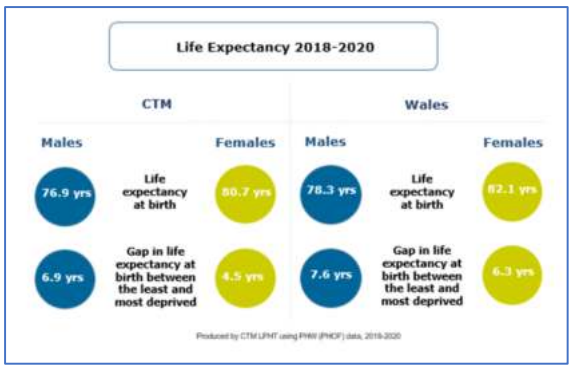
The distribution of deprivation across the Cwm Taf Morgannwg footprint highlights deprivation in the post-industrial areas and valley communities towards the north of the Health Board.

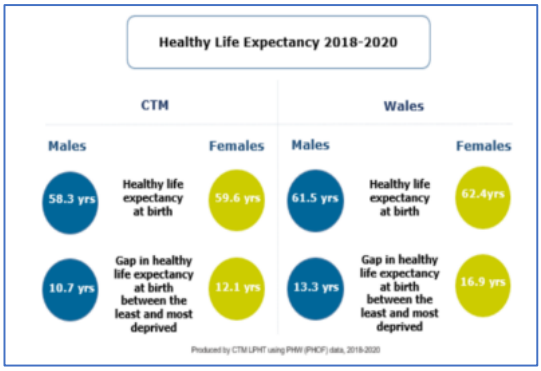
[1] These comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons.



These comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons.

There is a clear association between health and deprivation. Profiles of health behaviours such as smoking, obesity and chronic disease indicate a generally poorer picture within CTM than the Welsh average. Despite promising improvements from the preceding decade, a continuing picture of health inequities within our population remain evident when comparing Life Expectancy and Healthy Life Expectancy across geographical areas within CTM.





Inequalities in health arise because of inequalities in society and the conditions in which people are born, grow, live, work and age – leading to differential levels of vulnerabilities. To change this we need to act on the 'root' causes. These 'root' causes can be thought of as the basic building blocks for health such as good education, good quality housing, fair work, money and resources, social fabric of our communities and our surroundings. Without these, our health and wellbeing are affected, leading to ill-health that is avoidable and unfair.

These underlying levels of deprivation and chronic ill health contributed to CTM experiencing the highest levels of covid-19 infection and mortality in Wales.

Further details of CTM's population, its health risks and outcomes, can be found in the CTM Director of Public Health Report (2023) and Cwm Taf Morgannwg Wellbeing Assessment 2022.

The key point is that these outcomes are inequitable and avoidable. The length of life (life expectancy), as well as the number of years lived in good health (healthy life expectancy) is falling in our most deprived communities (PHW, 2022), particularly for women.

Clearly our intention will be to increase not only life expectancy, but also to maximise the number of years lived in good health. Crucially, the difference between healthy life expectancy and life expectancy is a period of years living in ill-health and a period therefore when there will be an increased health need. By focusing on helping improve healthy lives at every opportunity throughout the life course, this will decrease illness, increase life expectancy and also extend the period of healthy years lived.

Wider Context

Responding to the Climate Emergency

Climate change represents a significant risk to the health board and the health and population we support. If reductive action is not delivered across society, we will see increased demand on our services from extreme weather events, more regular adverse business continuity events and increased air pollution, with impacts on respiratory health in particular. Our infrastructure will require significant investment and adaptation to cope with warmer summer temperatures, milder wetter winters and more intense rainfall events. The action we take to address climate change will lead to many co-benefits to our population including cleaner air, a more physically active population and improved mental well-being.

Changes in Digital Technology

Digital and mobile technology continues to evolve and transform the way we live and work. We need to commit to supporting innovation and research that will allow us to realise the opportunities offered by technology, connect communities and increase productivity. Technology also has powerful potential to radically change the way we work as an effective, modern Health Board.

Connected Communities

Accessible, inclusive services that meet people's needs and the way they lead their lives are essential to reducing inequalities and improving healthy life expectancy. Adequate public transport and digital infrastructure will mean that people can travel to health and care services, access skills and employment opportunities.

Appendix 4
Current performance against KPIs
CTM Population Health Outcome Measures;

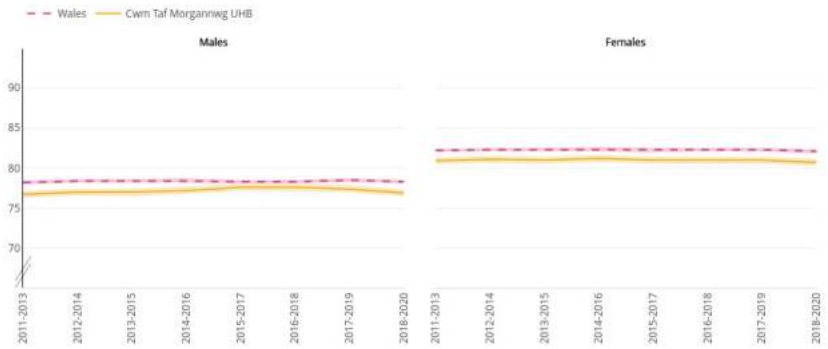
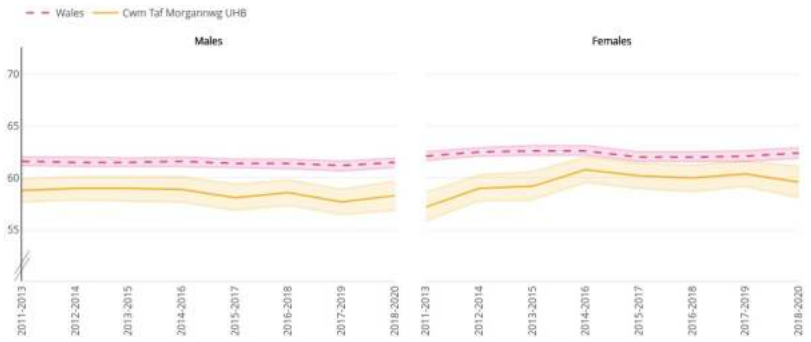
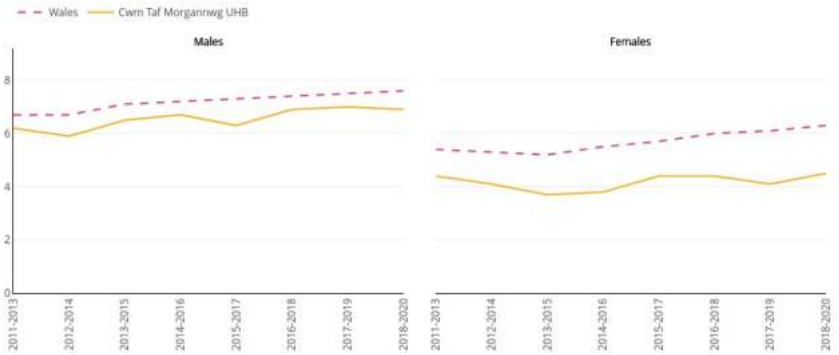
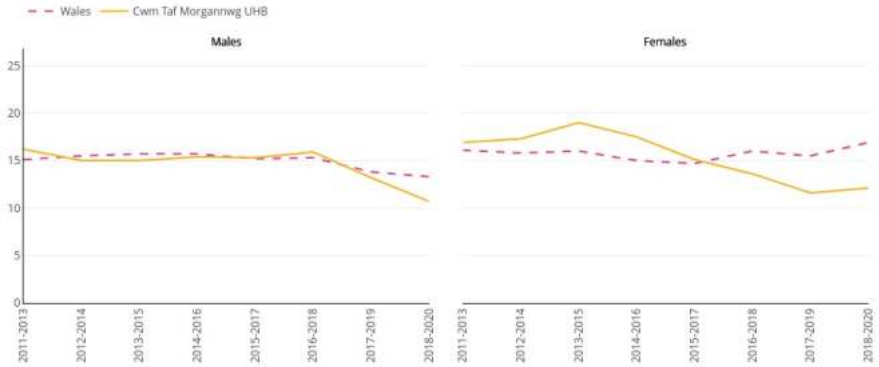
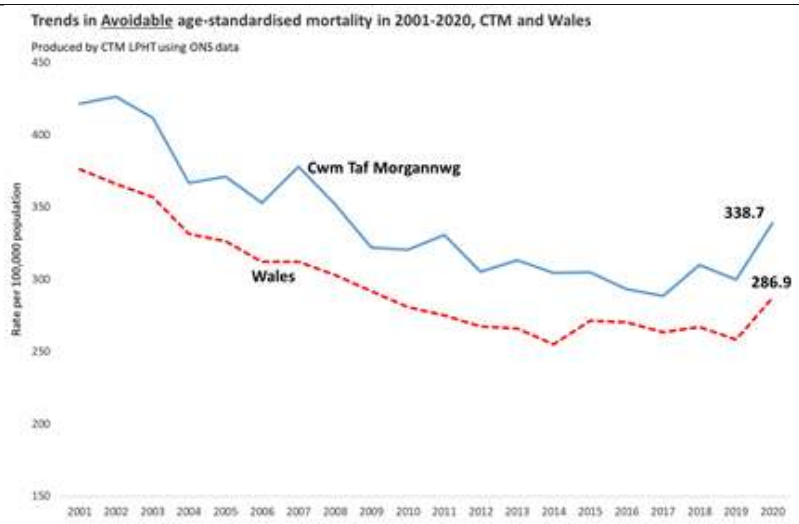
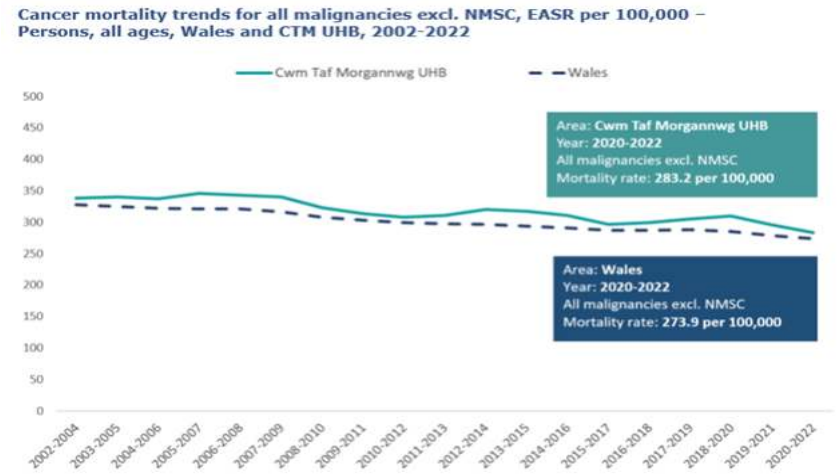
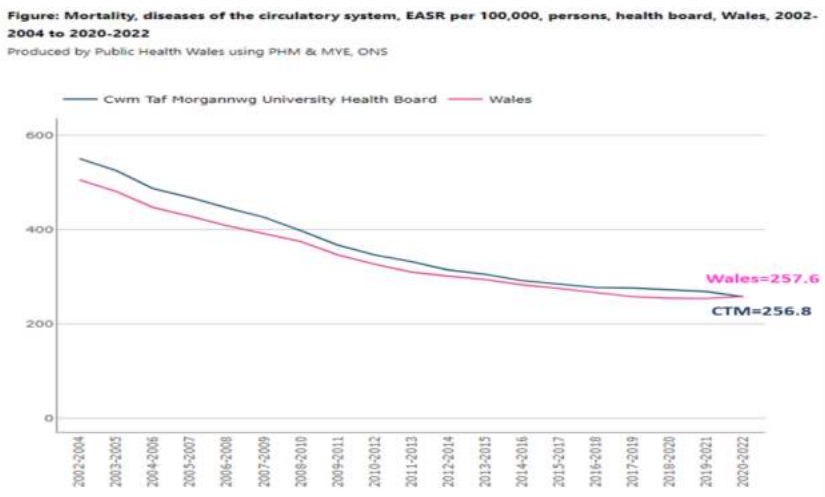
S/N	Goal	Update frequency
1a	By 2030, in men and women in CTM, Life Expectancy at birth matches the Wales average **Figure: Life expectancy at birth, years, males and females, Wales, Health Board, 2011-2013 to 2018-2020** Produced by Public Health Wales using APS, 2011 Census, PHM, MYE (ONS)  Current values for CTM: Males – 76.9, Females – 80.7, Wales: Males – 78.3, Females – 82.1	Annual
1b	By 2030, in men and women in CTM, Healthy Life Expectancy at birth matches the Wales average **Figure: Healthy life expectancy at birth, years, males and females, Wales, Health Board, 2011-2013 to 2018-2020** Produced by Public Health Wales using APS, 2011 Census, PHM, MYE (ONS)  Current values for CTM: Males – 58.3, Females – 59.6, Wales: Males – 61.5, Females – 62.4	Annual
2a	By 2030, the absolute difference in Life Expectancy at birth between the most and least deprived population quintiles in CTM has been reduced by 20%	Annual

	Figure: The gap in life expectancy at birth between the most and least deprived, years, males and females, Wales, Health Board, 2011-2013 to 2018-2020 Produced by Public Health Wales using APS, 2011 Census, PHM, MYE (ONS)  Current values for CTM: Males – 6.9, Females – 4.5	
2b	By 2030, the absolute difference in Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20% **Figure: (NI) The gap in healthy life expectancy at birth between the most and least deprived, years, males and females, Wales, Health Board, 2011-2013 to 2018-2020** Produced by Public Health Wales using APS, 2011 Census, PHM, MYE (ONS)  Current values for CTM: Males – 10.7, Females – 12.1	Annual
3	By 2030 Avoidable Mortality in CTM matches the Wales average	Annual

		
4	By 2030, cardiovascular and cancer mortality in CTM matches the Wales average  	Annual
5a	By 2030, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births	Annual

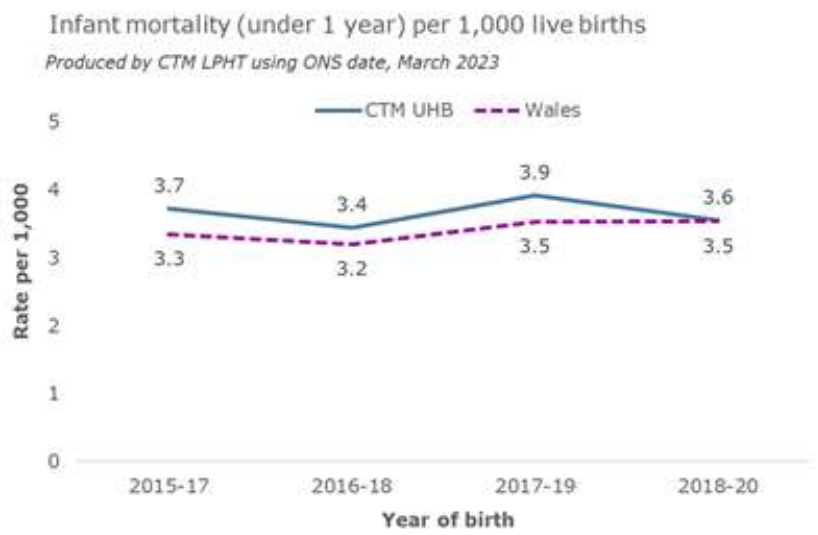
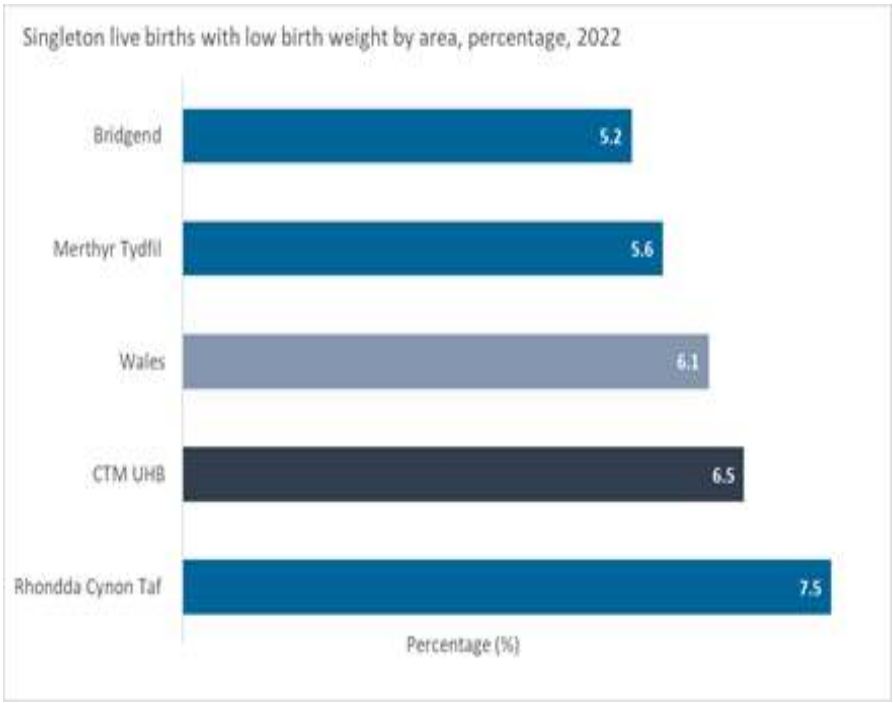
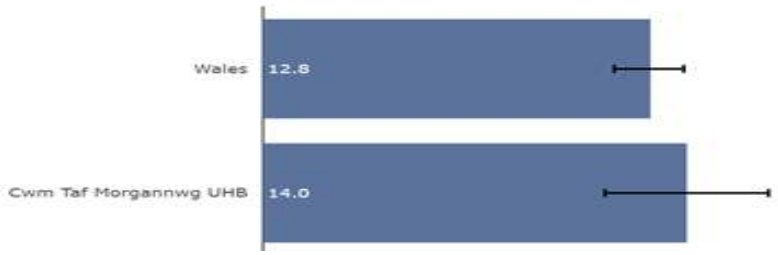
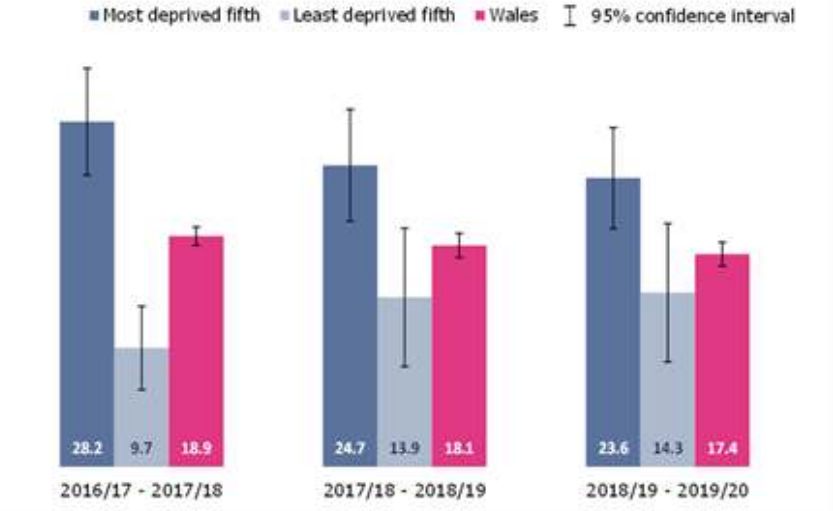
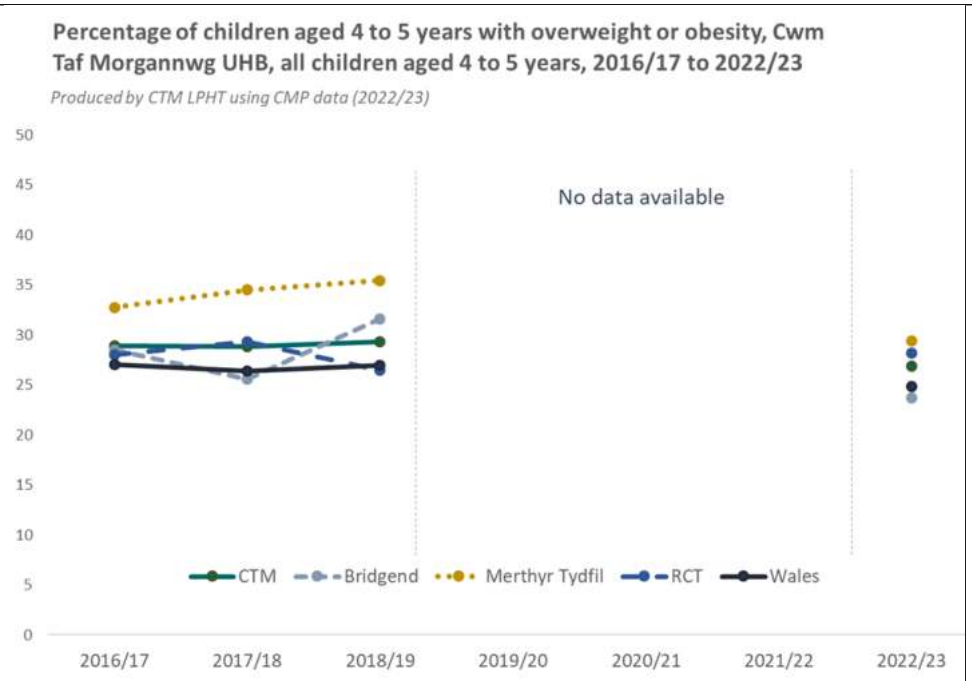
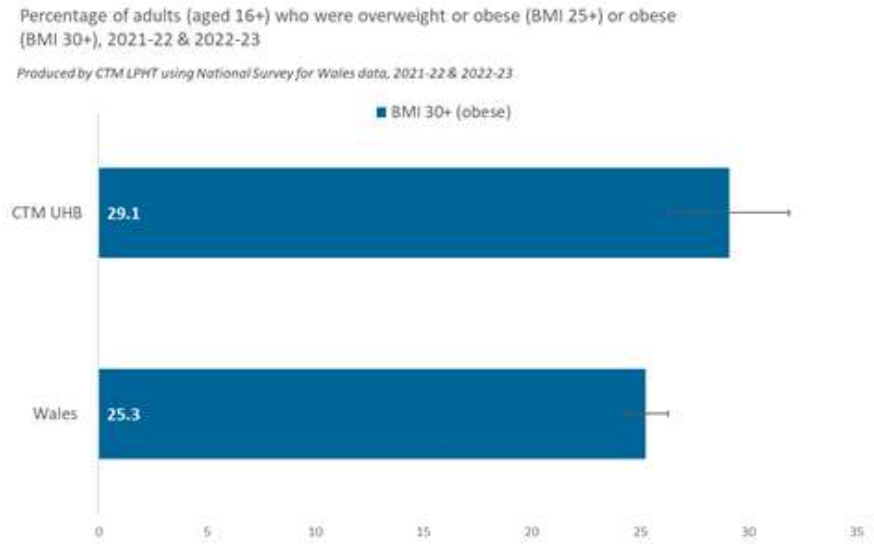
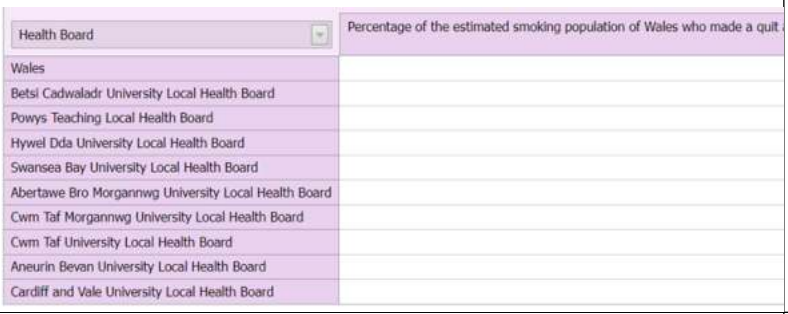
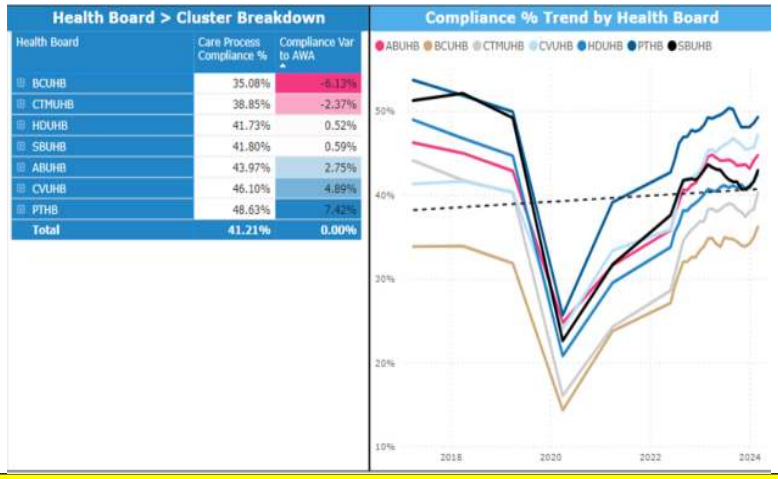
		
5b	By 2030, percentage of Low Birth Weight (LBW) is lower than Wales average (6.1% in 2020) 	Annual
6a	By 2030, the smoking prevalence in CTM is down to 5%	Annual

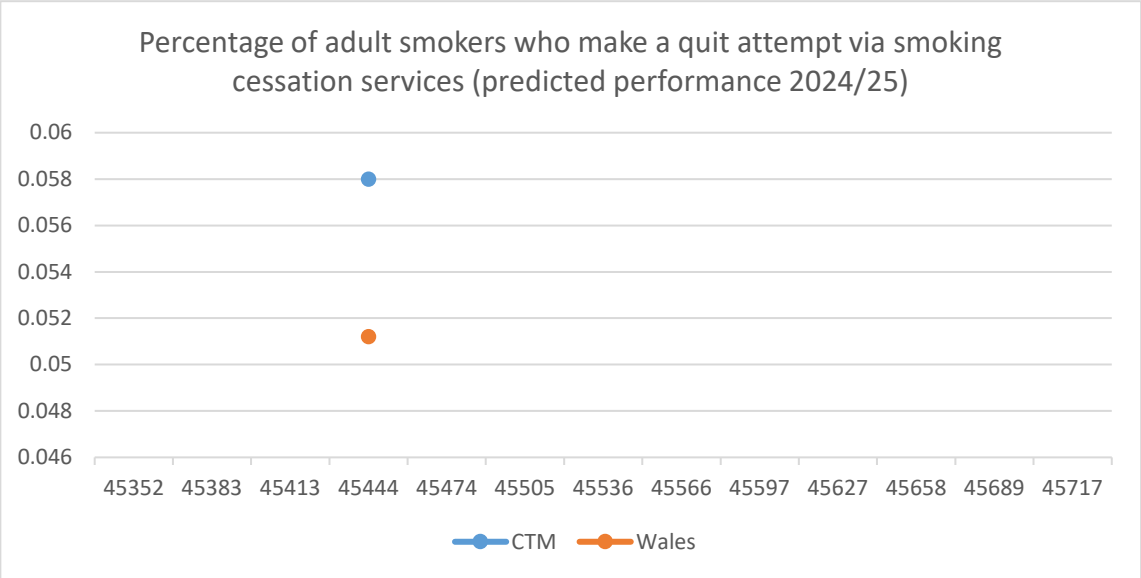
	Figure: Adults who smoke, age-standardised percentage, persons aged 16+, Wales, Health Board, 2022/2023 Produced by Public Health Wales using NSfW (WG) 	
6b	By 2030, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated **Adult smoking prevalence, age standardised percentage, persons aged 16+, Cwm Taf Morgannwg, by deprivation fifth, 2016/17 - 2019/20** Produced by Public Health Wales Observatory, using NSW (WG) 	Annual
7a	By 2030, the percentage of 4-5 year olds starting school at a healthy weight will increase	Annual

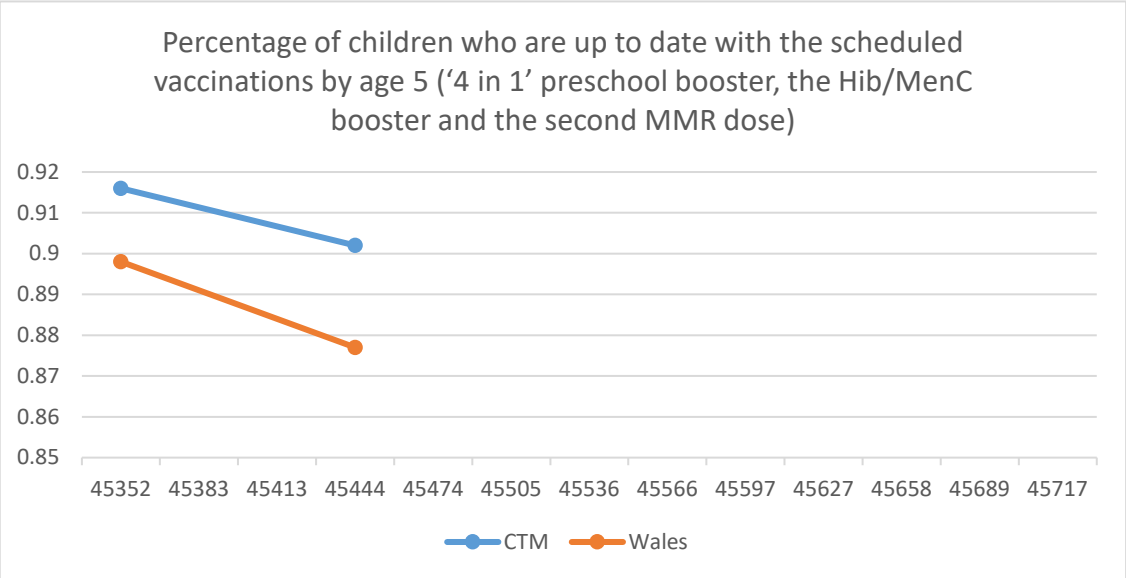
	 Note: Due to there being no data since 2018/19 it is difficult to accurately comment on the current trend	
7b	By 2030, the percentage of adults who are obese will decrease 	Annual

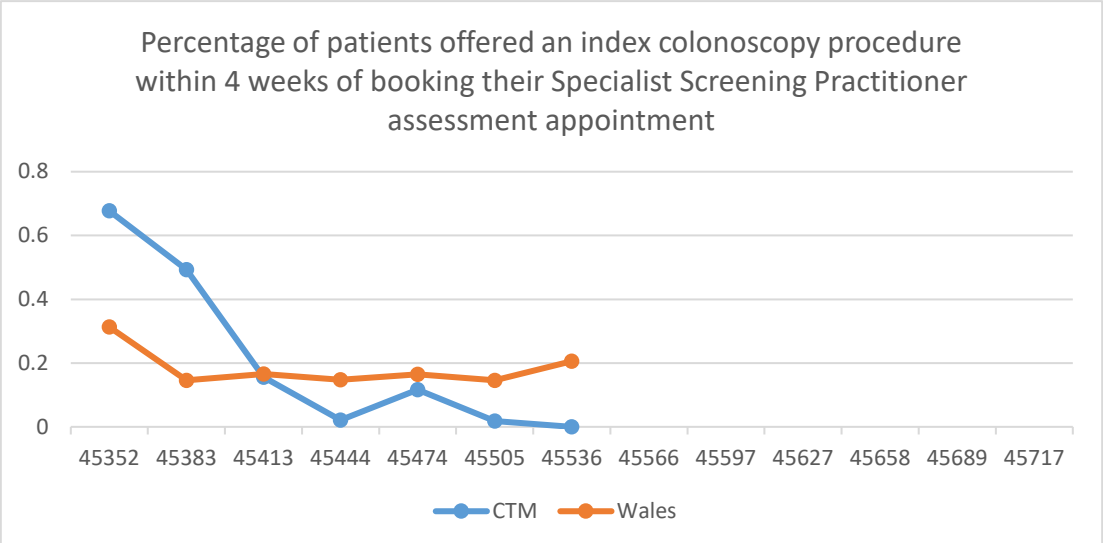
Appendix 5 NHS performance Framework Measures 2024/25;

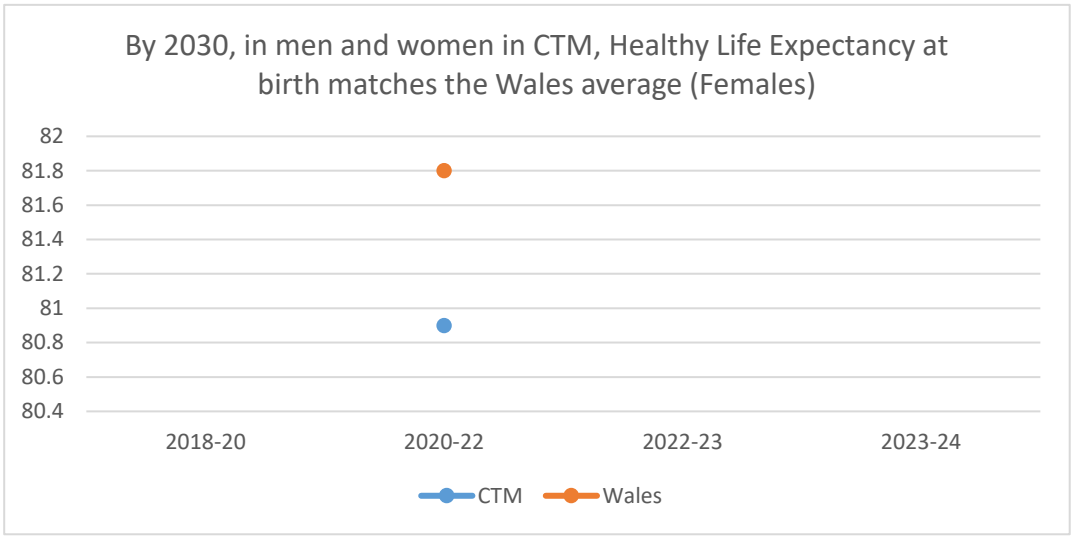
Measure		Target	Update frequency
Smoking			
1	Percentage of adult smokers who make a quit attempt via smoking cessation services  	5% annual target	Annual
2	Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks TBC		Annual
Diabetes			
3	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes  	Improvement of 2.5% against 2020/21 baseline	Quarterly
Substance Misuse			
4	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol) TBC	4 quarter reduction trend	TBC
Vaccinations			
5	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) TBC	95%	Quarterly

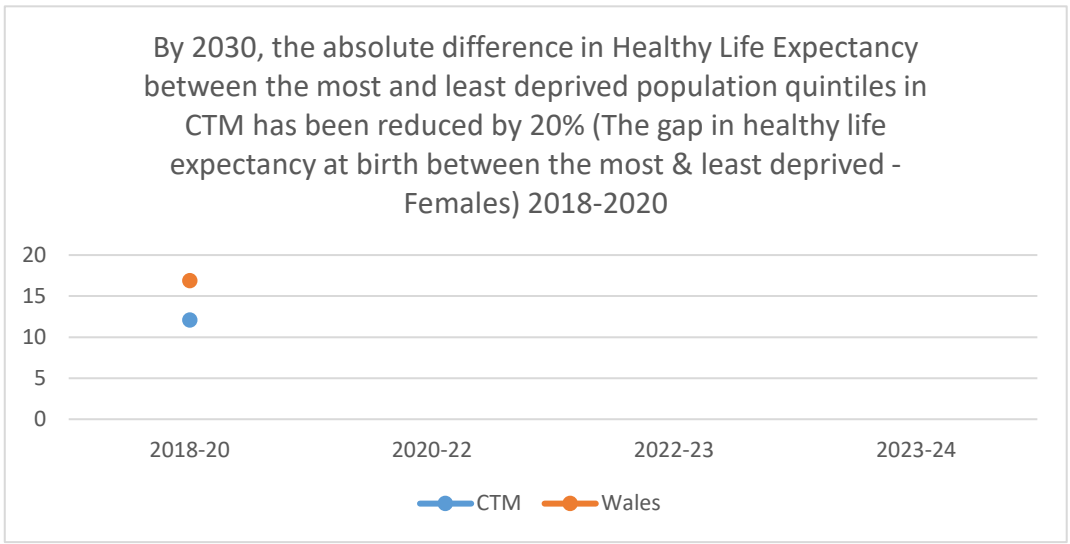
6	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 TBC	90%	Quarterly
7	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over TBC	75%	Annually
8	Percentage uptake of the COVID-19 vaccination for those eligible TBC	75%	Seasonally
Screening			
9	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment TBC		TBC
10	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks TBC		TBC
11	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life TBC		TBC

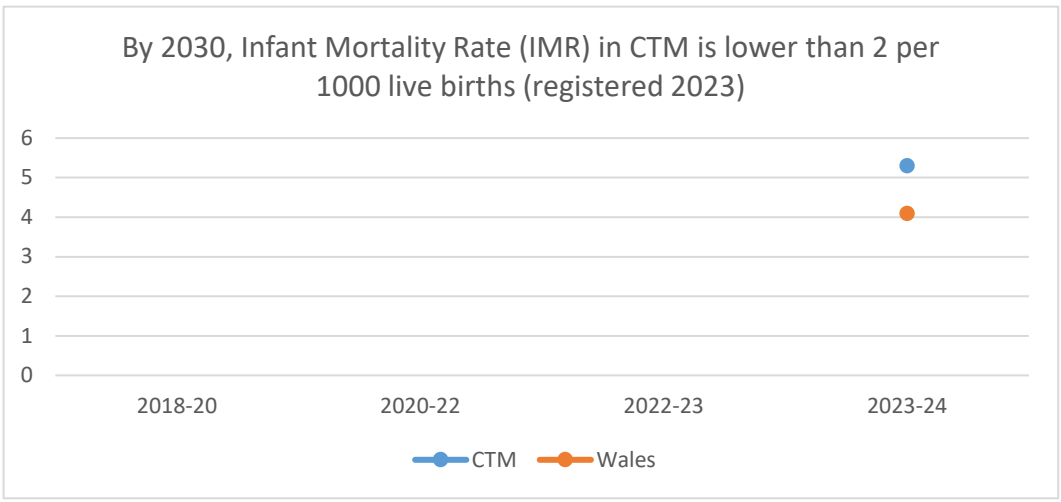

Percentage of adult smokers who make a quit attempt via smoking cessation services (predicted performance 2024/25)
0.06
0.058
0.056
0.054
0.052
0.05
0.048
0.046
45352 45383 45413 45444 45474 45505 45536 45566 45597 45627 45658 45689 45717
CTM
Wales

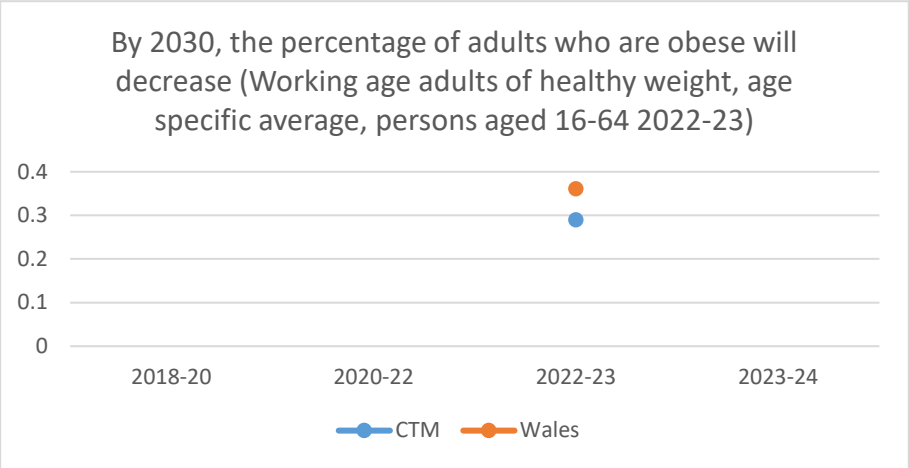

Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)
0.92
0.91
0.9
0.89
0.88
0.87
0.86
0.85
45352 45383 45413 45444 45474 45505 45536 45566 45597 45627 45658 45689 45717
CTM
Wales

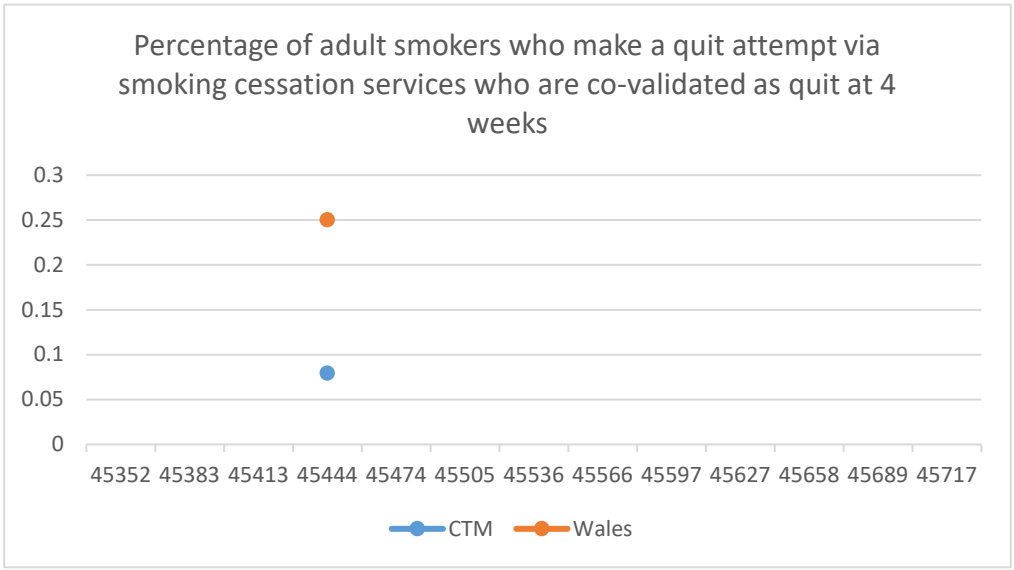

Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment
0.8
0.6
0.4
0.2
0
45352 45383 45413 45444 45474 45505 45536 45566 45597 45627 45658 45689 45717
CTM
Wales

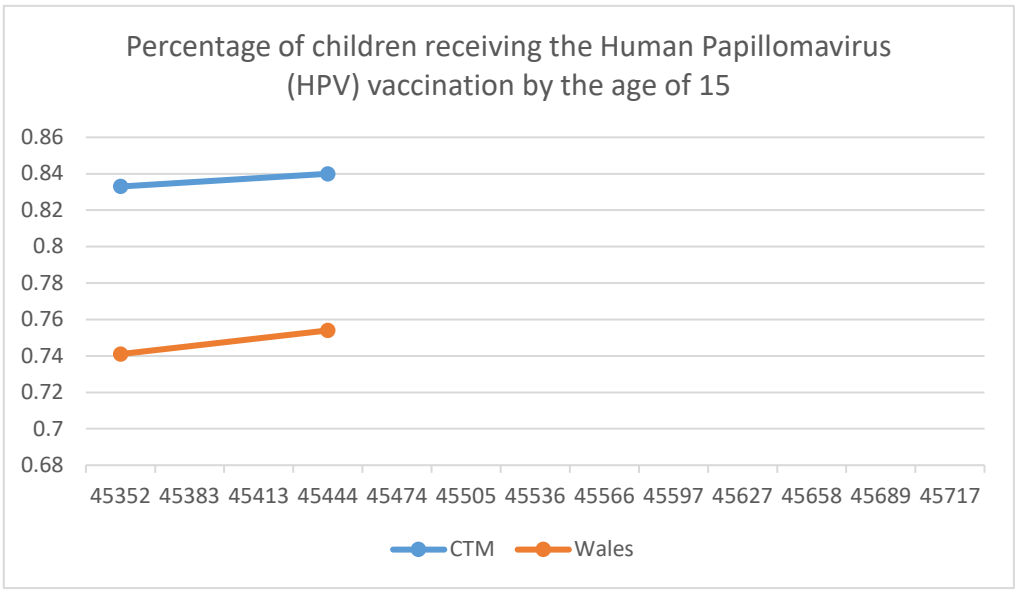

By 2030, in men and women in CTM, Healthy Life Expectancy at birth matches the Wales average (Females)
82
81.8
81.6
81.4
81.2
81
80.8
80.6
80.4
2018-20
2020-22
2022-23
2023-24
CTM
Wales

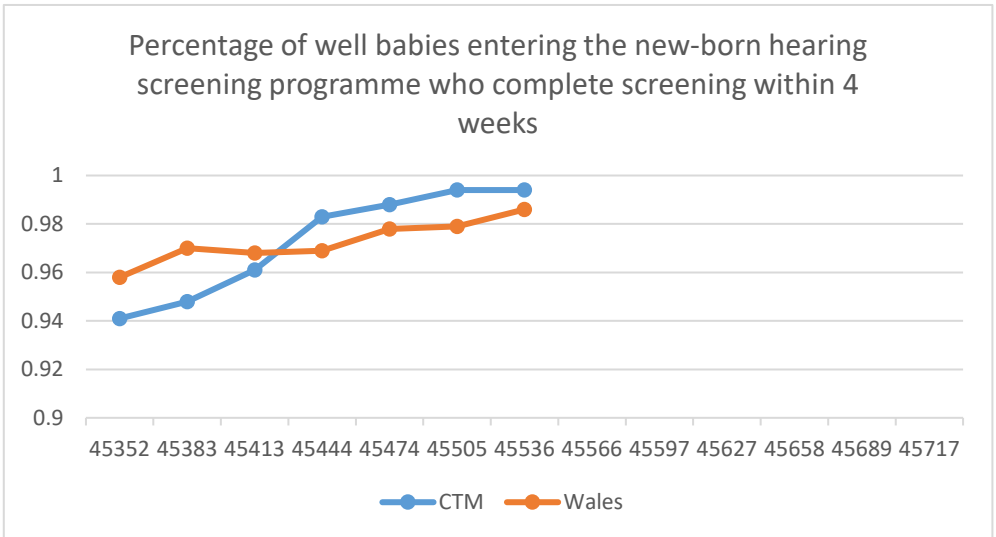

By 2030, the absolute difference in Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20% (The gap in healthy life expectancy at birth between the most & least deprived - Females) 2018-2020
20
15
10
5
0
2018-20
2020-22
2022-23
2023-24
CTM
Wales

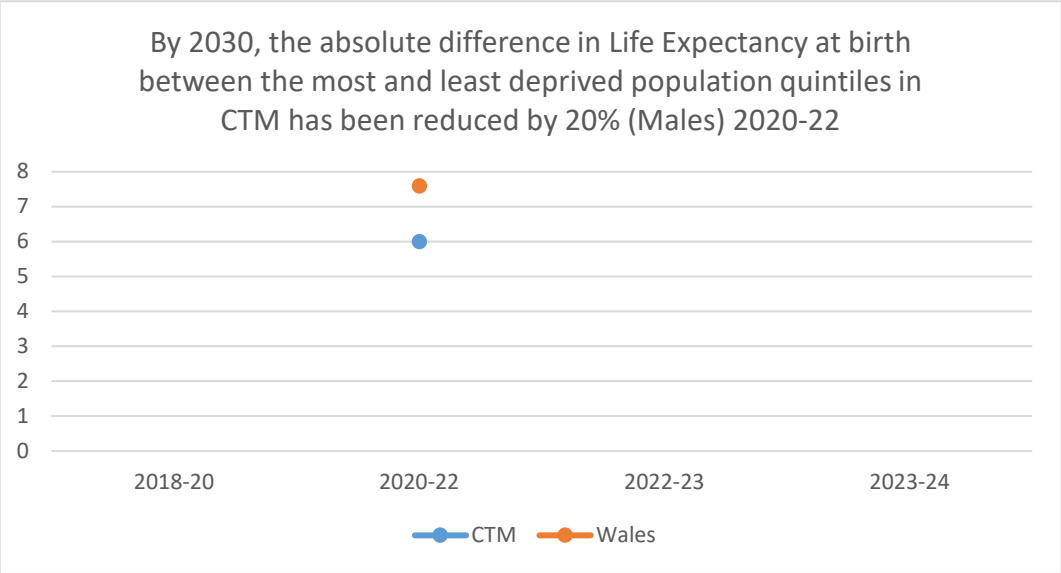

By 2030, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births (registered 2023)
6
5
4
3
2
1
0
2018-20
2020-22
2022-23
2023-24
CTM
Wales

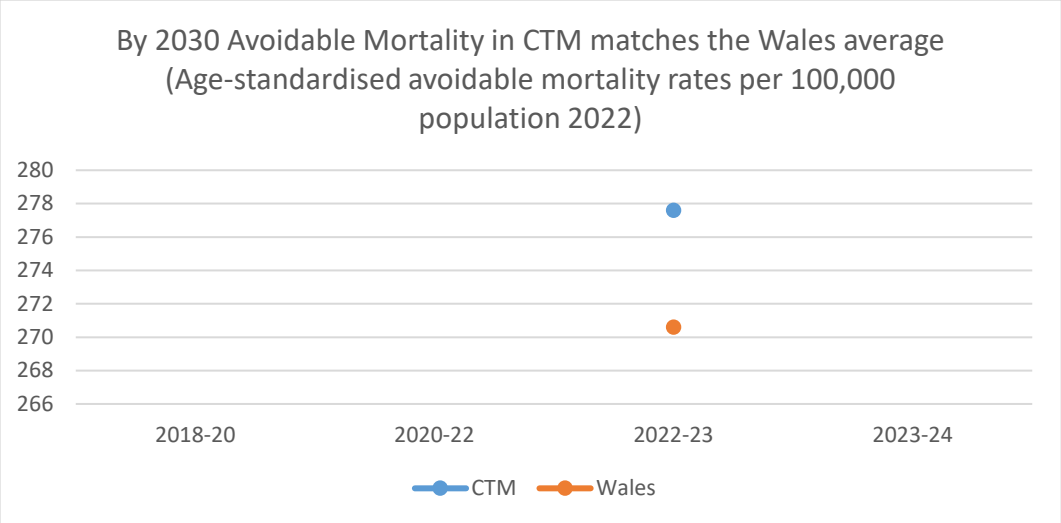

By 2030, the percentage of adults who are obese will decrease (Working age adults of healthy weight, age specific average, persons aged 16-64 2022-23)
0.4
0.3
0.2
0.1
0
2018-20
2020-22
2022-23
2023-24
CTM
Wales

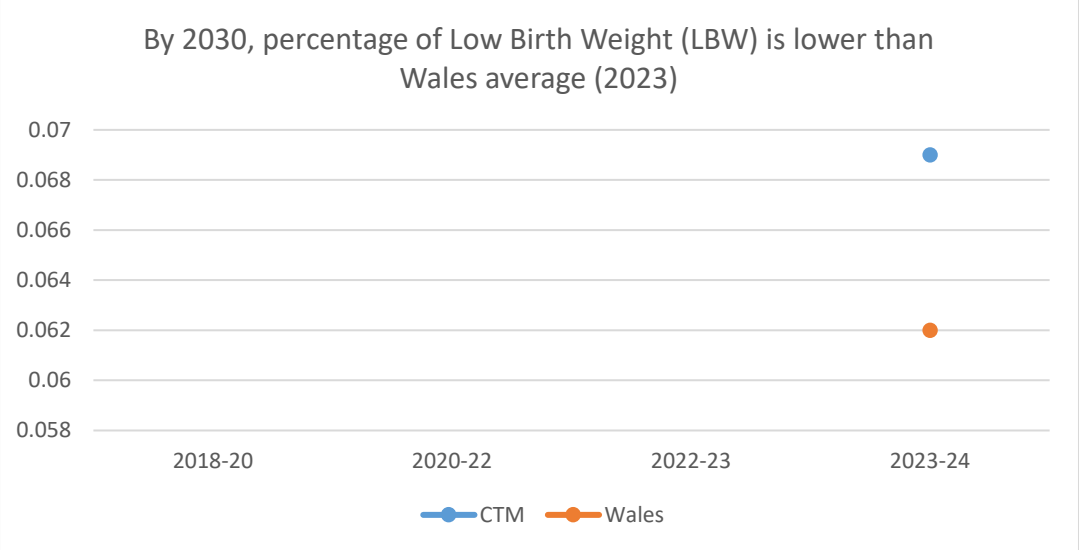

Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks
0.3
0.25
0.2
0.15
0.1
0.05
0
45352 45383 45413 45444 45474 45505 45536 45566 45597 45627 45658 45689 45717
CTM
Wales

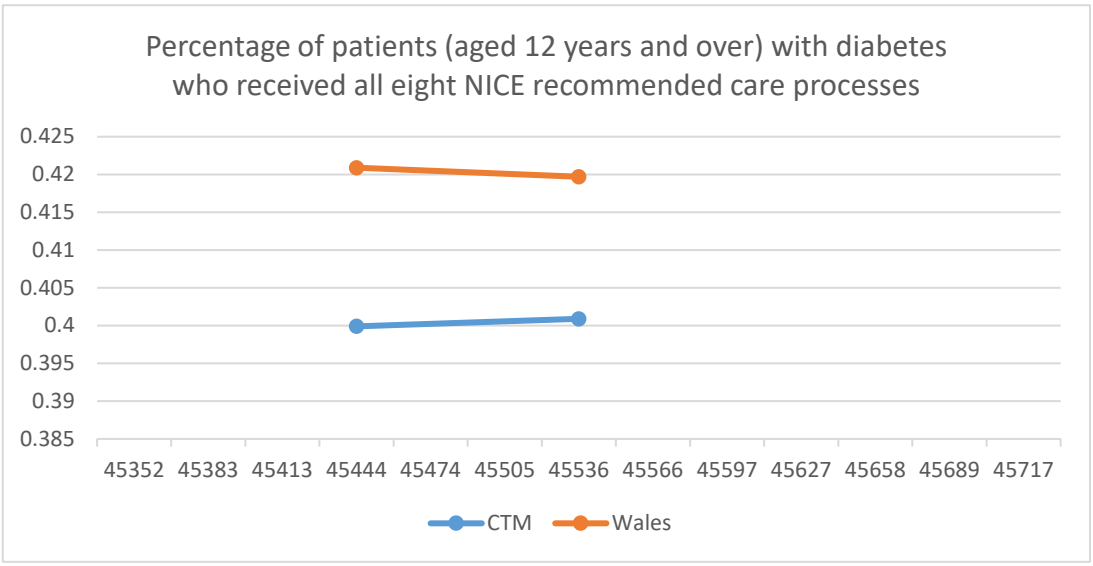

Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15
0.86
0.84
0.82
0.8
0.78
0.76
0.74
0.72
0.7
0.68
45352 45383 45413 45444 45474 45505 45536 45566 45597 45627 45658 45689 45717
CTM
Wales

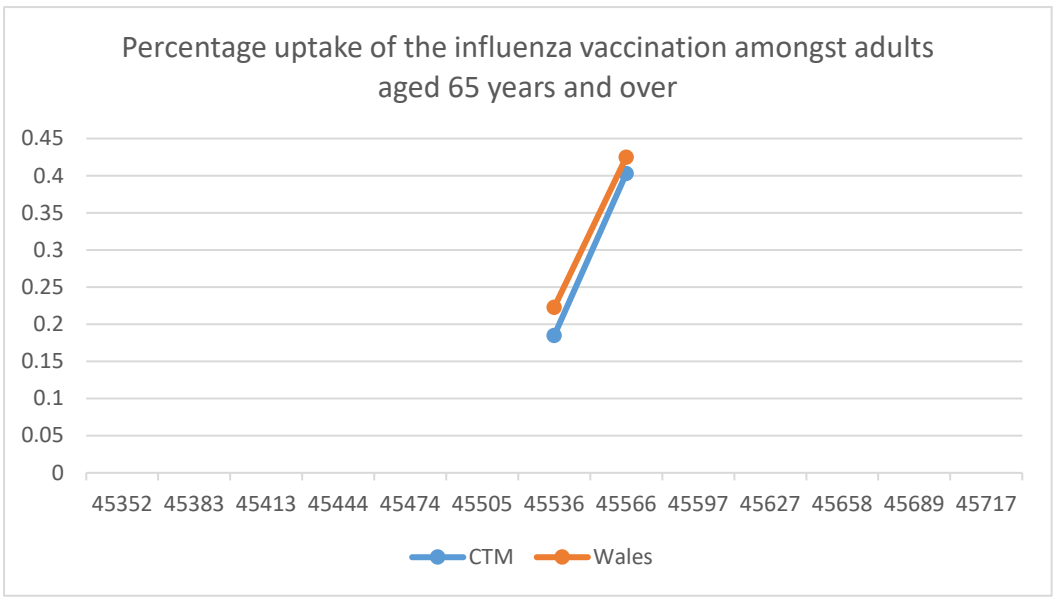

Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks
1
0.98
0.96
0.94
0.92
0.9
45352 45383 45413 45444 45474 45505 45536 45566 45597 45627 45658 45689 45717
CTM
Wales

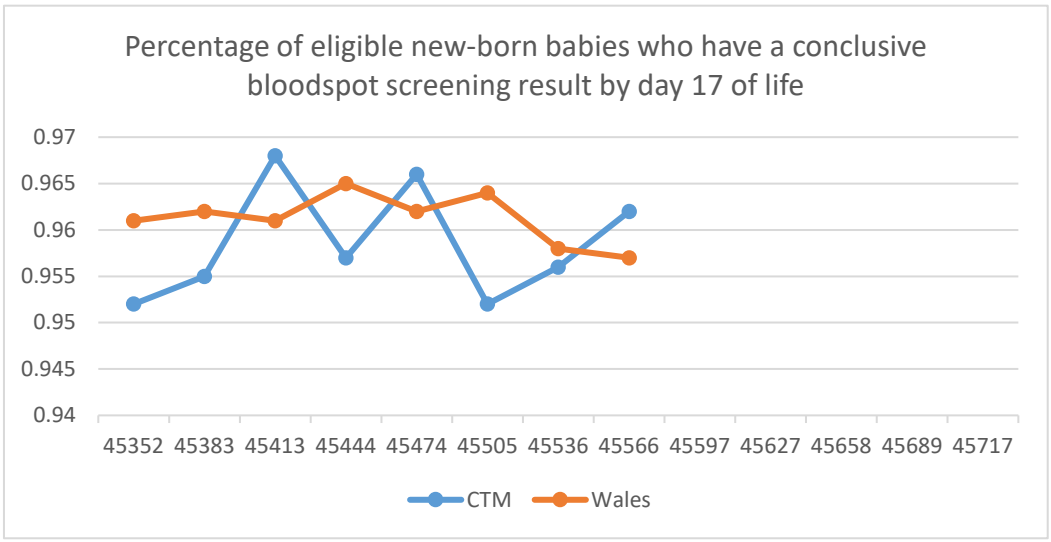

By 2030, the absolute difference in Life Expectancy at birth between the most and least deprived population quintiles in CTM has been reduced by 20% (Males) 2020-22
8
7
6
5
4
3
2
1
0
2018-20
2020-22
2022-23
2023-24
CTM
Wales

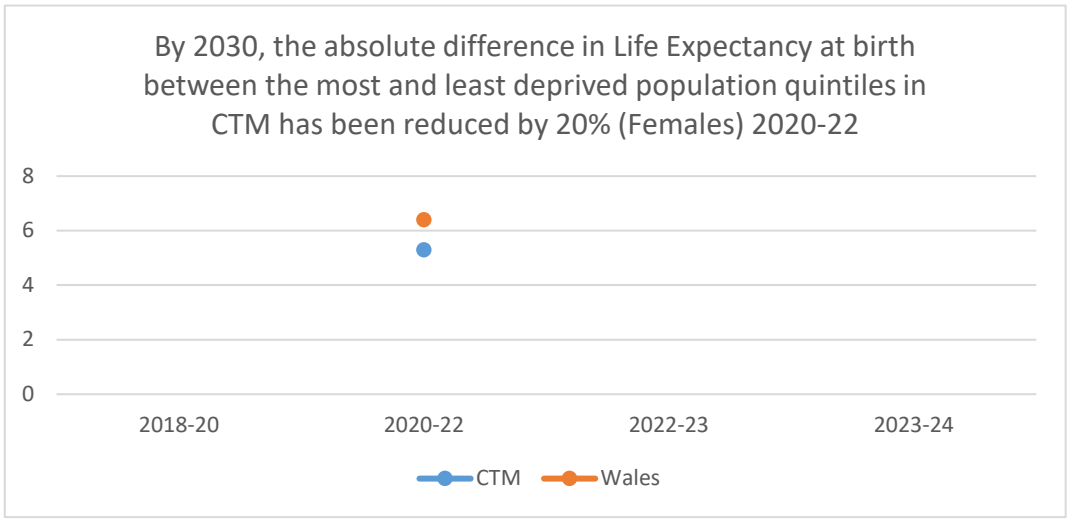

By 2030 Avoidable Mortality in CTM matches the Wales average (Age-standardised avoidable mortality rates per 100,000 population 2022)
280
278
276
274
272
270
268
266
2018-20
2020-22
2022-23
2023-24
CTM
Wales

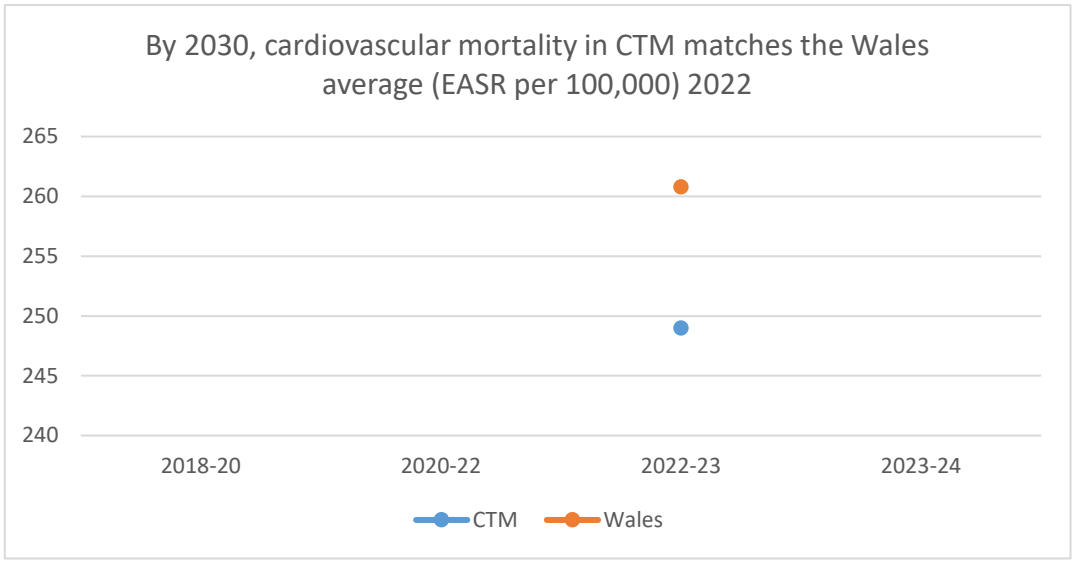

By 2030, percentage of Low Birth Weight (LBW) is lower than Wales average (2023)
0.07
0.068
0.066
0.064
0.062
0.06
0.058
2018-20
2020-22
2022-23
2023-24
CTM
Wales

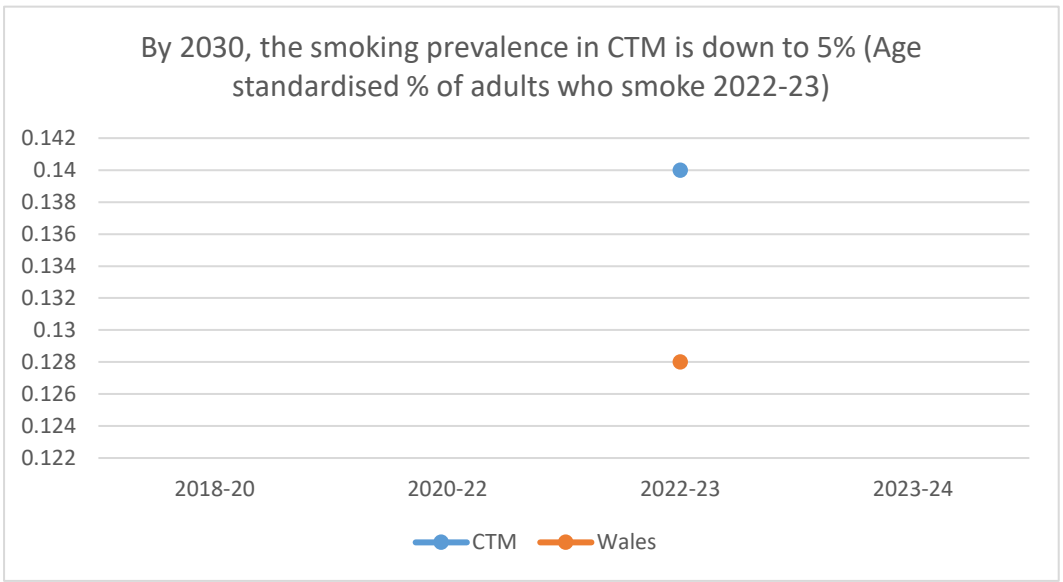

Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes
0.425
0.42
0.415
0.41
0.405
0.4
0.395
0.39
0.385
45352 45383 45413 45444 45474 45505 45536 45566 45597 45627 45658 45689 45717
CTM
Wales

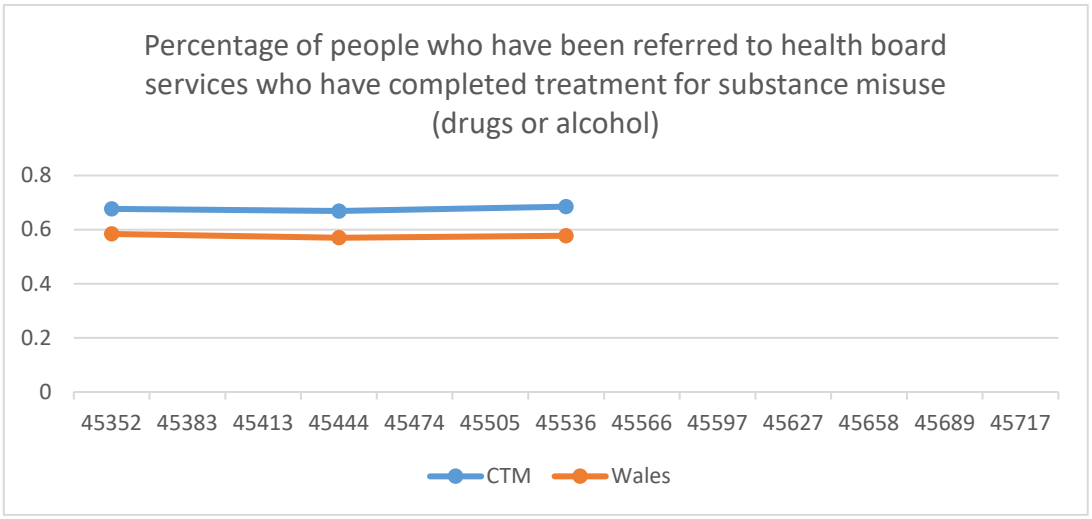

Percentage uptake of the influenza vaccination amongst adults aged 65 years and over
0.45
0.4
0.35
0.3
0.25
0.2
0.15
0.1
0.05
0
45352 45383 45413 45444 45474 45505 45536 45566 45597 45627 45658 45689 45717
CTM
Wales

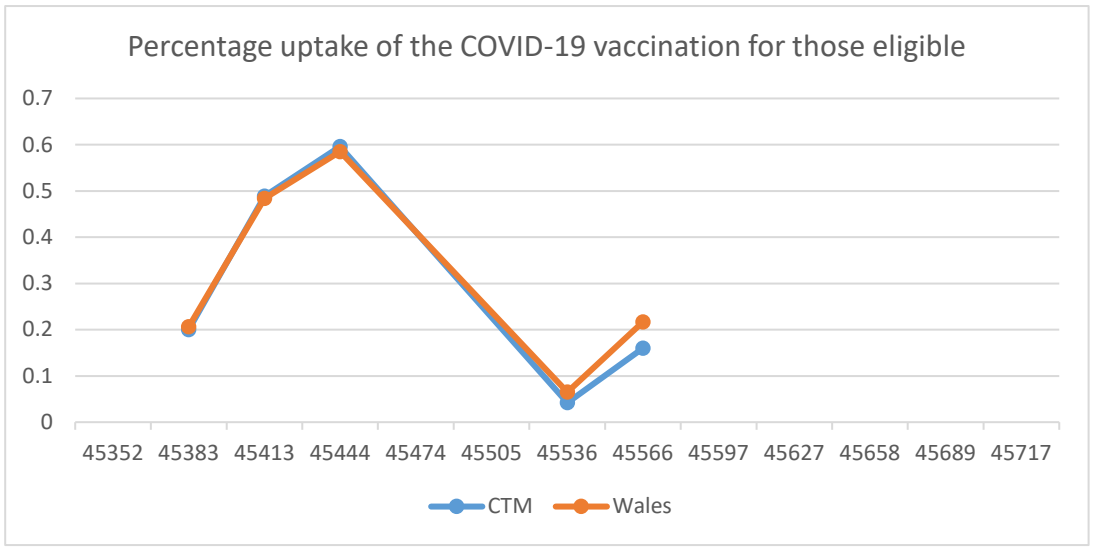

Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life
0.97
0.965
0.96
0.955
0.95
0.945
0.94
45352 45383 45413 45444 45474 45505 45536 45566 45597 45627 45658 45689 45717
CTM
Wales

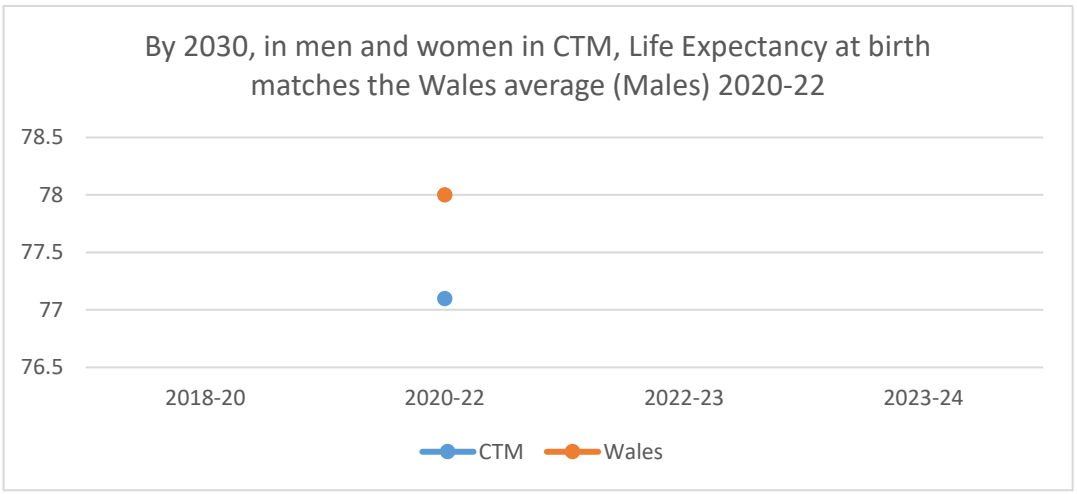

By 2030, the absolute difference in Life Expectancy at birth between the most and least deprived population quintiles in CTM has been reduced by 20% (Females) 2020-22
8
6
4
2
0
2018-20
2020-22
2022-23
2023-24
CTM
Wales

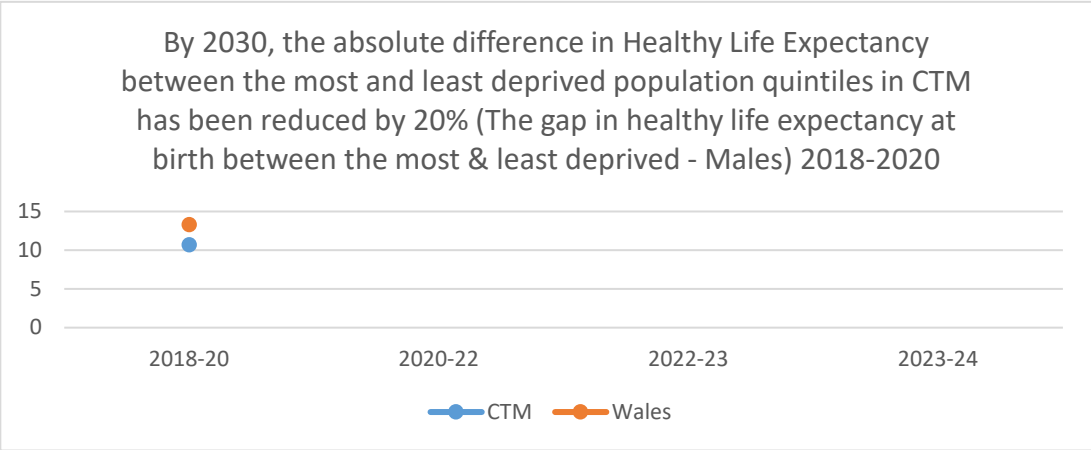

By 2030, cardiovascular mortality in CTM matches the Wales average (EASR per 100,000) 2022
265
260
255
250
245
240
2018-20
2020-22
2022-23
2023-24
CTM
Wales

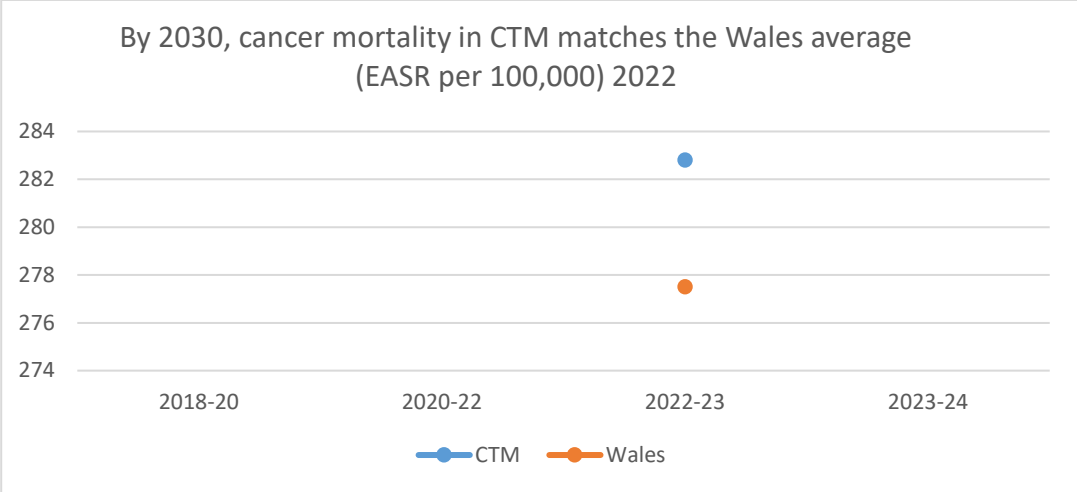

By 2030, the smoking prevalence in CTM is down to 5% (Age standardised % of adults who smoke 2022-23)
0.142
0.14
0.138
0.136
0.134
0.132
0.13
0.128
0.126
0.124
0.122
2018-20
2020-22
2022-23
2023-24
CTM
Wales

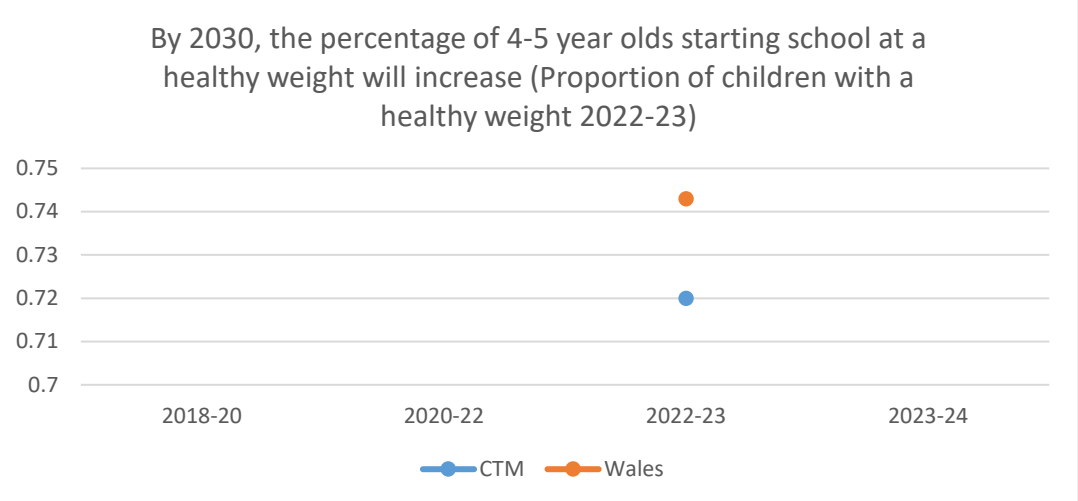

Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)
0.8
0.6
0.4
0.2
0
45352 45383 45413 45444 45474 45505 45536 45566 45597 45627 45658 45689 45717
CTM
Wales


Percentage uptake of the COVID-19 vaccination for those eligible
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
45352 45383 45413 45444 45474 45505 45536 45566 45597 45627 45658 45689 45717
CTM
Wales


By 2030, in men and women in CTM, Life Expectancy at birth matches the Wales average (Males) 2020-22
78.5
78
77.5
77
76.5
2018-20
2020-22
2022-23
2023-24
CTM
Wales


By 2030, the absolute difference in Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20% (The gap in healthy life expectancy at birth between the most & least deprived - Males) 2018-2020
15
10
5
0
2018-20
2020-22
2022-23
2023-24
CTM
Wales


By 2030, cancer mortality in CTM matches the Wales average (EASR per 100,000) 2022
284
282
280
278
276
274
2018-20
2020-22
2022-23
2023-24
CTM
Wales


By 2030, the percentage of 4-5 year olds starting school at a healthy weight will increase (Proportion of children with a healthy weight 2022-23)
0.75
0.74
0.73
0.72
0.71
0.7
2018-20
2020-22
2022-23
2023-24
CTM
Wales

	Percentage of adult		Percentage of adult		Percentage of		Percentage of people		Percentage of		Percentage of		Percentage uptake of		Percentage uptake of		Percentage of		Percentage of well		Percentage of eligible new-	
	CTM	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**
Jan-24																	4.80%	22.30%	97.20%	94.50%	98.20%	95.10%
Feb-24																	8.40%	25.20%	98.30%	97.70%	96.60%	95.90%
Mar-24							67.70%	58.40%	91.60%	89.80%	83.30%	74.10%					67.70%	31.30%	94.10%	95.80%	95.20%	96.10%
Apr-24							#N/A	#N/A	#N/A	#N/A	#N/A	#N/A			20.00%	20.60%	49.30%	14.60%	94.80%	97.00%	95.50%	96.20%
May-24							#N/A	#N/A	#N/A	#N/A	#N/A	#N/A			48.90%	48.40%	15.60%	16.60%	96.10%	96.80%	96.80%	96.10%
Jun-24	5.80%	5.12%	7.95%	25.03%	39.99%	42.09%	66.90%	57.00%	90.20%	87.70%	84.00%	75.40%			59.60%	58.50%	2.10%	14.80%	98.30%	96.90%	95.70%	96.50%
Jul-24					#N/A	#N/A	#N/A	#N/A							#N/A	#N/A	11.70%	16.50%	98.80%	97.80%	96.60%	96.20%
Aug-24					#N/A	#N/A	#N/A	#N/A							#N/A	#N/A	1.80%	14.60%	99.40%	97.90%	95.20%	96.40%
Sep-24					40.09%	41.97%	68.50%	57.70%					18.50%	22.30%	4.20%	6.50%	0.00%	20.60%	99.40%	98.60%	95.60%	95.80%
Oct-24													40.30%	42.50%	16.00%	21.70%					96.20%	95.70%
Nov-24																						
Dec-24																						
Jan-25																						
Feb-25																						
Mar-25																						
Apr-25																						
May-25																						
Jun-25																						
Jul-25																						
Aug-25																						
Sep-25																						
Oct-25																						
Nov-25																						
Dec-25																						

	By 2030, in men and women in CTM, Life Expectancy at birth matches the Wales average (Males) 2020-22		By 2030, in men and women in CTM, Healthy Life Expectancy at birth matches the Wales average (Females)		By 2030, the absolute difference in Life Expectancy at birth between the most and least deprived population quintiles in CTM has been reduced by 20% (Males) 2020-22		By 2030, the absolute difference in Life Expectancy at birth between the most and least deprived population quintiles in CTM has been reduced by 20% (Females) 2020-22		By 2030, the absolute difference in Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20% (The gap in healthy life expectancy at birth between the most & least deprived - Males) 2018-2020		By 2030, the absolute difference in Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20% (The gap in healthy life expectancy at birth between the most & least deprived - Females) 2018-2020		By 2030 Avoidable Mortality in CTM matches the Wales average (Age-standardised avoidable mortality rates per 100,000 population 2022)		By 2030, cardiovascular mortality in CTM matches the Wales average (EASR per 100,000) 2022		By 2030, cancer mortality in CTM matches the Wales average (EASR per 100,000) 2022		By 2030, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births (registered 2023)		By 2030, percentage of Low Birth Weight (LBW) is lower than Wales average (2023)		By 2030, the smoking prevalence in CTM is down to 5% (Age standardised % of adults who smoke 2022-23)		By 2030, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated	By 2030, the percentage of 4-5 year olds starting school at a healthy weight will increase (Proportion of children with a healthy weight 2022-23)		By 2030, the percentage of adults who are obese will decrease (Working age adults of healthy weight, age specific average, persons aged 16-64 2022-23)	
	CTM	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**CTM**	**Wales**	**no data**	**CTM**	**Wales**	**CTM**	**Wales**
2018-20									10.7	13.3	12.1	16.9																		
2020-22	77.1	78	80.9	81.8	6.0	7.6	5.3	6.4																						
2022-23													277.6	270.6	249	260.8	282.8	277.5					14.00%	12.80%		72.00%	74.30%	29.00%	36.10%
2023-24																			5.3	4.1	6.90%	6.20%							

ID	Measure	Target	Update frequency	PHW contact
Smoking				
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Annual	chris.emmerson@wales.nhs.uk (PH Consultant)
2	Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks	Annual		chris.emmerson@wales.nhs.uk (PH Consultant)
Diabetes				
3	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Improvement of 2.5% against 2020/21 baseline	Quarterly	DIVA dashboard (NHSE): https://app.powerbi.com/groups/me/reports/39ba2ecf-c9ff-4f07-af45-f7307d06c8a1/ReportSection8cdba7ec16060738837e?experience=power-bi
Substance Misuse				
4	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 quarter reduction trend	TBC	rick.lines@wales.nhs.uk (Head of Programme Substance Misuse)
Vaccinations				
5	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)	?	Quarterly	simon.cottrell@wales.nhs.uk (Scientific Lead/ Senior Principal Epidemiologist)
6	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15		Quarterly	simon.cottrell@wales.nhs.uk (Scientific Lead/ Senior Principal Epidemiologist)
7	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	Annually	simon.cottrell@wales.nhs.uk (Scientific Lead/ Senior Principal Epidemiologist)
8	Percentage uptake of the COVID-19 vaccination for those eligible	75%	Seasonally	simon.cottrell@wales.nhs.uk (Scientific Lead/ Senior Principal Epidemiologist)

Screening				
9	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment		TBC	sikha.desouza@wales.nhs.uk (PH Consultant)
10	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks		TBC	sikha.desouza@wales.nhs.uk (PH Consultant)
11	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life		TBC	sikha.desouza@wales.nhs.uk (PH Consultant)

ID	Measure		NL Comment
1a	By 2030, in men and women in CTM, Life Expectancy at birth matches the Wales average	Annual	PH Outcomes Framework dashboard: https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/
1b	By 2030, in men and women in CTM, Healthy Life Expectancy at birth matches the Wales average	Annual	PH Outcomes Framework dashboard: https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/
2a	By 2030, the absolute difference in Life Expectancy at birth between the most and least deprived population quintiles in CTM has been reduced by 20%	Annual	PH Outcomes Framework dashboard: https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/
2b	By 2030, the absolute difference in Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20%	Annual	PH Outcomes Framework dashboard: https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/
3	By 2030 Avoidable Mortality in CTM matches the Wales average	Annual	PCC dashboard: https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/pcc-dashboard/
4	By 2030, cardiovascular and cancer mortality in CTM matches the Wales average (NL Note: EASR per 100k all circulatory diseases; cancer)	Annual	PCC dashboard: https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/pcc-dashboard/
5a	By 2030, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births	Annual	I don't think annual data are routinely available
5b	By 2030, percentage of Low Birth Weight (LBW) is lower than Wales average	Annual	PH Outcomes Framework dashboard: https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/
6a	By 2030, the smoking prevalence in CTM is down to 5%	Annual	PH Outcomes Framework dashboard: https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/
6b	By 2030, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated	Annual	Not routinely reported
7a	By 2030, the percentage of 4-5 year olds starting school at a healthy weight will increase	Annual	CMP dashboard: https://publichealthwales.shinyapps.io/ChildMeasurementProgrammeDashboard/
7b	By 2030, the percentage of adults who are obese will decrease	Annual	PH Outcomes Framework dashboard: https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/

Agenda Item
8.1.4

CTM Health Board

Five-Year Strategic Plan for Offering Clinical Consultations in Welsh under Welsh Language Standard 110

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Ben Screen, Welsh Language Lead
Cyflwynydd yr Adroddiad / Report Presenter	Ben Screen, Welsh Language Lead
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

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**
Strategic Development Committee	16/01/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 Cwm Taf Morgannwg University Health Board (CTMUHB) is required by law under the Welsh Language Standards Regulations to publish a five-year strategic plan, every five years, setting out: -

- The extent to which CTMUHB can offer to carry out clinical consultations in Welsh, at the beginning of the five-year period (Standard 110 Part A);
- The actions CTMUHB intends to take to increase its ability to offer to carry out clinical consultations in Welsh (Standard 110 Part B); and
- A timetable for those actions (Standard 110 Part C).

1.2 The Welsh Government's More Than Just Words Five-year Plan 2022-2027 also sets out the planning requirements for the Welsh Language under Action 18 and requires that CTMUHB to produce a workforce and training plan for the gaps in bilingual provision it has identified.

1.3 The baseline in Appendix 1 and the strategic plan in Appendix 2 meet both requirements under the Welsh Language Standards Regulations and the More Than Just Words Five-year Plan.

2. Specific Matters for Consideration

2.1 The detailed baseline set out in Appendix 1 describes the current extent to which CTMUHB can offer clinical consultations in Welsh and where the current gaps in provision are, as of September 2024.

2.2 The strategic actions are identified in Appendix 2, under 19 outcomes: -

1. Improved understanding and implementation of the Active Offer in Primary Care;
2. Improved understanding and implementation of the Active Offer in Secondary & Community Care;
3. Strategic Departmental Workforce Plans that include planning for care in Welsh;
4. Improved levels of Courtesy Welsh;
5. Improved levels of confidence to use the Welsh we have;
6. Managers see learning Welsh as a benefit;
7. Regular strategic planning with national and regional stakeholders for skills development;
8. An annual internal engagement planning grid;
9. Increase in staff recognition for efforts to promote Welsh and patient care in Welsh;
10. Increased inclusion of Welsh in local inductions;
11. Improving understanding of workforce planning for Welsh language skills;

12. Improving the image of CTMUHB as an organisation that values bilingual skills;
13. An internal leadership development offer that encourages the leadership behaviours for Welsh to thrive;
14. Improvement in staff awareness of the Welsh Language Development Service and its offer;
15. Improvement in our patients' knowledge of their statutory language rights, and better engagement with core Welsh language community organisations;
16. Increase in workforce data in non-compliant areas;
17. Stronger link between staff development and staff data to inform planning;
18. Dynamic data dashboard of skills to inform continuous strategic planning; and
19. Screening changes and service development to ensure this plan stays relevant and that the Welsh Language Standards and More Than Just Words are woven into service change.

3. Key Risks / Matters for Escalation

3.1 This is a statutory plan and must be published and operational by no later than January 2025.

3.2 Progress with the plan is monitored externally and statutory progress reports must be published after a three-year period, and a five-year period. The publication date for those progress reports is 2027 and 2029, respectively.

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: Creating Health 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 Wales of Vibrant Culture & Thriving Welsh Language
	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: Equitable
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE Outcome for Welsh Language (delete as appropriate): POSITIVE	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	This is a statutory strategic plan and lack of timely approval and publication carries legal risk.	
Enw da / Reputational	Yes (Include further detail below)	
	This is a statutory strategic plan relating to patient care. Failure to make progress with the required actions could negatively impact on the perception of the Health Board by the Welsh-speaking public and external bodies.	
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. Recommendations

5.1 The Board is asked to **NOTE** the detailed baseline set out in Appendix 1 which describes the current extent to which CTMUHB can offer clinical consultations in Welsh and where the current gaps in provision are, as of September 2024.

5.2 The Board is asked to **NOTE** that the statutory plan must be published and operational by no later than January 2025.

5.3 The Board is asked to **NOTE** that progress with the plan is monitored externally, and statutory progress reports must be published after a three-year period, and a five-year period. The publication date for those progress reports is 2027 and 2029, respectively.

5.4 The Board is asked to **APPROVE** the CTMUHB five-year Strategic Plan.

6. Next Steps

6.1 Implement the actions set out in the five-year Strategic Plan via an annual operational plan for Welsh language development.

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU IACHACH GYDA'N GILYDD

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER COMMUNITIES TOGETHER



Baseline data for the 5-Year Strategic Plan for Offering Clinical Consultations in Welsh in Cwm Taf Morgannwg University Health Board 2024-2029

Published in accordance with Welsh Language Standard 110 and More Than Just Words 5-Year Plan Action 18

Contents

Introduction 2

Baseline analysis for Part A of Standard 110 2

Theme 1: Population Needs Assessment for Welsh in the CTM UHB Region 2

The Welsh Language in the CTM UHB region 2

Health services and the Welsh speaking population of the CTM UHB region 4

Theme 2: Welsh Language Offer in Primary Care 5

Theme 3: Language skills data for Secondary Care and current provision 7

Defining a Welsh speaker 7

Defining a clinical consultation 8

Welsh language skills for CTM UHB as a whole and its Care Groups 9

Overall Welsh language skills by Staff Group 10

Ability to provide a service in Welsh by Staff Group 12

Summary of current baseline in Secondary Care 14

Theme 4: Language skills data for Secondary Care and current gaps in provision 15

Theme 5: Patient data systems and workforce systems 16

Theme 6: Qualitative and quantitative evidence of current use of Welsh in care 17

Theme 7: Compliance with other core Standards relevant to Standard 110 20

Planning assumptions for Part B & C 21

Appendix 1: Tables showing ability of CTM UHB to provide a service in Welsh by Staff Group (September 2024) 23

Appendix 2: Table of gaps in provision in Welsh by ESR 'Organisation' categorized by More Than Just Words Priority area (September 2024) 31

List of contributors to this planning phase 33

Cymraeg

Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.

This document / form is also available in Welsh.

Introduction

Cwm Taf Morgannwg University Health Board is required to comply with the following Welsh Language Standard, under the Welsh Language Standards Regulations (Set 7) (Wales) 2017 and as imposed in the compliance notice available here:

> You must publish a plan for each 5 year period setting out -
>
> (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh;
>
> (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh;
>
> (c) a timetable for the actions that you have detailed in (b).

This document complies with Part A, and the data used within it has been used as a planning basis when forming Part B and C of the plan. The plan itself is available here.

Baseline analysis for Part A of Standard 110

This section offers a baseline for the ability of CTM UHB to offer clinical consultations in Welsh currently, as of September 2024. This is via several themes as set out below.

The first of these themes is a basic population needs analysis as this will give a further level of explanation as to why some actions have been planned in Part B, to complement the internal baseline within CTM UHB.

Theme 1: Population Needs Assessment for Welsh in the CTM UHB Region

Below sets out the demography of Welsh in the CTM UHB region and then sets out some basic priorities based on this.

The Welsh Language in the CTM UHB region

The 2021 census gives the following overall picture in terms of ability to speak Welsh. Of the 538,296 (17.8%) Welsh speakers in Wales:

5,079 live in Merthyr Tydfil CBC area (8.9%)
28,556 live in Rhondda Cynon Taf CBC area (12.4%)
13,037 live in Bridgend CBC area (9.2%)

The 2021 census showed a slight decline in the number of Welsh speakers in Wales overall (but see here for a more nuanced analysis). However, for the Cwm Taf Morgannwg region, this was not the case and was one of the few areas where this did not happen.

The Annual Population Survey gives much higher numbers for the region, and that discrepancy is explained here.[1] Of the 854,400 Welsh speakers in Wales (27.8% of the overall population):

11,300 live in Merthyr Tydfil CBC area (20%)
36,100 live in Rhondda Cynon Taf CBC area (15.4%)
26,000 live in Bridgend CBC area (18.5%)

This is significantly higher than the census. The near 50,000 Welsh speakers in the CTM UHB region according to the Census is likely therefore to be the bare minimum across the region.

The age breakdown from 2021 census data for each area suggests most Welsh speakers in the CTM UHB region are young, with more people under the 60-65 age cohort speaking Welsh than over this age cohort (41,898 under and 4,774 over) across the three boroughs.

The proportion of Welsh speakers is also higher among younger cohorts in all three boroughs, with 15% of 3 to 4 year olds in Rhondda Cynon Taf, 9% of 3 to 4 year olds in Bridgend and 8% of 3 to 4 year olds in Merthyr Tydfil speaking Welsh (the youngest age cohort). This contrasts with 3% of people 85+ in Merthyr Tydfil, 6% of people 85+ in Bridgend and 4.8% of people 85+ in Rhondda Cynon Taf speaking Welsh (the oldest age cohort).

However, older speakers of Welsh are much more likely to have learnt Welsh at home and in the community rather than via the education system and may be dominant in that language. This is particularly true of those who can speak Welsh over the age of around 60, as Welsh medium education did not exist when they were of school age to the degree it does today.

There are 725 households throughout the region according to the 2021 census that have Welsh speaking children along with Welsh speaking adults. This suggests the language is passed on within families in the CTM UHB region (intergenerational transmission), and not solely learnt at school. This is supported by further data here by the statistician Hywel Jones, which does strongly suggest a parent being a Welsh speaker is a predictor of whether their children will be.

Those who identified themselves as 'White' on the 2021 census were more likely to note they were Welsh speakers compared with other ethnicities. However:

6.4% of the population identifying with the "Asian, Asian Welsh or Asian British" ethnic group were able to speak Welsh (compared to 6.3% in 2011);
6.1% of the population identifying with the "Black, Black Welsh, Black British, Caribbean or African" ethnic group were able to speak Welsh (compared to 5.6% in 2011);
5.9% of the population identifying with the "Other ethnic group" were able to speak Welsh (compared to 5.5% in 2011).

[1] Welsh Government 2024, *Annual Population Survey - Ability to speak Welsh by local authority and year*. Cardiff: Welsh Government. Available: Annual Population Survey - Ability to speak Welsh by local authority and year (gov.wales) Accessed: 18/10/2024

The proportion of Welsh speakers in communities across CTM UHB varies. The lowest percentage of Welsh speakers is 5% in the Gurnos ward in Merthyr Tydfil, and the highest in the Pontyclun ward in Rhondda Cynon Taf with 27%. There are 6 communities with a significant minority of Welsh speakers where over 15% can speak Welsh and 32 where over 10% are able to. There are no communities in the CTM UHB region that do not have Welsh speakers in, which is the same for the whole of Wales. Some communities in the CTM UHB region have larger numbers of Welsh speakers; for example, Church Village (Rhondda Cynon Taf) with 1,301 or Upper Coity (Bridgend) with 1,128.

Aside from intergenerational transmission at the household level, Welsh medium education is popular throughout the CTM UHB region. In the region there are:

Five Welsh medium schools in Bridgend;
Nineteen Welsh medium schools in Rhondda Cynon Taf;
Two Welsh medium schools in Merthyr Tydfil, and 1 with an English medium school with significant use of Welsh.

There are also statutory planning requirements on local authorities to increase their provision of Welsh medium education and to plan to increase the use of Welsh in communities. The current education sector, requirements to grow Welsh medium education and planning requirements around community language development mean that the bilingual population of CTM UHB is unlikely to decrease significantly. There is potential for it to grow, with the Cymraeg 2050 national language strategy aiming for a million Welsh speakers across Wales.[2]

Health services and the Welsh speaking population of the CTM UHB region

The health of the Welsh speaking population in CTM UHB is unlikely to be substantially different from the non-Welsh speaking population when controlling for age and other characteristics, such as geographic distribution.[3] For example, the improvement in the health status of the population who can speak Welsh since 2011 mirrors the pattern for the general population. However it is important to recognise that there are some specialities for which language can be core determinants of health outcomes. These are set out in the More Than Just Words 5-Year Plan and are:

Children & Young People, and the elderly;
People with learning disabilities;
Mental health service users;
Those living with dementia;
Stroke services users;
Speech & language services users.

[2] Welsh Government 2017, *Cymraeg 2050: A Million Welsh Speakers*. Cardiff: Welsh Government. Online: Cymraeg 2050: Welsh language strategy | GOV.WALES. Accessed: September 2024

[3] Welsh Government 2023, *Welsh language by population characteristics (Census 2021)*. Welsh Government: Cardiff. Online: https://www.gov.wales/welsh-language-population-characteristics-census-2021-html#124327. Accessed: September 2024.

Themes 3 & 4 set out our current provision in those areas and the current gaps in provision. The plan under Part B and C then outlines how we aim to close those gaps, available here.

Aside from the 6 areas above, some conclusions can be drawn from the demography of the Welsh language set out above:

There is likely to be more demand for services in Welsh for children and young people than for older cohorts;
There are children across CTM UHB raised in Welsh, whose first language will not be English and whose ability to speak English will be limited until they are of school age. This is of paramount importance to Health Visiting, Speech & Language Therapy and in-patient paediatric services;
Where there is a need for Welsh language services for the elderly, their language need could be acute in some specialities (e.g. stroke or dementia);
There is no community or wider region in CTM UHB that has no Welsh speakers, although it appears service users in Rhondda Cynon Taf and Bridgend may be more likely to access services in Welsh than those in Merthyr Tydfil based on their higher Welsh speaking populations;
Given the number of households in the region with both Welsh speaking adults and children, suggesting intergenerational transmission, services aimed at families are important;
Given the growth of Welsh medium education, there is significant opportunity for CTM UHB to shape its workforce by effectively promoting its opportunities in the region's large and growing Welsh medium education sector;
Services that interact with schools will need to be able to offer their services in Welsh, especially given the likely growth of this sector;
Welsh is a minority language throughout the CTM UHB region, following a long process of minoritization, stigmatization and demographic shift. This will affect the behaviour of service users presenting.[4] An effective Active Offer therefore will be crucial in increasing the use of health services in Welsh.

Theme 2: Welsh Language Offer in Primary Care

Under Welsh Language Standard 65, CTM UHB is required to advertise on its website which Primary Care providers can provide a service in Welsh. Under the Six Duties as set out in the NHS (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019, Primary Care providers are also required to inform Health Boards when they are able to provide some or all of a Primary Care service in Welsh. The link to that section of the website is here under 'Find your local NHS service'. Those providers are summarised below, with some others added if it is known from their website they have a Welsh language service but have not informed the Health Board, or where lanyards and badges have been

[4] Davies, Dilys 2001, Within and without (The story of the Welsh): The impact of cultural factors on mental health in the present day in Wales. In Bhugra D., & Littlewood R., (Eds.), *Colonialism and psychiatry* (pp. 185–231). Oxford: Oxford University Press.

provided. Some others may be able to offer a service in Welsh but have not made this clear to the local Health Board or contacted the Welsh Language Development Service.

Table 1: Primary Care Providers with Welsh language provision

General Medical Services	
Bridgend	Llynfi Surgery The Medical Centre Ponyclun
Rhondda Cynon Taf	Parc Canol Group Practice St Johns Medical Practice Gwaunmiskin Road Surgery Eglwys Bach Medical Practice Ashgrove Surgery Treharris Primary Care Centre
Dentistry	
Merthyr Tydfil	Deintyddfa Hapus Dental Cefn Coed Dental Practice Cyfarthfa Dental Care – Rookwood House Church Street Dental Practice – Church Street, Merthyr Rodericks Dental – Courtland Terrace My Dentist Merthyr Tydfil – Smiles Dental Centre
Bridgend	Beynon's Dental Surgery- Park Street Vale View House Dental Care Porthcawl Dental Care – Porthcawl The Channings –Porthcawl Llynfi Dental – Talbot Street, Maesteg Ogmore Valley Dental Care – Ogmore Vale Compton House Dental Practice – Pencoed Brackla Dental Practice – Brackla
Rhondda Cynon Taf	Grand Valley Dental, Porth Newland Dental Smart Smiles – Abercynon My Dentist Tonypandy Taf Dental Care – Pontypridd Ardent Dental Care – Pontypridd Hawthorn Dental – Pontypridd Dental Teaching Unit – Porth MyDentist Tonyrefail – Porth MyDentist Tonypandy Isfryn Dental Surgery – Treorci Bryant Dental Practice – Treorci Ferndale Dental Surgery – Ferndale Maendy Dental Practice – Aberdare MyDentist Talbot Green – Pontyclun

Optometry	
Rhondda Cynon Taf	Pontypridd Visonplus Ltd Specsavers Opticians – Pontypridd Lewis & Wigley Opticians – Church Village Gwynns Opticians – Pontypridd
Merthyr Tydfil	Specsavers – Merthyr Tydfil
Bridgend	Davies Wayne and Byron Optometrists – Porthcawl a Kenfig Hill
Community Pharmacy	
Bridgend	Well Pharmacy Maesteg

Theme 3: Language skills data for Secondary Care and current provision

Before the analysis can be made of staff within Secondary Care, a meaningful definition is needed of

A. Welsh speaker and
B. Clinical consultation

as it is on the basis of these two definitions that the workforce data has been analysed and verified.

Defining a Welsh speaker

NHS Wales uses the ALTE (*Association of Language Testers in Europe*) method for capturing staff language data, which can be seen below.[5]

Lefel 1 / Level 1	Lefel 2 / Level 2	Lefel 3 / Level 3	Lefel 4 / Level 4	Lefel 5 / Level 5
Gallaf ddangos cwrteisi ieithyddol trwy agor a chau sgwrs yn Gymraeg. Gallaf roi a derbyn manylion personol. Gallaf ddweud enwau lleoedd/enwau cyntaf neu arwyddion Cymraeg yn gywir	Gallaf ddeall hanfod cais gan y cyhoedd ac ymateb i geisiadau syml. Gallaf roi a derbyn cyfarwyddiadau	Yn gallu defnyddio brawddegau mwy cymhleth gan ddefnyddio cymalau. Mae ganddynt ddigon o eirfa i ddelio â sefyllfaoedd bob dydd annisgwyl, e.e. sgwrsio wrth gwrdd â dieithryn. Yn defnyddio acen a phwyslais gyda chywirdeb digonol i fod yn ddealladwy ac i egluro ystyron. Gallu sgwrsio yn bennaf yn Gymraeg ond troi at Saesneg mewn trafodaeth i roi gwybodaeth fanwl.	Yn gallu creu rhai brawddegau cymhleth ac mae ganddo eirfa ddigonol i allu trafod unrhyw faterion anarbenigol sy'n codi, a delio â sefyllfaoedd mwy ffurfiol o ystyried y cyfle i baratoi, e.e. asesiadau, cyfweliadau a chyfarfodydd.	Yn rhugl yn y Gymraeg ar lafar ac yn ysgrifenedig. Gallaf ddelio'n effeithiol gydag ymholiadau cymhleth gan y cyhoedd neu wrthdaro yn Gymraeg. Gallaf gyfweld neu gwestiynu yn Gymraeg yn ystod ymchwiliad
Can show linguistic courtesy by opening and closing a conversation. Can give, and receive personal details. Can say place names/ first names or Welsh signs correctly	Can Understand the essence of a request from the public and respond to simple requests. Can give and receive instructions and directions	Is able to use more complex sentences using clauses. Has sufficient vocabulary to deal with unforeseen everyday situations, e.g. chatting when meeting a stranger. Uses accent and emphasis with sufficient accuracy to be intelligible and to clarify meanings. Being able to converse mainly in Welsh but turning to English in discussion to give detailed information.	Is able to create some complex sentences and has sufficient vocabulary to be able to discuss any non-specialist matters arising, and deal with more formal situations given the opportunity to prepare e.g. assessments, interviews and meetings.	Fluent in spoken and written Welsh. I can deal effectively with complex inquiries from the public or conflicts in Welsh. I can interview or question in Welsh during an investigation.

[5] Although this may change by the time the 3rd year review is published in 2027, due to the Welsh Government's intention to use the Common European Framework of Reference (CEFR) for language ability via the Welsh Language in Education (Wales) Bill.

Staff in NHS Wales use the Electronic Staff Record (ESR) system to self-assess their skills against this framework and record those skills on the workforce system. It is mandatory for staff to note their skills and 91% of staff in CTM UHB have completed their Welsh language data as of September 2024.

Based on the framework above, it is reasonable to presume that staff who have recorded Level 4 and 5 in Listening/Speaking would be able to hold a clinical consultation in Welsh.

Where the action statements note in the box above for Level 4 Listening/Speaking 'non-specialist matters', *specialist* matters would not correspond to 100% of the content of a clinical consultation necessarily and many Welsh speakers would likely be comfortable with a doctor for example, using medical terms in English but explaining their meaning in Welsh.[6] As noted by Evans (2024), 38% of the pain vocabulary used by Welsh speakers is not standardized within the McGill Pain Questionnaire for example, one of several examples where clinical instruments have not been standardized. This may mean needing to use some English and so it is essential not to confuse using English terminology for lack of bilingual competence within individuals.

The statement above about reverting to English also does not consider code-mixing between English and Welsh, a phenomenon common to all bi- and multilingual people whereby speakers use their full linguistic repertoire when communicating and often use words or phrases from one language when speaking another. This is likely to be the case within clinical consultations, as not only is medical terminology in Welsh often not standardized, Welsh speakers may still use the English equivalent due to lack of familiarity. This is common among minority language speakers and does not detract from some of the more important aspects of a clinical consultation, such as symptom description and emotional impact, which would be within the ability of staff with Level 4 Speaking/Listening as described above. Several of the clinical stakeholders that engaged with the planning phase of this plan confirmed this.

Staff can also be underconfident in their skills and may report Level 4 across the categories, even where objectively their language use may be at Level 5. This is another factor against excluding those on Level 4, and again, several of the clinical stakeholders that engaged with the planning phase of this plan confirmed this also.

The definition of 'Welsh speaker' for the purpose of Standard 110 2024-2029 therefore is:

> Staff at CTM UHB who have noted Level 4 or 5 Listening/Speaking on the Electronic Staff Record

Defining a clinical consultation

The Welsh Language Standards Regulations (Set 7) 2017 provide a definition of 'clinical consultation', further confirmed by the Code of Practice for bodies subject to them, which is:

[6] Evans, Maisie Efa (2024), *Archwilio pwysigrwydd y Gymraeg o fewn darpariaeth gofal iechyd wrth reoli cyflyrau cronig*. MA anghyhoeddedig. Prifysgol Abertawe. Ar gael: https://cronfa.swan.ac.uk/Record/cronfa66754

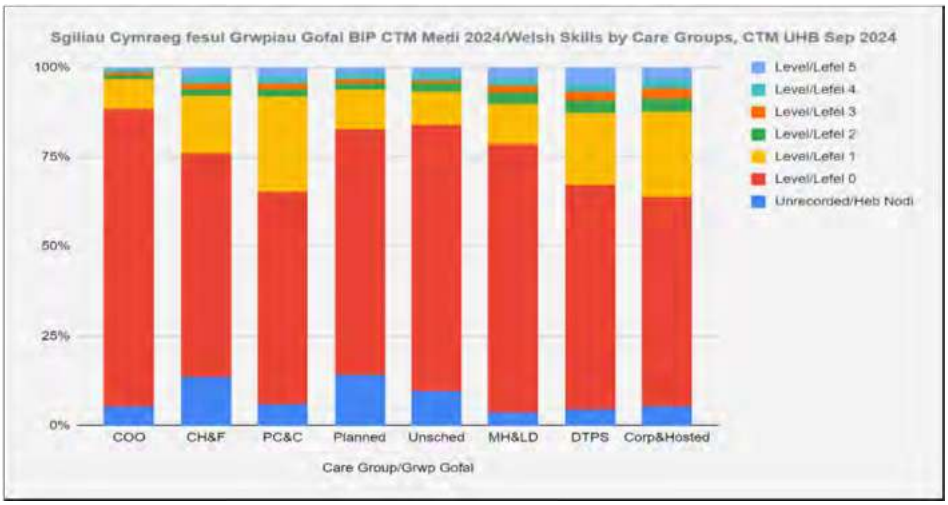
a “clinical consultation” (“ymgynghoriad clinigol”) means a health provision interaction between one or more individuals and a body.

This definition was used to form this baseline, and includes interactions by various professionals across CTM UHB, including nursing & midwifery staff.

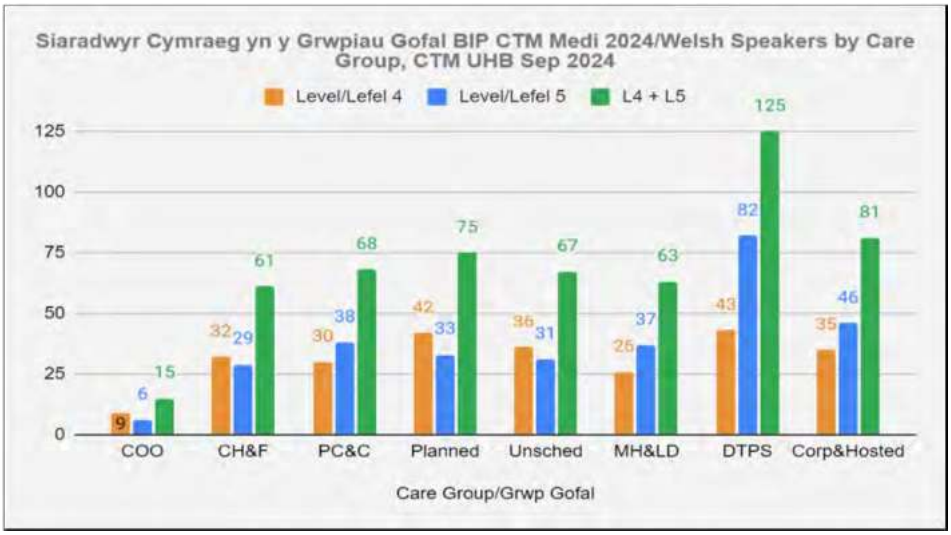
With a definition of ‘Welsh Speaker’ and ‘Clinical Consultation’, the below analysis is provided for CTM UHB.

Welsh language skills for CTM UHB as a whole and its Care Groups

Based on the definition of ‘Welsh Speaker’ provided above, below shows staff skills in Welsh at all levels, including unrecorded, as a proportion of the whole.[7]



In the graph below the number of staff at Level 4 and 5 Listening/Speaking (separately and combined) can be seen.



[7] **COO**: Chief Operating Officer’s Group; **CH&F**: Children & Families; **PC&C**: Primary Care & Communities; **Planned**: Planned Care; **Unsched**: Unscheduled Care; **MH&LD**: Mental Health & Learning Disabilities; **DTPS**: Diagnostics, Therapies, Pharmacy & Health Sciences; **Corp&Hosted**: Corporate & Hosted Bodies.

From this it can be seen that:

The biggest group in each Care Group is the 'Level 0' group, with no appreciable skills in Welsh at all;

The 2nd biggest is 'Level 1', followed by the 3rd biggest group which is 'Unrecorded';

The total number of Welsh speakers at level 4 and 5 in CTM UHB is **555** which is approximately **4.3**% of its workforce as of September 2024, with **69%** or **383** in roles relevant to Standard 110 (see tables in Appendix 1);

Diagnostics, Therapies, Pharmacy & Health Sciences (DTPS) have the largest number of Welsh speaking staff, followed by Corporate & Estates. The lowest number can be found in the Chief Operating Officer's Group (Facilities being the biggest area in this Care Group);

The other Care Groups are broadly similar in their numbers of Welsh speakers;

All Care Groups have Welsh speakers in them and therefore it is reasonable to presume that clinical consultations happen regularly. Further evidence of this can be seen in Theme 6;

The lowest number of Welsh Speakers are to be found in a Care Group which is essential to the Health Board's activities but not necessarily the offering of clinical consultations (Chief Operating Officer's Group).

Overall Welsh language skills by Staff Group

Below, numbers of Welsh speakers are shown for staff groups that are relevant to offering health provision interactions in Welsh.

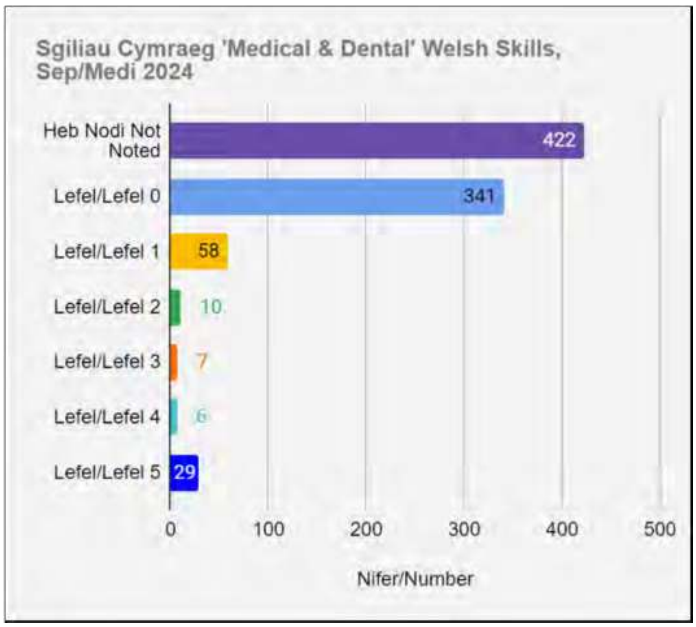
Overall, the data shows the following:

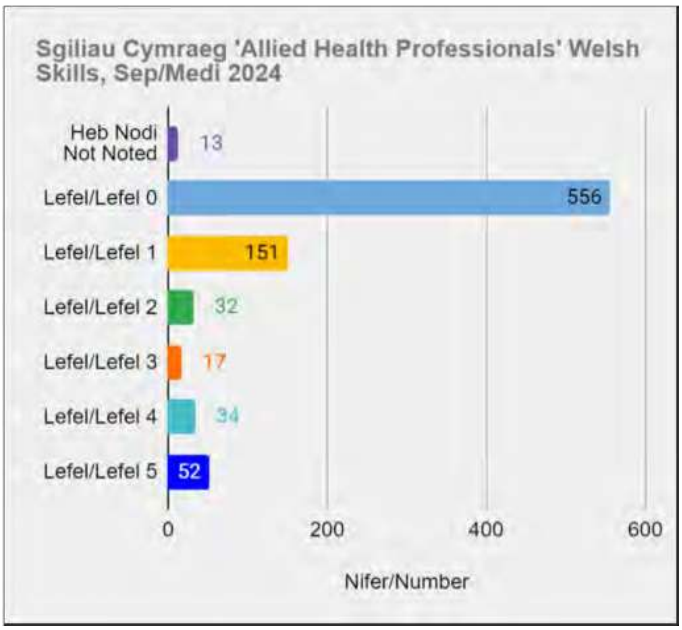
CTM UHB has a high number of registered Nursing & Midwifery staff which according to the definition above are 'Welsh speakers', at **172**. This is however only **4.3%** percent of the whole staff group whose skills have been recorded, and they are spread throughout CTM UHB in various roles and levels of seniority due to the wide variety of specialist fields within the nursing profession;

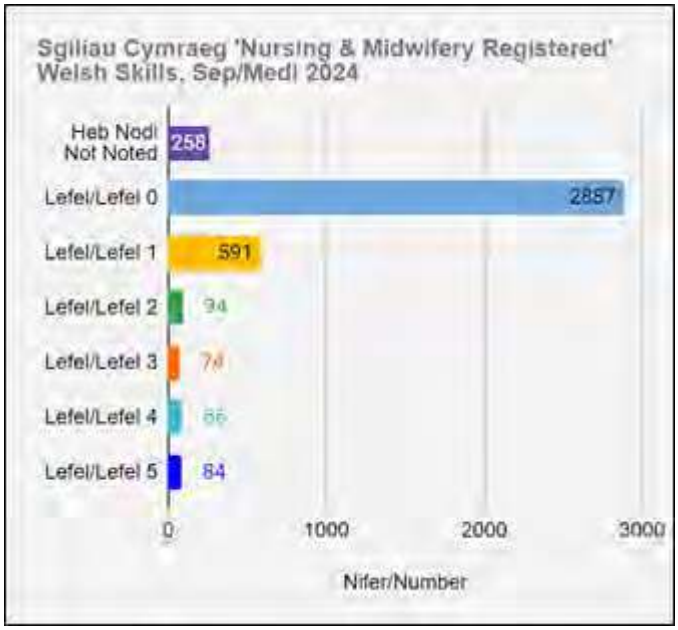
CTM UHB has **56** Healthcare Support Workers who are 'Welsh speakers';

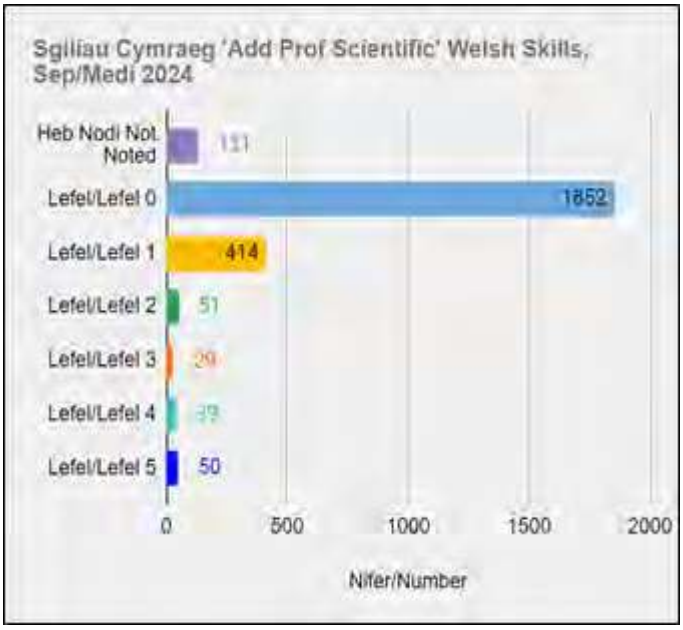
DTPS Care Group has **125** Welsh speakers but broken down by Staff Group, **87** of those are recorded as 'Allied Health Professionals' (pre-verification) meaning **69.6%** of them are in clinical roles where health provision interactions are key to their role. This is positive for their ability to offer clinical consultations in Welsh;

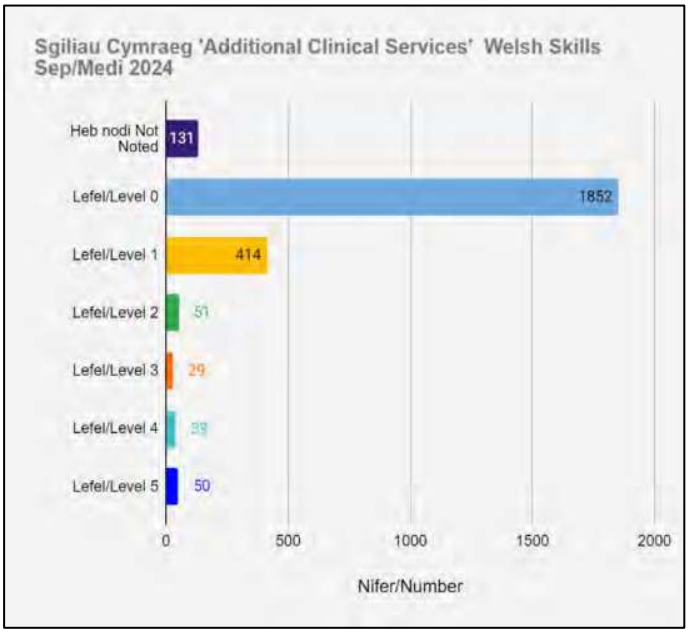
CTM UHB has **35** members of staff recorded as Medical & Dental. This group has a significant impact on the ability of CTM UHB to offer clinical consultations in Welsh and so whilst low, that there are **35** individuals suggests a level of provision in Welsh.


Sgiliau Cymraeg 'Medical & Dental' Welsh Skills, Sep/Medi 2024
Heb Nodi Not Noted
Lefel/Lefel 0
Lefel/Lefel 1
Lefel/Lefel 2
Lefel/Lefel 3
Lefel/Lefel 4
Lefel/Lefel 5
422
341
58
10
7
6
29
0
100
200
300
400
500
Nifer/Number


Sgiliau Cymraeg 'Allied Health Professionals' Welsh Skills, Sep/Medi 2024
Heb Nodi Not Noted
Lefel/Lefel 0
Lefel/Lefel 1
Lefel/Lefel 2
Lefel/Lefel 3
Lefel/Lefel 4
Lefel/Lefel 5
13
556
151
32
17
34
52
0
200
400
600
Nifer/Number


Sgiliau Cymraeg 'Nursing & Midwifery Registered' Welsh Skills, Sep/Medi 2024
Heb Nodi Not Noted
Lefel/Lefel 0
Lefel/Lefel 1
Lefel/Lefel 2
Lefel/Lefel 3
Lefel/Lefel 4
Lefel/Lefel 5
258
2857
591
94
74
66
84
0
1000
2000
3000
Nifer/Number


Sgiliau Cymraeg 'Add Prof Scientific' Welsh Skills, Sep/Medi 2024
Heb Nodi Not Noted
Lefel/Lefel 0
Lefel/Lefel 1
Lefel/Lefel 2
Lefel/Lefel 3
Lefel/Lefel 4
Lefel/Lefel 5
121
1852
414
51
29
39
50
0
500
1000
1500
2000
Nifer/Number



Ability to provide a service in Welsh by Staff Group

Based on the percentage of Welsh speaking staff performing similar roles relevant to clinical consultations (e.g. 'consultant', 'dental practitioner' or 'physiotherapist'), an analysis is provided below setting out our current ability to offer clinical consultations in Welsh, categorized according to the below.

Green denotes a **high likelihood** of being able to offer a health provision interaction in Welsh without any further language planning.

Amber denotes **it is less likely but much higher than a 0% chance**, but the likelihood could be improved with language planning.

Red denotes it is highly unlikely although not a 0% chance a health provision interaction would occur in Welsh, due to low number of Welsh speaking staff and where it is highly unlikely language planning would alter this.

This could be because of the nature of the speciality (e.g. patients presenting at A&E, where it will be a case of whoever is on shift that day and where it would be difficult to plan for the Welsh language), the nature of recruiting into those roles or because staff shortages mean Learning & Development is difficult to guarantee and therefore would be an action with significant risk attached to it.

The overall result of this analysis is presented below with the detail provided in Appendix 1. Below are some scenario examples explaining how the detail should be analysed.

1. Rheumatology (**GREEN**) in the Royal Glamorgan Hospital holds a clinic. With 3 of 8 medical staff speaking Welsh, it is highly likely that that health interaction could occur in Welsh with a doctor;

2. A patient has a diagnostic scan at Prince Charles Hospital (**AMBER**). With 8 Welsh-speaking radiographers forming 15% of the team, the chance of that health interaction happening in Welsh with a radiographer is higher than 0% but could be improved with language planning;
3. A patient requires Occupational Therapy input on the Stroke Rehab Unit (SRU) Ward (**GREEN**). This health interaction is highly likely to occur in Welsh where a patient's language need is known as there is only one Occupational Therapist for that ward and they are a Welsh speaker;
4. A patient at the Royal Glamorgan Hospital is seen by a consultant anaesthetist (**RED**). It is highly unlikely this health interaction would happen Welsh as there is only 1 (given the data) that can speak Welsh, and given the nature of the speciality changing this would be difficult;
5. A patient receives nursing care on Ward B2, Ysbyty Cwm Rhondda (**AMBER**). With 3 of 14 nursing staff and 1 of 25 HCSWs being at Level 4 or above in Listening/Speaking, the likelihood of an in-patient's health interactions with nurses and healthcare support workers being in Welsh is higher than 0%. With the ability to record and display language need visually, it is higher still.

The likelihood of the health interaction happening in Welsh is calculated by staff group to ensure a more meaningful baseline. Were locations of a health interaction to be used (for example a hospital), this would not allow for enough detail as different locations of care are multi-disciplinary, for example:

> On a medical ward health provision interactions could be with a doctor, a nurse, a healthcare support worker, a Speech & Language Therapist or an Occupational Therapist;
>
> At a clinic a health interaction could first be between an out-patients nurse then a consultant;
>
> On a surgical ward health interactions could be between an Operating Department Practitioner, an anaesthetist and a nurse after surgery or
>
> Within Dementia, a patient may have health interactions with a GP, a Memory Assessment Clinic, an Occupational Therapist at home or a mental health nurse in an in-patient setting.

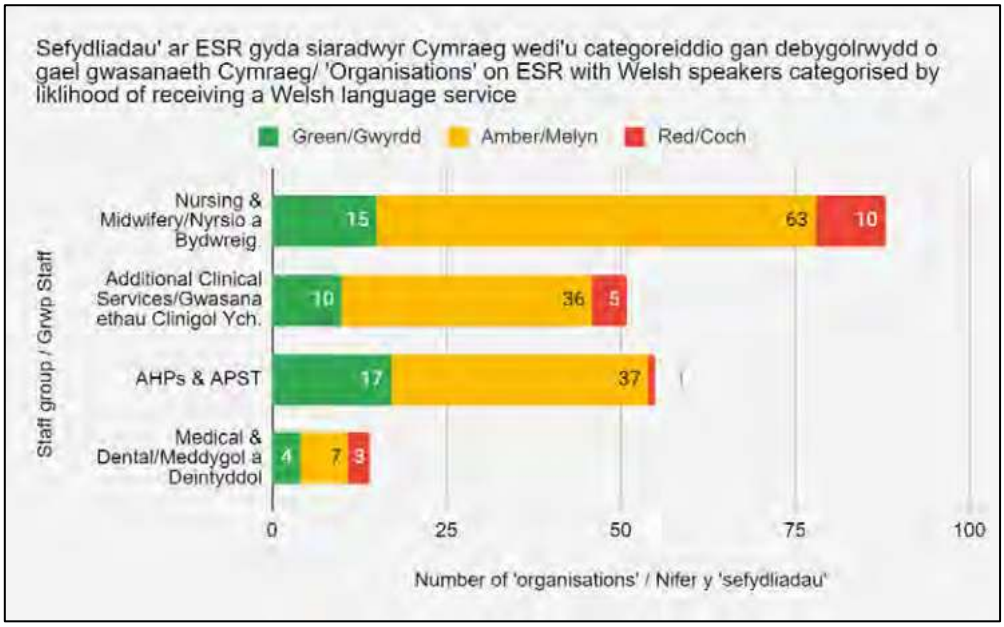
In addition, care is provided in various ways such as in the community, at home, at a clinic or on wards. The data below and in Appendix 1 therefore gives more detail on which staff, in what speciality and where.

Where a health interaction would be relevant to the priority areas under More Than Just Words, a '*' symbol is used to denote this in the appendix.

In Theme 6, qualitative and quantitative evidence of providing care in Welsh as the below would predict is provided.

The result of the analysis is shown below. This shows that for many 'organisations' (or distinct teams, departments, wards or specialities), there is a higher than 0% chance of having a health interaction in Welsh. This is most likely for organisations which include nursing and midwifery

staff, for those with Health Care Support Workers and those with AHPs. Appendix 1 lists those 'organisations' in detail.



Summary of current baseline in Secondary Care

Overall, the following can be seen:

Of all **555** staff members noted as Level 4 or 5 Listening/Speaking, **383** following the above analysis are in roles where they would interact with the public in a clinical capacity, or **69%**. This means most Welsh speakers working for CTM UHB are those in clinical roles;

CTM UHB has **208** clinical teams, departments or services (as come under 'Organisation' on ESR) that have Welsh speakers in, therefore **208** points of interaction with the public where it is **above a 0% chance** a clinical health interaction could occur in Welsh;

Of those 'organisations':

- **46** are categorised as Green, or areas with a high proportion of Welsh speaking staff in teams of a smaller number and where further input may not be needed to increase the likelihood a clinical interaction could occur in Welsh;
- **143** as Amber, or areas where the likelihood is higher than 0% and could be improved and
- **19** as Red, or areas where the likelihood is higher than 0% but where language planning interventions would likely not be successful in increasing this.

Within these 'organisations' a healthcare interaction could occur between one or more of the following in the below staff groups:

- One of **35** consultants or junior doctors permanently based at CTM UHB;
- One of **54** Allied Health Professionals
- One of **56** Healthcare Support Workers
- One of **4** Assisstant Psychologists
- One Help Me Quit Practitioner

- One of **4** Nursery Nurses
- One Assisstant at Parc Prison
- One of **4** Dental Assistants
- One of **172** Nursing & Midwifery Staff.

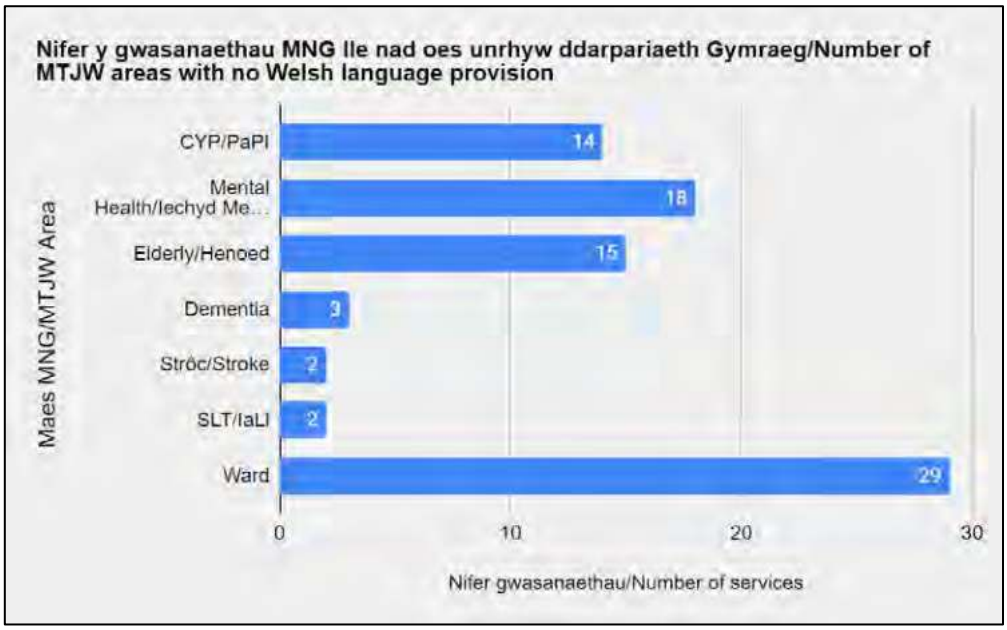
Of the 208 'organisations', **70** of them are a priority area under More Than Just Words, or **33.6%**;

Theme 4: Language skills data for Secondary Care and current gaps in provision

The below sets out the current gaps in provision in the Welsh language, moving from where it is possible a health interaction could occur in Welsh to where it is not possible. This section of the baseline is aligned to Action 18 of the More Than Just Words 5 Year Plan and will therefore concentrate on areas of priority (see above). The definition is as follows:

> A "gap in provision" means a service area within the 6 More Than Just Words priority areas where there are no Welsh speakers at all, based on current workforce data. Welsh speaker is defined as a member of staff who has recorded Level 4 or 5 Listening/Speaking on the Electronic Staff Record.

The result of that analysis can be seen below, showing the number of areas with no provision in Welsh and to which priority area under MTJW it is relevant. Appendix 2 lays out which services in more detail.



In all, there are appears to be:[8]

83 'organisations' on ESR where there are no 'Welsh speakers' at all;
Of those **83**, **11** have staff at Level 3;
29 of them are 'wards', the biggest group;
Mental Health provision seems to be the least able to offer services in Welsh, followed by those services adjacent to care of the elderly.

Wards are included because some of them will care for the elderly, some will care for stroke patients and some will care for children and young people. All on a ward will be in various states of vulnerability. However, the following should be noted:

Mental health units are categorized under 'MentH/IechM' in the graph above;
Stroke units have some Welsh speakers (see appendix 1);
All paediatric in-patient wards have Welsh speakers;
As explained above, various health interactions take place on a ward and therefore the data in appendix 1 should also be borne in mind in relation to in-patient care on them.

Part B and C (available here) sets out the actions in relation to workforce planning and training to meet the rest of the requirements under Action 18 of MTJW.

Theme 5: Patient data systems and workforce systems

CTM UHB uses various national systems to record patient data. These include the following main systems, and the ability to record language preference on them is shown. This facilitates the Active Offer, by using systems that allow us to record language need. Staff can then use this information to pro-actively offer services in Welsh.

Table 2: Patient data systems and language preference

System	Where language preference is recorded
Patient Administration System (PAS)	Under 'Demographics'
Welsh Nursing Care Record (WNCR)	WNCR prompts nurses to ask patients 'first language' and 'preferred language', which are driven by Information standard 'ISO 639-1 Standard'. Nurses are also prompted to ask the patient 'Do you want this admission in Welsh ?' (YES?NO), with a free text boxed to record the action taken if 'Yes' is selected. The language preference field is mandatory within the 'Communication Needs' section of the assessment
E-whiteboards (internal to CTM UHB)	A Welsh flag symbol is used on the digital display screen

[8] **CYP/PaPl**: Children & Young People; **MentH/IechM**: Mental Health; **SLT/IaLl**: Speech & Language.

Welsh Clinical Portal (WCP)	Pulls data from PAS
EMIS	Under 'Contact Information'
Welsh Clinical Communication Gateway	Under 'Language of Choice'
Choose Pharmacy	In 'Main Patient Demographics' section
Community Child Health 2000	Displays "First language" and "Second language" as one character field (e.g. 'W' for Welsh). This is displayed on the child's record.
Welsh Radiology Information System	Under 'Demographics'

It is also relevant to consider admission processes for service areas, which vary by speciality. From internal discussions such as those at the Welsh Language Steering Group, it is known that some service areas do ask and record language need of patients. In-paediatric services and Health Visiting are two examples within the 'Children & Young People' Priority Area. It can also be recorded for in-patients on both the WNCR and the e-whiteboards. Given the size of the Health Board however, the importance of asking language need and the myriad ways patients arrive at secondary care, Part B (available here) sets out actions for a review of this to ensure the pathways are understood and that patients are asked at the right time.

In terms of workforce systems, two in CTM UHB hold information on language skills of staff. The first of these is ESR (or the Electronic Staff Record). This is discussed above. The second is E-rostering or 'Allocate Optima'. This is the rostering software used by many clinical teams to plan shifts and Welsh language skills are noted under 'Skills' on the system. As part of work to add the data in 2024 (for all staff Level 3 in Welsh and above):

274 records for Nursing & Midwifery and Medical & Dental were added,
43 records for AHPs, Diagnostics & Pharmacy & Phlebotomy were added and
42% of staff with Level 3 and above are on that main shift management system.

This means the software and data are there were shift managers to choose to select staff for shifts if they speak Welsh, for example if that manager wanted to ensure the rota had at least one individual with skills in Welsh. Whilst unlikely given the number of vacancies carried on wards and in teams and the low numbers of Welsh speakers on wards in particular, it is possible to do where ward and team leads feel this is important. It at least being a possibility for CTM UHB is a first step toward short-term workforce planning for the Welsh language.

Theme 6: Qualitative and quantitative evidence of current use of Welsh in care

Welsh Language Standards Performance Reports for CTM UHB have included a section since 2022/23 on Patient Recorded Experience Measures (PREMs) and on qualitative feedback from patients on using Welsh with clinicians at the Health Board. Those reports are available here. To summarize:

Six completed surveys in 2022/23 and 15 in 2023/24 asked whether patients were able to use Welsh and the majority of both surveys showed that most patients were able to;

Where patients noted they were able to, those service areas correspond to areas in the Health Board where ESR data shows there are Welsh speaking staff.

The 2023/24 annual report (here) also details a new internal communication framework and part of that is sharing examples of the importance of care in Welsh under the 'More Than Just Words' theme and the 'Da iawn' theme. Three examples can be seen below and support the PREMs data above. These stories are also from areas where it is known there are Welsh speakers, adding validity to the analysis in Appendix 1.

Both the PREMs data and the qualitative data below show that there is a baseline of Welsh provision in CTM UHB and that it is used and appreciated. All three of the areas below are priority areas under the More Than Just Words 5-Year Plan.


Y Gymraeg yn CTM
Welsh at CTM
Cymraeg
Mwy na geiriau: Profiad y claf
It's more than just words: Patient experience
Yn gynharach eleni, cwblhaodd un o'n Therapyddion Galwedigaethol, Celyn, asesiad gyda chlaf yn y Gymraeg yn YTS. Rhannodd y stori deimladwy hon gyda ni am glaf a oedd wedi cael profedigaeth yn ddiweddar ac a oedd yn cael trafferth bod yn glaf mewnol...
Roedd yn tawelu ei meddwl gan nad oedd hi fel arfer yn siarad llawer o Saesneg gartref. Roedd hi wedi mynd trwy brofedigaeth yn ddiweddar a dywedodd wrthyf fod gwneud yr asesiad yn Gymraeg yn gysur iddi.
Fe wnaeth fy ngalluogi i feithrin perthynas â hi yn gyflym ac rwy'n meddwl bod cwblhau'r asesiad yn Gymraeg wedi caniatáu iddi ymgysylltu mwy â'r asesiad a chynllunio rhyddhau.
Mae'n wir yn fwy na geiriau. Da iawn, bawb.
Earlier this year, one of our Occupational Therapists, Celyn, completed an assessment with a patient in Welsh in PCH. He shared this touching story with us of a recently bereaved patient who was struggling with being an inpatient...
She found it reassuring as she didn't usually speak much English at home. She had gone through a recent bereavement and told me that doing the assessment in Welsh was comforting to her.
It allowed me to build a rapport with her quickly and I think completing the assessment in Welsh allowed her to engage with the assessment and discharge planning more."
It really is more than just words. Da iawn pawb.


Y Gymraeg yn CTM
Welsh at CTM
Cymraeg
Mwy na geiriau: Profiad y claf
It's more than just words: Patient experience
Ym mis Awst, ysgrifennodd rhiant claf ag anghenion dysgu ychwanegol at y Bwrdd Iechyd i ddiolch i un o'n hymgynghorwyr, Dr David Samuel am y gofal rhagorol a gafodd eu mab, Iwan...
"Mae'r ffaith ei fod o [Dr David Samuel] hefyd yn siarad Cymraeg wedi cefnogi Iwan i ddeall beth sy'n digwydd iddo. Mae hyn yn ganmoladwy iawn.
Cafodd Iawn, 21, sydd â Syndrom Down a Chlefyd Crohn, gefnogaeth lawn yn ei anghenion cyfathrebu a chanmolodd rhieni'r claf y Bwrdd Iechyd am ddefnyddio'r Gymraeg gydag Iwan.
Byddai llawer o oedolion ifanc ag anableddau dysgu yn ei chael hi'n anodd iawn aros dros nos yn yr Ysbyty sy'n amgylchedd anghyfarwydd heb eu rhieni neu ofalwyr."
In August, a parent of a patient with additional learning needs wrote to the Health Board to thank one of our consultants, Dr David Samuel for the exemplary care that their son, Iwan received...
The fact that he [Dr David Samuel] is also a Welsh language speaker has also supported Iwan in understanding what is happening to him. This is most commendable.
Iwan, 21, who has Down's Syndrome and Crohn's Disease, was fully supported in his communication needs and the patient's parent commended the Health Board for using Welsh with Iwan.
Many young adults with a learning disability would find it incredibly challenging to stay overnight in hospital which is an unfamiliar environment without their parents or carers.


Y Gymraeg yn CTM
Welsh at CTM
Cymraeg
Mwy na geiriau: Da iawn
It's more than just words: Da iawn
Yn gynharach y mis hwn, derbyniodd un o'n Therapyddion Iaith a Lleferydd, Lowri Roberts, adborth gwych gan YGG Llantrisant ar ôl cefnogi plentyn gydag atal dweud a darparu gwybodaeth ddefnyddiol i'w gyd-ddisgyblion ar
Bu Lowri Roberts yn gweithio gyda disgybl o'n hysgol i helpu gydag atal dweud ac roedd y disgybl yn falch iawn o allu gwneud hynny yn Gymraeg. Bu'n fuddiol iawn cael Lowri i ddod i'r dosbarth i gyflwyno gyda'r disgybl yn Gymraeg.
O gefnogaeth Lowri, roedd yr athro a'r disgyblion bellach yn gallu cefnogi'r disgybl a'i helpu i deimlo'n llaw ymwybodol o'i atal dweud. Roedd yn hanfodol bod y disgybl yn gallu gwneud hyn yn iaith yr ysgol er mwyn iddo deimlo'n gyfforddus.
Da iawn, Lowri!
Earlier this month, one of our Speech and Language Therapists, Lowri Roberts, received great feedback from YGG Llantrisant after supporting a child with a stammer and providing their classmates with helpful information on how to support them at school. Here's what the teacher had to say...
Lowri Roberts worked with a pupil from our school to help with stuttering and the pupil was delighted to be able to do that in Welsh. It was very beneficial to be able to get Lowri to come to class to present with the pupil in Welsh.
From Lowri's support, the teacher and pupils were now able to support the pupil and help them feel less conscious of their stuttering. It was essential that the pupil was able to do this in the school's language so that they could feel comfortable.
Da iawn, Lowri!

Theme 7: Compliance with other core Standards relevant to Standard 110

Welsh Language Standards Performance Reports for CTM UHB are the standard mechanism by which progress is shared externally and they are available here. The reports have grown in detail as policy maturity for Welsh improves. The most recent report is the 2023/24 report, referring to the position as of March 2024. Since March 2024, the position has changed against some standards which are core to the strategic work for Standard 110. See below for our current position as of September 2024 against those core standards.

Table 3: Position against other core Standards

Standard	Current position
23, 23A and 24	The e-whiteboards can record and display in-patient language need as does the Welsh Nursing Care Record; A policy on the Active Offer for in-patients was developed and approved in March 2024.
69, 70, 71, 72, 73 & 74	A mechanism with guidance was developed for Welsh Language Impact Assessments in March 2024; In September 2024, a service change consultation included a question on the impact on Welsh for the first time (for Older People's Mental Health, aligned to a More Than Just Words Priority Area). Work is ongoing to ensure the tribunal judgement discussed here is acted upon.
99, 100 & 101	A plan was agreed in March 2024 with the National Centre for Learning Welsh and Learn Welsh Glamorgan. That included the actions CTM UHB needed to take to embed a robust offer for learning Welsh at all levels. This is now in place and growing; Core to that is the Inspiring Confidence Scheme which is a strategic driver in Part B and has so far been successful for CTM UHB.
106	A mechanism via the Trac recruitment system, guidance and resources have been developed ensuring a system is in place for compliance with this standard, including recording the justification for the category selected, as of October 2024. The method is also auditable, supporting governance and allowing CTM UHB to monitor how individual posts were categorized and the justification for that category.
116	CTM UHB has language skills data for 91% of its workforce as of September 2024. With this data we have: Targeted our internal learning Welsh offer; Added the data to the e-rostering system; Begun to promote how this workforce data can inform short-term workforce planning and recruitment; Published the baseline in Part A of this plan, informing Part B actions, using PowerBI also as a visual tool.

Planning assumptions for Part B & C

Planning assumptions based on the data above and stakeholder engagement:

Working where there are Welsh speakers in relation to the Active Offer as opposed to a blanket approach is more likely to be successful;

Services for Children & Young people are essential given the population trends described above, however staff aligned to Children & Young people appear to have a strong level of provision already. The School Nursing Service and Health Visiting are two areas, given also the growth of the Welsh medium education sector, that will need to increase its offer however;

Working with General Medical Services (GMS) providers that have Welsh speakers first and then working with others is more likely to be successful;

Supporting staff to be able to identify themselves as Welsh speakers is crucial and this needs work for some areas;

Informing patients about what we can offer in Welsh, and where we offer it, is essential to uptake;

As patients appreciate even the smallest courtesy in Welsh, even where the clinician isn't able to do more than that, supporting staff in priority areas to develop a basic level of Welsh is important;

Staff often need the confidence to use the Welsh they have, and the data for CTM UHB shows that there are many staff who could be developed into confident Welsh speakers;

Including Welsh in extant workforce planning processes is important as opposed to separately, and it is via these core mechanisms we will develop 'workforce plans' for More Than Just Words Action 18. The training element is detailed in the plan for Part B and C available here;

Attracting prospective staff is crucial to building a bilingual workforce;

There needs to be a continued focus on behavioural and cultural change, and as such leadership and behaviour change have specific actions;

There needs to be a better, more frequent conversation between community organisations such as the Mentrau Iaith and the Health Board;

Screening changes is essential for the plan to stay relevant given the pace of change in service delivery;

Data needs to be dynamic given the intention to focus closely on learning and development, as success would mean more staff changing their level more often. Planning is impossible without accurate data;

Continued focus is needed on internal engagement so that staff understand what can support them indirectly with patient care, and directly in terms of learning and developing Welsh for use with patients;

Some areas of the Health Board need no further intervention (Green areas). Others have a degree of provision in Welsh and some actions could support and solidify it (Amber).

Service priorities based on *supporting current* provision available, based on the data on **Amber** services in Table 4, Appendix 1:[9]

Diagnostics
Paediatric Speech & Language Therapy
Occupational Therapy
Physiotherapy
Podiatry
Pharmacy
District Nursing
In-patient Mental Health units
WISE Service
Community in-patients wards

Service priorities based on *developing* provision, based on the data below in Appendix 2, Table 9:

All services in Appendix 2 but particularly the Memory Assessment Service first and then other services highlighted as red where there are staff with some Welsh language skills already;
Adult acute in-patient wards, particularly Stroke wards first.

Service priorities in relation to Primary Care:

All providers listed in Table 1.

[9] As noted above, services in Green are deemed to be strong enough not to need further intervention in terms of bilingualism.

Appendix 1: Tables showing ability of CTM UHB to provide a service in Welsh by Staff Group (September 2024)

Table 4: Current baseline: Medical & Dental Staff Group

Medical & Dental Staff Group			
Speciality where a health interaction could occur in Welsh	**Number of staff and location (where noted)**	**As % of staff in similar roles in locality**	**Care Group**
Rheumatology	**4** (3 based at RGH, 1 at PCH)	RGH: **3 in 8**, 37.5% PCH: **1 in 2**, 50%	Unscheduled
*CAHMS	**1**	**1 in 3** (33%)	MH&LD
Dentistry	**4** (2 KHHP, 2 Dental Teaching Unit)	KHHP: 2 in 6, 33% DTU: 2 in 6, 33%	Primary & Community
*MH Rehabilitation	**1** (community)	**1 in 3**, 33%	MH&LD
*Paediatrics	**3** (1 Bridgend locality community, 2 RGH locality)	Bridgend (community): **1 in 4** (25%) RGH: **1 in 18** (5.5&) RGH (community): **1 in 10**, 10%	Children & Families
Radiology (consultants)	**6** (4 based at RGH, 2 based at POW)	RGH: **4 in 22**, 18% POW: **2 in 8**, 25%	DTPS
Respiratory	**1** (1 at PCH)	**1 in 4**, 25%	Unscheduled
Trauma & Orthopaedics	**1** (based at RGH)	**1 in 13** (7.6%)	Planned
Gastroenterology	**1** (at RGH)	**1 in 14**, 7%	Planned
Diabetes & Endocrine	**1** (1 based at RGH)	**1 in 5**, 20%	Unscheduled
Cardiology	**1** (1 based at RGH)	**1 in 7**, 14%	Unscheduled
Emergency medicine	**5** (2 at PCH, 2 at POW, 1 at RGH)	PCH: **2 in 29** (7%) POW: **2 in 26** (7.6%)	Unscheduled
*COTE (Care of the Elderly)	**1 (at POW)** **1 (at RGH)**	**1 in 11**, 9% **1 in 8**, 12.5%	Unscheduled
Anaesthetics	**1** (based at PCH)	**1 in 39** (2.5%)	Planned

Table 5: Current baseline: AHPs & APST Group

Allied Health Professionals, Add Prof Scientific and Technical Groups			
Speciality where a health interaction could occur in Welsh	**Number of staff and location (where noted)**	**As % of staff in similar roles in locality**	**Care Group**
*Early Supported Discharge Service, Speech & Language)	1	**1 of 2, 50**%	DTPS
*Occupational Therapy (Stroke Rehab Unit)	1	**1 of 1,** 100%	MH&LD
Pharmacy (Neurodevelopment Service)	1	**1 of 1,** 100%	CH&F
*Merthyr SLT – Flying Start	1	**1 of 2**, 50%	DTPS
*Critical Care Psychology	1	**1 in 3,** 33%	DTPS

*Occupational Therapy (SRU Mental Health Rehab)	1	**1 in 1,** 100%	DTPS
*Occupational Therapy (Mental Health Liaison)	1	**1 in 2,** 50%	DTPS
Speech & Language Therapy Palliative Care	1	**1 in 2,** 50%	DTPS
*Paediatric Speech & Language Therapy (Dysfluency)	1	**1 in 1,** 100%	DTPS
*Paediatric Speech & Language Therapy (Community)	1	**1 in 1,** 100%	DTPS
*Paediatric Speech & Language Therapy (Dysphagia)	1	**1 in 1,** 100%	DTPS
Speech & Language Adult General Medicine	11	**1 in 3,** 33%	DTPS
Community Podiatry	2	**2 in 5,** 40%	DTPS
Consultant in Podiatry	1	**1 in 1,** 100%	DTPS
Physiotherapy (Neuro Outpatients)	3	**3 in 4,** 75%	DTPS
Physiotherapy (Community Resource Team RCT)	1	**1 in 3,** 33%	DTPS
*Physiotherapy Integrated Cluster Team Bridgend	1	**1 in 3,** 33%	DTPS
*Paediatric Physiotherapy	1	**1 in 15,** 6.6%	DTPS
*Speech & Language Therapy (Angleton Ward 2-Older Adults Mental Health)	1	**1 of 4,** 25%	MH&LD
Physiotherapy (Medicine, RGH)	1	**1 in 7,** 14%	DTPS
Physiotherapy (Medicine, PCH)	1	**1 in 5,** 20%	DTPS
Physiotherapy Trauma & Orthopaedics	1	**1 in 7,** 14%	DTPS
Physiotherapy Bridgend Community Resource Team	1	**1 in 7,** 14%	DTPS
Respiratory Physiotherapy	1	**1 in 5,** 20%	DTPS
Occupational Therapy (Palliative Care)	1	**1 in 6,** 16%	DTPS
Pharmacy (managed posts in GMS)	2	**2 in 8,** 25%	PC&C
Pharmacy (Asceptics Production)	3	**3 in 12**, 25%	DTPS
Physiotherapy (Long Term Conditions & Palliative Care)	1	**5 separate teams of varying numbers, 1 person in this area**	DTPS

Occupational Therapy (PCH Acute Physical Service)	2	**2 in 12**, 16%	DTPS
Physiotherapy (Community Well-being Team)	2	**2 in 7, 28%**	DTPS
Pharmacy (Medicines Governance	2	**2 in 11,** 18%	DTPS
Weight Management Programme (multi-disciplinary)	2	**2 in 11,** 18%	DTPS
Acute Podiatry	1	**1 in 3,** 33%	DTPS
Sonography	2 (2 at RGH)	**2 in 13**, 15%	DTPS
Dieticians	6	6 in 41, 14%	DTPS, PC&C, MH&LD
Pharmacy (Access to Medicines)	1	**1 in 7,** 14%	DTPS
Physiotherapy (MSK)	2	**2 in 65,** 3%	DTPS
Radiography (Radiographers)	17 (5 at RGH, 4 at POW, 8 at PCH)	RGH: **5 in 49**, 10% PCH: **8 in 52**, 15% POW: **4 in 59**, 6.7%	DTPS
Optometry	1	**1 in 9 at RGH,** 11%	Planned
*Adferiad	2	**2 in 18,** 11%	DTPS
Occupational Therapy (Hand Therapy)	2	**2 in 5,** 40%	DTPS
Pharmacy (RGH)	6	**6 in 61,** 9%	DTPS
Pharmacy (POW)	5	**5 in 57,** 8%	DTPS
Audiology	1 in POW	**1 in 12,** 8%	DTPS
*Psychological Therapy	1	**1 in 14,** 7%	MH&LD
Pharmacy (Managed posts)	1	**1 in 16,** 6.25%	DTPS
Occupational Therapy (RCT Memory Re-enablement)	1	**1 in 5,** 20%	DTPS
Physiotherapy Pelvic Health	1	**1 in 5,** 20%	DTPS
Occupational Therapy (RGH Physical In-patient Service)	1	**1 in 13.5,** 7.4%	DTPS
RGH Haematology (Phlebotomy)	2	**2 in 46,** 4%	DTPS
*Occupational Therapy (Paediatrics)	1	**1 in 26,** 3.8%	DTPS
Occupational Therapy (Rehab)	1	**1 in 4,** 25%	DTPS
Occupational Therapy (YCR In-patient Rehab)	1	**1 in 8.5,** 11.7%	DTPS
Physiotherapy (Stroke)	1	**1 in 8,** 12.5%	DTPS
Operating Department Practitioners	9	**PCH:** 2 of 29, 7% **POW:** 3 of 26, 11% **RGH:** 4 of 22, 18%	Planned

Table 6: Current baseline: Additional Clinical Services (Healthcare Support Workers)

Additional Clinical Services: Health Care Support Workers			
Location or team where a health interaction could occur in Welsh	**Number of staff**	**As % of staff in similar roles in locality**	**Care Group**
District Nursing (Nights)	1	1 in 1, 100%	PC&C
*Cynon Older People's Mental Health Team	1	1 of 1, 100%	MH&LD
*RTE District Nursing	1	1 in 2, 50%	PC&C
*Merthyr School Nursing	1	1 in 3, 33%	CH&F
*Merthyr Community Mental Health Team	1	1 in 3, 33%	MH&LD
Homelessness Outreach Team	1	1 of 3, 33%	MH&LD
Lymphoedema Clinics	1	1 in 4, 25%	PC&C
RGH Endoscopy Clinic	1	1 in 4, 25%	Planned
*CAMHS Community Nursing	1	1 in 5, 20%	MH&LD
RGH Diabetic Liaison	1	1 in 5, 20%	Unscheduled
*District Nursing Merthyr Cynon	1	1 in 6, 16%	PC&C
Merthyr Community Gynaecology	1	1 in 7, 14%	CH&F
RGH Ward 9	3	3 in 23, 13%	Unscheduled
RGH Ward 21	1	1 in 8, 12.5%	MH&LD
Integrated Sexual Health Locality	1	1 in 9, 11%	CH&F
*POW Paediatric Ward	1	1 in 10, 10%	CH&F
PCH Ward 7	2	2 in 20, 10%	Planned
*Angleton Ward 2	3	3 in 32, 9.3%	MH&LD
*Children & Young People Community Locality	2	2 in 22, 9%	CH&F
*RGH Stroke Rehab Unit	1	1 in 12, 8.3%	MH&LD
RGH Ward 12	2	2 in 24, 8.3%	Unscheduled
RGH Ward 22	1	1 in 12, 8.3%	MH&LD
RGH Ward 2	1	1 in 13, 7.6%	Planned
POW Ward 9	1	1 in 15, 6.6%	Planned
RGH Ward 20 Orthopaedic Rehab	1	1 in 15, 6.6%	Unscheduled
*Pinewood House	1	1 in 16, 6.25%	MH&LD
POW Ward 7	1	1 in 16, 6.25%	Planned
POW Ward 8	1	1 in 16, 6.25%	Planned
*YCC Ward 3	1	1 in 16, 6.25%	PC&C
*RGH Seren Ward	4	4 in 72, 5.5%	MH&LD
*YCR Ward C3	1	1 in 18, 5.5%	PC&C
*YCR Ward D4	1	1 in 21, 4.7%	PC&C
*PCH Ward 10 Stroke	1	1 in 21, 4.7%	Unscheduled
RGH Ward 8	1	1 in 21, 4.7%	Planned
PCH Ward 5	1	1 in 23, 4.3%	Planned

RGH Ward 14	1	1 in 23, 4.3%	Unscheduled
YCR Ward B2	1	1 in 25, 4%	PC&C
PCH Acute Midwifery	1	1 in 38, 2.6%	CH&F
POW Bridgend Surgical Ward	1	1 in 12, 8%	Planned
*CAMHS Acute – Tier 4	2	2 in 32, 6.25%	MH&LD
POW Theatres	1	1 in 51, 2%	Planned
PCH ED	1	1 in 29, 3.4%	Unscheduled
RGH ED	1	1 in 22, 4.5%	Unscheduled
RGH Theatres	2	2 in 32, 6.25%	Planned

Table 7: Current baseline: Additional Clinical Services (Other roles as noted)

Additional Clinical Services: Other roles as noted			
Speciality where a health interaction could occur in Welsh	**Number of staff and location (where noted)**	**As % of staff in similar roles in locality**	**Care Group**
*CAMHS FACS 1 (Assisstant Psychologist)	1	1 of 1, 100%	MH&LD
*Merthyr & Cynon Primary Care Mental Health (Assisstant Psychologist)	1	1 in 2, 50%	MH&LD
Help me Quit (Assisstant Practitioners)	1	1 in 3, 33%	Corporate & Hosted
*Nursery Nurses	4	RCT Health Visiting: 2 of 17, 11% RGH Ward 17/18: 1 of 1, 100%, Resilient Families, Health Visiting: 1 of 1, 100%	CH&F
*SHINE (CAMHS School In-reach) (Assisstant Psychologist)	2	2 in 11, 18%	MH&LD
HM Parc Prison (Health Assisstant)	1	1 in 3, 33%	PC&C
Dental Surgery Assisstant	3	Dental Teaching Unit: 2 of 11, 18%, Urgent Primary Care Centre 1 of 6, 16%	PC&C

Table 8: Current Baseline: Nursing & Midwifery

Nursing & Midwifery (Nurses and Midwives (all grades) unless otherwise noted)			
Location or speciality where a health interaction could occur in Welsh	**Number of staff and location (where noted)**	**As % of staff in similar roles in locality**	**Care Group**
Pacesetters	1	1 in 1, 100%	PC&C
*Stay Well At Home	2	2 in 3, 66%	PC&C

Resilient Families (Health Visiting)	1	1 in 2, 50%	CH&F
Gynae Day Assessment Unit RGH (Advanced Practitioners)	1	1 in 2, 50%	CH&F
*RGH Psychiatric Intensive Care Unit	2	2 in 4, 50%	MH&LD
*PCH Crisis Resolution & Home Treatment	3	Community Nurse: 1 of 1, 100% Community Practioner: 2 of 11, 18%	MH&LD
*Coity Clinic Ward 14 (staff nurse)	3	3 in 8, 37.5%	MH&LD
RGH Arrhythmia Nursing	1	1 in 3, 33%	Unscheduled
*PICU Coity Clinic (staff nurses)	3	3 in 11, 27%	MH&LD
Keir Hardie Assertive Outreach Team (community Practitioners)	1	1 in 4, 25%	MH&LD
*Merthyr Nights District (Nursing) – Cynon (Community Practitioners)	1	1 in 4, 25%	PC&C
*RTE District Nursing	12	9 of 62 Nursing staff, 14% 3 of 12 Community Practitioners, 25%	PC&C
*RTE District Nursing	12	9 of 62 Nursing staff, 14% 3 of 12 Community Practitioners, 25%	PC&C
RGH Heart Failure Nursing	1	1 in 4, 25%	Unscheduled
*Primary Child &Adolescent MH Service (sister)	1	1 in 4, 25%	MH&LD
*YCR Ward B2	3	3 in 14, 21%	PC&C
Rheumatology Nursing	1	1 in 5, 20%	Unscheduled
PCH Out of Hours Advanced Nurse Practitioners	1	1 in 5, 20%	Unscheduled
POW Diabetic Clinic	1	1 in 5, 20%	Unscheduled
*At Home Services	2	2 in 11, 18%	PC&C
PCH Outpatients	2	2 in 12, 16%	Planned
PCH Ward 6	1	1 in 21, 16%	Planned
*RCT Community Mental Health Team (Community Practitioners)	1	1 in 6, 16%	MH&LD
RGH Ward 21	1	1 in 6, 16%	MH&LD
RGH Ward 22	1	1 in 6, 16%	MH&LD
*Complex Depression, Anxiety & Trauma Service (community Practitioners)	2	2 in 12, 16%	MH&LD

*Community Intensive Therapy Team (Staff nurse)	1	1 in 6, 16%	MH&LD
YCC Outpatients	1	1 in 6, 16%	Planned
*RGH Recovery	2	2 in 13, 15%	Planned
Bridgend Community Midwives (Midwives)	1	1 in 7, 14%	CH&F
*Bridgend Flying Start (Community Practitioners)	3	3 in 21, 14%	CH&F
RGH Pre-assessment	1	1 in 7, 14%	Planned
POW Endoscopy Suite	2	2 in 15, 13%	Planned
RGH Theatres	5	5 in 41, 12%	Planned
RGH Ward 19 Respiratory	2	2 in 18, 11%	Unscheduled
PCH Ward 31	4	4 in 36, 11%	CH&F
*Pinewood House	1	1 in 9, 11%	MH&LD
PCH Fracture Clinic	1	1 in 9, 11%	Planned
*CAMHS Therapies	1	1 in 10, 10%	MH&LD
RGH Endoscopy Clinic	2	2 in 19, 10%	Planned
*RGH Admissions Ward	1	1 in 10, 10%	MH&LD
RGH Ward 14	2	2 in 19, 10%	Unscheduled
Emergency Nurse Practitioners	1	1 in 10, 10%	Unscheduled
*RGH Ward 17/18	5	5 in 46, 10%	CH&F
CAMHS Nursing	3	3 in 32, 9.3%	MH&LD
Merthyr Community Gynaecology (Staff nurses & Community nurses)	1	1 in 11, 9%	CH&F
Merthyr Health Visiting (Community Practitioners)	1	1 in 11, 9%	CH&F
Specialist Midwives	2	2 in 24, 8.3%	CH&F
*Stroke Rehab Unit	1	1 in 12, 8%	MH&LD
*Paediatric Specialist Nurses	1	1 in 12, 8%	CH&F
*YCR Ward A1	1	1 in 13, 7.6%	PC&C
POW Ward 15	1	1 in 14, 7%	Unscheduled
*RGH Crisis Resolution & Home Treatment	1	1 in 14, 7%	MH&LD
PCH Acute Midwifery & Nursing (midwives)	7	7 in 104, 6.7%	CH&F
RGH Outpatients	1	1 in 15, 6.6%	Planned
RGH Ward 12	1	1 in 15, 6.6%	Unscheduled
POW Ward 11	1	1 in 15, 6.6%	Planned
*Merthyr School Nursing	2	School Nurses: 1 of 17, 5.8% Community Practitioners: 1 of 24, 4%	CH&F
POW Ward 9	1	1 in 17, 5.8%	Planned
RGH Ward 2	1	1 in 17, 5.8%	Planned
YCC Ward 3	1	1 in 17, 5.8%	PC&C
POW Ward 7	1	1 in 18, 5.5%	Planned

*POW Paediatric Ward (staff nurses)	2	2 in 37, 5.4%	CH&F
RGH Ward 8	1	1 in 19, 5.2%	Planned
POW Orthopaedic Rehab	1	1 in 19, 5%	Unscheduled
POW Ward 6	1	1 in 20, 5%	Unscheduled
*RCT Health Visiting	4	4 in 84, 4.7%	CH&F
*PCH Ward 10 Stroke	1	1 in 22, 4.5%	Unscheduled
RGH Ward 1-4 Acute Medical Unit	2	2 in 45, 4.4%	Unscheduled
POW Special Care Baby Unit	1	1 in 25, 4%	CH&F
POW Special Care Baby Unit	1	1 in 25, 4%	CH&F
*Merthyr Community Children's Nurse (Community Nurses)	1	1 in 27, 3.7%	CH&F
Women's Integrated Sexual Health	1	1 in 31, 3.2%	CH&F
PCH & RGH Community	1	1 in 38, 2.6%	CH&F
PCH Neonatal	1	1 in 40, 2.5%	CH&F
Merthyr District Nursing	1	1 in 58, 1.7%	PC&C
POW Maternity (midwives)	1	1 in 64, 1.5%	CH&F
*RGH Seren Ward	1	1 in 13, 7.6%	MH&LD
PCH Acute Medical Unit	2	2 in 23, 8.6%	Unscheduled
RGH ED	5	5 in 67, 7.4%	Unscheduled
POW Critical Care Outreach	1	1 in 7, 14%	Planned
POW ED	5	5 in 73, 6.8%	Unscheduled
RGH Critical Care Unit	1	1 in 15, 6.6%	Unscheduled
PCH Critical Care Unit	1	1 in 5.5%	Unscheduled
PCH ED	3	3 in 71, 4.2%	Unscheduled
PCH Critical Care	1	1 in 51, 2%	Planned
POW Critical Care	1	1 in 50, 2%	Planned
POW Acute Medical Unit	1	1 in 52, 1.9%	Unscheduled

Appendix 2: Table of gaps in provision in Welsh by ESR 'Organisation' categorized by More Than Just Words Priority area (September 2024)

Those highlighted in blue means the service could be targeted for training as the service has individuals at a Level 2 Speaking & Listening.

Services highlighted in red have at least one member of staff with Level 3 Speaking/Listening to allow for targeted intervention.

Table 9: Gaps in provision categorized by MTJW Priority area

Priority area under MTJW	Service area
Children & Young People	Bridgend Community Midwives
	Bridgend Health Visiting
	Bridgend School Nursing (1 L2)
	Flying Start Midwifery Bridgend (1 L3)
	Flying Start Midwifery Bridgend Merthyr
	Healthy Pre-schools Team
	Merthyr Flying Start
	Paediatric Psychology (Psychologist)
	POW Paediatric Doctors & Consultants
	POW Paediatric Outpatients
	Psychology Family Therapy
	RCT Bump Start & MAMSS
	RCT Pipyn (1 L2)
	RGH Children's Outpatients
Mental Health	Adult Psychology
	Bridgend Crisis Team
	Bridgend Community MH Team (2 L3)
	M&C Psychiatric Liaison Service
	Mental Health Veterans Service
	Merthyr Older People's Mental Health Team
	Mental Health 111 Service (1 L3)
	Perinatal Mental Health Services
	Mental Health Eating Disorders
	CAMHS LD Consultant
	Cefn yr Afon Queralla Road
	RGH St David's Unit (1 L2)
	Cynon Valley CMHT
	Bridgend North CMHT (2 L2)
	Bridgend South CMHT
	M&C Assertive Outreach Team
	CDAT - Teams M&C (2 L2)
	Rehabilitation - Psychology
The Elderly	RCT Older Peoples Mental Health Team - Taff Ely
	RCT Older Peoples Mental Health Team - Rhondda
	POW Acute Frailty Unit
	POW Elderly Care (1 L2)
	Older Person's Teams Support & Stay
	M&C District Nursing

	M&C Older Persons Medical Staff (1 L2)
	Bridgend Care Home In-reach/Liaison (1 L3)
	RTE District Nursing - Parc Canol
	RTE District Nursing - Taff Vale
	RTE District Nursing - Ferndale
	RTE District Nursing - Parc Canol
	RTE Older Persons Medical Staff
	RTE District Nursing - Tonypandy
	Stay Well at Home (Therapies) (1 L3)
Those living with dementia	MAS Rhondda (1 L2)
	MAS Taff
	M&C Memory Services (1 L3)
Stroke	POW Stroke Consultants
	PCH Medical Staff (Stroke)
Speech & Language Therapy	Adult Speech & Language Therapy
	Bridgend Speech Therapy Flying Start (1 L2)
Wards	POW Ward 4 (1 L3)
	RGH Ward 5 Gastroenterology (1 L2)
	POW Ward 5 (1 L3)
	POW Ward 10
	POW Ward 16
	POW Ward 17 (1 L2)
	POW Ward 18 (1 L3)
	POW Ward 19 (2 L2)
	POW Ward 20
	PCH Ward 3
	PCH Ward 2 Cardiology (1 L2)
	RGH Ward 9
	RGH Ward 10 & 11
	RGH Ward 3 (1 L3) (1 L2)
	PCH Ward 9 Gastroenterology
	POW Ward 10
	POW Ward 18
	POW Ward 5
	RGH Ward 15 (1 L3) (1 L2)
	PCH Ward 12 Respiratory
	YCC Ward 4
	YCC Ward 6
	YCC Ward 7
	YCC Ward 1
	YCC Ward 2
	PCH Ward 12 Respiratory
	YCC Ward 4
	RGH Ward 10 & 11
	PCH Ward 12 Respiratory

List of contributors to this planning phase

Aside from the baseline above and a literature review, the expertise and experience of the following individuals contributed to Part B of this plan:

Gareth Watts, Board Secretary and Director of Corporate Governance
Dr Chelsea Walters, Doctor within Paediatrics
Dr Aled Huws, Consultant in Emergency Medicine
Dr Ceril Rhys-Dillon, Consultant in Rheumatology
Dr Emyr Humphreys, Consultant in Rheumatology and Medical Director
Dr Awen Iorwerth, Consultant in Trauma & Orthopaedics and Medical Director
Dr Rhian Rhys, Consultant in Radiology
Angela Bell, Quality Lead for Therapies
Sophie Basset, Lead Nurse for Older People's Mental Health
Kelly Bright, Senior Nurse for Older People's Mental Health
Karen Wright, Assisstant Director for People Policy & Compliance
George Shouler, Deputy Head of Organisational Development
Emily Summerhayes, Attraction & Resourcing Lead
Abi Landeg, Retention Lead
Alex Grand, Strategic Lead for Equality, Diversity & Inclusion
Gillian Goss, Deputy Head of People for Unscheduled Care and Facilities
Celia Enyioko-Hanniford, Head of Employee Engagement & Involvement
Natasha Weeks, Head of Engagement & Involvement
Dafydd Snelling (for creation of the graphic in Appendix 3)
Rebecca Watkins, Employee Experience Lead

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU IACHACH GYDA'N GILYDD

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER COMMUNITIES TOGETHER



Data gwaelodlin ar gyfer Cynllun Strategol Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg 2024-2029 ar gyfer Cynnig Ymgynghoriadau Clinigol yn Gymraeg

Cyhoeddwyd yn unol Safon y Gymraeg 110 a Chynllun 5-Mlynedd Mwy na Geiriau Cam Gweithredu 18

Cynnwys

Cyflwyniad 2

Dadansoddiad gwaelodlin ar gyfer Rhan A Safon 110 2

Thema 1: Asesiad o Anghenion Poblogaeth ar gyfer y Gymraeg yn Rhanbarth BIP CTM 2

Y Gymraeg yn rhanbarth BIP CTM 2

Gwasanaethau iechyd a'r boblogaeth sy'n siarad Cymraeg yn rhanbarth BIP CTM 4

Thema 2: Cynnig y Gymraeg mewn Gofal Sylfaenol 5

Thema 3: Data sgiliau iaith ar gyfer Gofal Eilaidd a'r ddarpariaeth gyfredol 7

Diffinio siaradwr Cymraeg 7

Diffinio ymgynghoriad clinigol 9

Sgiliau Cymraeg ar gyfer BIP CTM yn ei gyfanrwydd a'i Grwpiau Gofal 9

Sgiliau Cymraeg cyffredinol yn ôl Grŵp Staff 10

Y gallu i ddarparu gwasanaeth yn Gymraeg yn ôl Grŵp Staff 12

Crynodeb o'r waelodlin bresennol mewn Gofal Eilaidd 14

Thema 4: Data sgiliau iaith ar gyfer Gofal Eilaidd a'r bylchau presennol yn y ddarpariaeth 15

Thema 5: Systemau data cleifion a systemau'r gweithlu 16

Thema 6: Tystiolaeth ansoddol a meintiol o ddefnydd cyfredol o'r Gymraeg mewn gofal 18

Thema 7: Cydymffurfio â Safonau craidd eraill sy'n berthnasol i Safon 110 20

Rhagdybiaethau cynllunio ar gyfer Rhan B ac C 21

Atodiad 1: Tablau sy'n dangos gallu BIP CTM i ddarparu gwasanaeth yn Gymraeg yn ôl Grŵp Staff (Medi 2024) 23

Atodiad 2: Tabl o fylchau yn y ddarpariaeth yn Gymraeg fesul 'Sefydliad' ESR wedi'i gategoreiddio yn ôl maes blaenoriaeth Mwy na Geiriau (Medi 2024) 31

Rhestr o gyfranwyr i'r cam cynllunio hwn 33

Cyflwyniad

Mae'n ofynnol i Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg gydymffurfio â Safon y Gymraeg ganlynol, o dan Reoliadau Safonau'r Gymraeg (Rhif 7) (Cymru) 2017 ac fel y'u gosodwyd yn yr hysbysiad cydymffurfio sydd ar gael yma:

> Rhaid i chi gyhoeddi cynllun ar gyfer pob cyfnod o 5 mlynedd gan nodi:
>
> (a) i ba raddau yr ydych yn gallu cynnig cynnal ymgynghoriad clinigol yn Gymraeg;
>
> (b) y camau yr ydych yn bwriadu eu cymryd i gynyddu eich gallu i gynnig cynnal ymgynghoriad clinigol yn Gymraeg;
>
> (c) amserlen ar gyfer y camau yr ydych wedi rhoi manylion amdanynt yn (b).

Mae'r ddogfen hon yn cydymffurfio â Rhan A, ac mae'r data a ddefnyddir ynddi wedi'i ddefnyddio fel sail gynllunio wrth ffurfio Rhan B ac C o'r cynllun. Mae'r cynllun ei hun ar gael yma.

Dadansoddiad gwaelodlin ar gyfer Rhan A Safon 110

Mae'r adran hon yn cynnig gwaelodlin ar gyfer gallu BIP CTM i gynnig ymgynghoriadau clinigol yn y Gymraeg ar hyn o bryd, ym mis Medi 2024. Mae hyn drwy nifer o themâu fel y nodir isod.

Y gyntaf o'r themâu hyn yw dadansoddiad sylfaenol o anghenion y boblogaeth gan y bydd hyn yn rhoi lefel bellach o eglurhad ynghylch pam y mae rhai camau gweithredu wedi'u cynllunio yn Rhan B, i ategu'r waelodlin fewnol o fewn BIP CTM.

Thema 1: Asesiad o Anghenion Poblogaeth ar gyfer y Gymraeg yn Rhanbarth BIP CTM

Nodir isod ddemograffeg y Gymraeg yn rhanbarth BIP CTM ac yna nodir rhai blaenoriaethau sylfaenol yn seiliedig ar hyn.

Y Gymraeg yn rhanbarth BIP CTM

Mae cyfrifiad 2021 yn rhoi'r darlun cyffredinol canlynol o ran gallu yn y Gymraeg. O'r 538,296 (17.8%) o siaradwyr Cymraeg yng Nghymru:

- mae 5,079 yn byw yn ardal CBS Merthyr Tudful (8.9%),
- mae 28,556 yn byw yn ardal CBS Rhondda Cynon Taf (12.4%),
- mae 13,037 yn byw yn ardal CBS Pen-y-bont ar Ogwr (9.2%).

Dangosodd cyfrifiad 2021 ostyngiad bach yn nifer y siaradwyr Cymraeg yng Nghymru yn gyffredinol (ond gweler yma am ddadansoddiad manylach). Fodd bynnag, ar gyfer rhanbarth Cwm Taf Morgannwg, nid oedd hyn yn wir ac roedd yn un o'r ychydig ardaloedd lle na ddigwyddodd hyn.

Mae'r Arolwg Blynyddol o'r Boblogaeth yn rhoi niferoedd llawer uwch ar gyfer y rhanbarth, ac eglurir yr anghysondeb hwnnw yma.[1] O'r 854,400 o siaradwyr Cymraeg yng Nghymru (27.8% o'r boblogaeth yn gyffredinol):

mae 11,300 yn byw yn ardal CBS Merthyr Tudful (20%),
mae 36,100 yn byw yn ardal CBS Rhondda Cynon Taf (15.4%),
mae 26,000 yn byw yn ardal CBS Pen-y-bont ar Ogwr (18.5%).

Mae hyn yn sylweddol uwch na'r cyfrifiad. Mae'n debygol felly bod y bron i 50,000 o siaradwyr Cymraeg sydd yn rhanbarth BIP CTM yn ôl y Cyfrifiad yn lleiafswm ar draws y rhanbarth.

Mae'r dadansoddiad oedran o ddata cyfrifiad 2021 ar gyfer pob ardal yn awgrymu bod y rhan fwyaf o siaradwyr Cymraeg yn rhanbarth BIP CTM yn ifanc, gyda mwy o bobl yn y garfan o dan 60-65 oed yn siarad Cymraeg na'r garfan dros yr oedran hwnnw (41,898 o dan a 4,774 drosodd) ar draws y tair bwrdeistref.

Mae cyfran y siaradwyr Cymraeg hefyd yn uwch ymhlith carfannau iau ym mhob un o'r tair bwrdeistref, gyda 15% o blant 3 i 4 oed yn Rhondda Cynon Taf, 9% o blant 3 i 4 oed ym Mhen-y-bont ar Ogwr ac 8% o blant 3 i 4 oed ym Merthyr Tudful yn siarad Cymraeg (y garfan oedran ieuengaf). Mae hyn yn cyferbynnu â 3% o bobl 85+ oed ym Merthyr Tudful, 6% o bobl 85%+ ym Mhen-y-bont ar Ogwr a 4.8% o bobl 85% yn Rhondda Cynon Taf yn siarad Cymraeg (y garfan oedran hynaf).

Fodd bynnag, mae siaradwyr hŷn y Gymraeg yn llawer mwy tebygol o fod wedi dysgu'r Gymraeg gartref ac yn y gymuned yn hytrach na thrwy'r system addysg a gall fod mai'r Gymraeg yw eu hiaith ddominyddol. Mae hyn yn arbennig o wir am y rhai sy'n gallu siarad Cymraeg dros ryw 60 oed, gan nad oedd addysg cyfrwng Cymraeg yn bodoli pan oeddent o oedran ysgol i'r graddau y mae'n bodoli heddiw.

Mae 725 o aelwydydd ledled y rhanbarth yn ôl cyfrifiad 2021 sydd â phlant sy'n siarad Cymraeg ynghyd ag oedolion sy'n siarad Cymraeg. Awgryma hyn fod yr iaith yn cael ei throsglwyddo o fewn teuluoedd yn rhanbarth BIP CTM (trosglwyddo rhwng y cenedlaethau), ac nid ei dysgu yn yr ysgol yn unig. Cefnogir hyn gan ddata pellach yma gan yr ystadegydd Hywel Jones, sy'n awgrymu'n gryf fod cael rhiant sy'n siaradwr Cymraeg yn rhagfynegi y bydd y plant yn siarad Cymraeg.

Roedd y rhai a nododd eu hunain fel 'Gwyn' yng nghyfrifiad 2021 yn fwy tebygol o nodi eu bod yn siaradwyr Cymraeg o gymharu â mathau eraill o ethnigrwydd. Fodd bynnag:

roedd 6.4% o'r boblogaeth a oedd yn uniaethu â'r grŵp ethnig "Asiaidd, Asiaidd Cymreig neu Asiaidd Prydeinig" yn gallu siarad Cymraeg (o gymharu â 6.3% yn 2011),
roedd 6.1% o'r boblogaeth a oedd yn uniaethu â'r grŵp ethnig "Du, Du Cymreig, Du Prydeinig, Caribïaidd neu Affricanaidd" yn gallu siarad Cymraeg (o gymharu â 5.6% yn 2011),

[1] Llywodraeth Cymru 2024, *Arolwg Blynyddol o'r Boblogaeth - Y gallu i siarad Cymraeg yn ôl awdurdod lleol a blwyddyn*. Caerdydd: Llywodraeth Cymru. Ar gael: Arolwg Blynyddol o'r Boblogaeth - Y gallu i siarad Cymraeg yn ôl awdurdod lleol a blwyddyn (llyw.cymru) Cyrchwyd: 18/10/2024

roedd 5.9% o'r boblogaeth a oedd yn uniaethu â "Grŵp ethnig arall" yn gallu siarad Cymraeg (o gymharu â 5.5% yn 2011).

Mae cyfran y siaradwyr Cymraeg mewn cymunedau ar draws BIP CTM yn amrywio. Y ganran isaf o siaradwyr Cymraeg yw 5% yn ward y Gurnos ym Merthyr Tudful, a'r uchaf yw 27% yn ward Pont-y-clun yn Rhondda Cynon Taf. Mae chwe chymuned gyda lleiafrif sylweddol o siaradwyr Cymraeg lle mae dros 15% yn gallu siarad Cymraeg a 32 cymuned lle mae dros 10% yn gallu gwneud hynny. Nid oes cymunedau yn rhanbarth BIP CTM sydd heb siaradwyr Cymraeg ynddyn nhw, sydd hefyd yn wir ar draws Cymru. Mae gan rai cymunedau yn BIP CTM niferoedd mawr o siaradwyr Cymraeg; er enghraifft, Pentre'r Eglwys (Rhondda Cynon Taf) gyda 1,301 neu Goety Uchaf (Pen-y-bont ar Ogwr) gyda 1,128.

Ar wahân i drosglwyddo rhwng cenedlaethau ar lefel aelwyd, mae addysg cyfrwng Cymraeg yn boblogaidd ledled rhanbarth BIP CTM. Yn yr ardal mae:

Pum ysgol cyfrwng Cymraeg ym Mhen-y-bont ar Ogwr;
Pedair ar bymtheg ysgol cyfrwng Cymraeg yn Rhondda Cynon Taf;
Dwy ysgol cyfrwng Cymraeg ym Merthyr Tudful, ac 1 ysgol cyfrwng Saesneg gyda defnydd sylweddol o'r Gymraeg.

Mae yna hefyd ofynion cynllunio statudol ar awdurdodau lleol i gynyddu eu darpariaeth addysg cyfrwng Cymraeg ac i gynllunio i gynyddu'r defnydd o'r Gymraeg mewn cymunedau. Mae'r sector addysg presennol, gofynion i dyfu addysg cyfrwng Cymraeg a gofynion cynllunio ynghylch datblygu'r iaith yn gymunedol yn golygu nad yw poblogaeth ddwyieithog BIP CTM yn debygol o ostwng yn sylweddol. Mae potensial iddi dyfu, gyda strategaeth iaith genedlaethol Cymraeg 2050 yn anelu at filiwn o siaradwyr Cymraeg ledled Cymru.[2]

Gwasanaethau iechyd a'r boblogaeth sy'n siarad Cymraeg yn rhanbarth BIP CTM

Nid yw iechyd y boblogaeth Gymraeg ei hiaith yn BIP CTM yn debygol o fod yn sylweddol wahanol i'r boblogaeth ddi-Gymraeg wrth reoli ar gyfer oedran a nodweddion eraill, megis dosbarthiad daearyddol.[3] Er enghraifft, mae'r gwelliant yn statws iechyd y boblogaeth sy'n gallu siarad Cymraeg ers 2011 yn adlewyrchu'r patrwm ar gyfer y boblogaeth gyffredinol. Fodd bynnag, mae'n bwysig cydnabod bod rhai arbenigeddau lle gall iaith fod yn benderfynyddion craidd canlyniadau iechyd. Nodir y rhain yng Nghynllun 5 Mlynedd Mwy na Geiriau, sef:

Plant a Phobl Ifanc, a'r henoed;
Pobl ag anableddau dysgu;
Defnyddwyr gwasanaethau iechyd meddwl;
Pobl sy'n byw gyda dementia;
Defnyddwyr gwasanaethau strôc;

[2]Llywodraeth Cymru 2017, *Cymraeg 2050: Miliwn o Siaradwyr.* Caerdydd: Llywodraeth Cymru. Ar-lein: Cymraeg 2050: Strategaeth y Gymraeg | LLYW. CYMRU. Cyrchwyd: Medi 2024

[3] Llywodraeth Cymru 2023, *Y Gymraeg yn ôl nodweddion poblogaeth (Cyfrifiad 2021)*. Llywodraeth Cymru: Caerdydd. Ar-lein: https://www.llyw.cymru/y-gymraeg-yn-ol-nodweddion-y-boblogaeth-cyfrifiad-2021-html. Cyrchwyd: Medi 2024.

Defnyddwyr gwasanaethau iaith a lleferydd.

Mae themâu 3 a 4 yn nodi ein darpariaeth bresennol yn y meysydd hynny a'r bylchau presennol yn y ddarpariaeth. Yna mae'r cynllun o dan Ran B ac C yn amlinellu sut rydym yn anelu at gau'r bylchau hynny, ac mae ar gael yma.

Ar wahân i'r 6 maes uchod, gellir dod i rai casgliadau ar sail demograffeg y Gymraeg a nodir uchod:

Mae'n debygol y bydd mwy o alw am wasanaethau yn y Gymraeg i blant a phobl ifanc nag ar gyfer carfannau hŷn;
Mae yna blant ar draws BIP CTM sy'n cael eu magu yn Gymraeg, na fydd Saesneg yn iaith gyntaf iddynt ac y bydd eu gallu i siarad Saesneg yn gyfyngedig nes eu bod o oedran ysgol. Mae hyn yn hollbwysig i Ymwelwyr Iechyd, Therapi Iaith a Lleferydd a gwasanaethau cleifion mewnol pediatrig;
Lle mae angen gwasanaethau Cymraeg i'r henoed, gallai eu hangen ieithyddol fod yn ddifrifol mewn rhai arbenigeddau (e.e. strôc neu ddementia);
Nid oes yr un gymuned neu ranbarth ehangach yn BIP CTM sydd heb unrhyw siaradwyr Cymraeg, er ei bod yn ymddangos y gallai defnyddwyr gwasanaeth yn Rhondda Cynon Taf a Phen-y-bont ar Ogwr fod yn fwy tebygol o ddefnyddio gwasanaethau yn Gymraeg na'r rhai ym Merthyr Tudful yn seiliedig ar eu poblogaethau Cymraeg eu hiaith;
O ystyried nifer yr aelwydydd yn y rhanbarth gydag oedolion a phlant sy'n siarad Cymraeg, sy'n awgrymu trosglwyddo iaith rhwng y cenedlaethau, mae gwasanaethau sydd wedi'u hanelu at deuluoedd yn bwysig;
O ystyried twf addysg cyfrwng Cymraeg, mae cyfle sylweddol i BIP CTM lunio ei weithlu drwy hyrwyddo ei gyfleoedd yn effeithiol yn sector addysg cyfrwng Cymraeg mawr a chynyddol y rhanbarth;
Bydd angen i wasanaethau sy'n rhyngweithio ag ysgolion allu cynnig eu gwasanaethau yn Gymraeg, yn enwedig o ystyried twf tebygol y sector hwn;
Mae'r Gymraeg yn iaith leiafrifol ar draws rhanbarth BIP CTM, yn dilyn proses hir o leiafrifo, stigmateiddio a newid demograffig. Bydd hyn yn effeithio ar ymddygiad defnyddwyr gwasanaeth.[4] Bydd Cynnig Rhagweithiol effeithiol felly'n hanfodol er mwyn cynyddu'r defnydd o wasanaethau iechyd yn Gymraeg.

Thema 2: Cynnig y Gymraeg mewn Gofal Sylfaenol

O dan Safon y Gymraeg 65, mae'n ofynnol i BIP CTM hysbysebu ar ei wefan pa ddarparwyr Gofal Sylfaenol sy'n gallu darparu gwasanaeth yn Gymraeg. O dan y Chwe Dyletswydd fel y'u nodir yn Rheoliadau Gwasanaeth Iechyd Gwladol (y Gymraeg mewn Gwasanaethau Gofal Sylfaenol) (Diwygiadau Amrywiol) (Cymru) 2019, mae'n ofynnol i ddarparwyr Gofal Sylfaenol hefyd hysbysu Byrddau Iechyd pan fyddant yn gallu darparu rhywfaint neu'r cyfan o wasanaeth Gofal Sylfaenol yn Gymraeg. Mae'r ddolen i'r rhan honno o'r wefan yma o dan 'Dod o hyd i'ch gwasanaeth GIG lleol'. Crynhoir y darparwyr hynny isod, gyda rhai eraill wedi

[4] Davies, Dilys 2001, Within and without (The story of the Welsh): The impact of cultural factors on mental health in the present day in Wales. Yn Bhugra D., a Littlewood R., (Gol.), *Colonialism and psychiatry* (tt. 185–231). Rhydychen: Gwasg Prifysgol Rhydychen.

eu hychwanegu os yw'n hysbys o'u gwefan bod ganddynt wasanaeth Cymraeg ond eu bod heb roi gwybod i'r Bwrdd Iechyd, neu lle darparwyd cortynnau gwddf a bathodynnau. Gall fod darparwyr eraill sydd yn gallu cynnig gwasanaethau yn Gymraeg ond nid ydynt wedi rhoi gwybod i'r Bwrdd Iechyd lleol nac wedi cysylltu â Gwasanaeth Datblygu'r Gymraeg.

Tabl 1: Darparwyr Gofal Sylfaenol gyda darpariaeth Gymraeg

Gwasanaethau Meddygol Cyffredinol	
Pen-y-bont ar Ogwr	Meddygfa Llynfi Canolfan Feddygol Pont-y-clun
Rhondda Cynon Taf	Practis Grŵp Parc Canol Meddygfa Sant Ioan Meddygfa Heol Gwaun Meisgyn Practis Meddygol Eglwys Bach Meddygfa Ashgrove Canolfan Gofal Sylfaenol Treharris
Deintyddiaeth	
Merthyr Tudful	Deintyddfa Hapus Dental Deintyddfa Cefn Coed Gofal Deintyddol Cyfarthfa – Tŷ Rookwood Deintyddfa Stryd yr Eglwys – Stryd yr Eglwys, Merthyr Deintyddfa Rodericks Dental – Courtland Terrace MyDentist Merthyr Tudful – Canolfan Ddeintyddol Smiles
Pen-y-bont ar Ogwr	Deintyddfa Beynon - Stryd y Parc Gofal Deintyddol Vale View House Gofal Deintyddol Porthcawl – Porthcawl The Channings –Porthcawl Deintyddfa Llynfi Dental – Talbot Street, Maesteg Gofal Deintyddol Cwm Ogwr – Cwm Ogwr Deintyddfa Compton House – Pen-coed Deintyddfa Bracla – Bracla
Rhondda Cynon Taf	Deintyddfa Grand Valley Dental, Porth Deintyddfa Newland Dental Deintyddfa Smart Smiles – Abercynon MyDentist Tonypandy Gofal Deintyddol Taf – Pontypridd Gofal Deintyddol Ardent – Pontypridd Deintyddfa Hawthorn Dental – Pontypridd Uned Addysgu Deintyddiaeth – Porth MyDentist Tonyrefail – Porth MyDentist Tonypandy

	Deintyddfa Isfryn – Treorci Deintyddfa Bryant - Treorci Deintyddfa Glynrhedynog – Glynrhedynog Deintyddfa Maendy – Aberdâr MyDentist Tonysguboriau – Pont-y-clun
Optometreg	
Rhondda Cynon Taf	Pontypridd Visonplus Ltd Optegwyr Specsavers – Pontypridd Optegwyr Lewis & Wigley – Pentre'r Eglwys Optegwyr Gwynns – Pontypridd
Merthyr Tudful	Specsavers - Merthyr Tudful
Pen-y-bont ar Ogwr	Optometryddion Davies Wayne a Byron – Porthcawl a Mynyddcynffig
Fferyllfa yn y Gymuned	
Pen-y-bont ar Ogwr	Well Pharmacy Maesteg

Thema 3: Data sgiliau iaith ar gyfer Gofal Eilaidd a'r ddarpariaeth gyfredol

Cyn y gellir dadansoddi'r staff o fewn Gofal Eilaidd, mae angen diffiniad ystyrlon o

A. siaradwr Cymraeg
B. Ymgynghoriad clinigol

oherwydd ar sail y ddau ddiffiniad hyn y mae data'r gweithlu wedi cael ei ddadansoddi a'i wirio.

Diffinio siaradwr Cymraeg

Mae GIG Cymru yn defnyddio dull ALTE (*Cymdeithas Profwyr Iaith yn Ewrop*) ar gyfer casglu data iaith staff, y gellir ei weld isod.[5]

Lefel 1 / Level 1	Lefel 2 / Level 2	Lefel 3 / Level 3	Lefel 4 / Level 4	Lefel 5 / Level 5
Gallaf ddangos cwrteisi ieithyddol trwy agor a chau sgwrs yn Gymraeg. Gallaf roi a derbyn manylion personol. Gallaf ddweud enwau lleoedd/enwau cyntaf neu arwyddion Cymraeg yn gywir	Gallaf ddeall hanfod cais gan y cyhoedd ac ymateb i geisiadau syml. Gallaf roi a derbyn cyfarwyddiadau	Yn gallu defnyddio brawddegau mwy cymhleth gan ddefnyddio cymalau. Mae ganddynt ddigon o eirfa i ddelio â sefyllfaoedd bob dydd annisgwyl, e.e. sgwrsio wrth gwrdd â dieithryn. Yn defnyddio acen a phwyslais gyda chywirdeb digonol i fod yn ddealladwy ac i egluro ystyron. Gallu sgwrsio yn bennaf yn Gymraeg ond troi at Saesneg mewn trafodaeth i roi gwybodaeth fanwl.	Yn gallu creu rhai brawddegau cymhleth ac mae ganddo eirfa ddigonol i allu trafod unrhyw faterion anarbenigol sy'n codi, a delio â sefyllfaoedd mwy ffurfiol o ystyried y cyfle i baratoi, e.e. asesiadau, cyfweliadau a chyfarfodydd.	Yn rhugl yn y Gymraeg ar lafar ac yn ysgrifenedig. Gallaf ddelio'n effeithiol gydag ymholiadau cymhleth gan y cyhoedd neu wrthdaro yn Gymraeg. Gallaf gyfweld neu gwestiynu yn Gymraeg yn ystod ymchwiliad
Can show linguistic courtesy by opening and closing a conversation. Can give, and receive personal details. Can say place names/ first names or Welsh signs correctly	Can Understand the essence of a request from the public and respond to simple requests. Can give and receive instructions and directions	Is able to use more complex sentences using clauses. Has sufficient vocabulary to deal with unforeseen everyday situations, e.g. chatting when meeting a stranger. Uses accent and emphasis with sufficient accuracy to be intelligible and to clarify meanings. Being able to converse mainly in Welsh but turning to English in discussion to give detailed information.	Is able to create some complex sentences and has sufficient vocabulary to be able to discuss any non-specialist matters arising, and deal with more formal situations given the opportunity to prepare e.g. assessments, interviews and meetings.	Fluent in spoken and written Welsh. I can deal effectively with complex inquiries from the public or conflicts in Welsh. I can interview or question in Welsh during an investigation.

[5] Fodd bynnag, gallai hyn fod wedi newid erbyn cyhoeddi adolygiad y 3edd flwyddyn yn 2027, oherwydd bwriad Llywodraeth Cymru i ddefnyddio'r Fframwaith Cyfeirio Ewropeaidd Cyffredin (CEFR) ar gyfer gallu iaith drwy Fil y Gymraeg mewn Addysg (Cymru).

Mae staff GIG Cymru yn defnyddio'r system Cofnod Staff Electronig (ESR) i hunanasesu eu sgiliau yn erbyn y fframwaith hwn ac yn cofnodi'r sgiliau hynny ar system y gweithlu. Mae'n orfodol i staff nodi eu sgiliau ac mae 91% o staff BIP CTM wedi cwblhau eu data Cymraeg ym mis Medi 2024.

Yn seiliedig ar y fframwaith uchod, mae'n rhesymol tybio y byddai staff sydd wedi cofnodi Lefel 4 a 5 mewn Gwrando/Siarad yn gallu cynnal ymgynghoriad clinigol yn Gymraeg.

Lle mae'r datganiadau yn nodi yn y blwch uchod ar gyfer Lefel 4 Gwrando/Siarad yn nodi 'materion anarbenigol', ni fyddai materion *arbenigol* yn cyfateb i 100% o gynnwys ymgynghoriad clinigol o reidrwydd a byddai llawer o siaradwyr Cymraeg yn debygol o fod yn gyfforddus gyda meddyg, er enghraifft, yn defnyddio termau meddygol yn Saesneg ond yn esbonio eu hystyr yn Gymraeg.[6] Fel y nodwyd gan Evans (2024), nid yw 38% o'r eirfa boen a ddefnyddir gan siaradwyr Cymraeg wedi'i safoni o fewn Holiadur Poen McGill er enghraifft, un o sawl enghraifft lle nad yw offerynnau clinigol wedi'u safoni. Gall hyn olygu bod angen defnyddio rhywfaint o Saesneg ac felly mae'n hanfodol peidio â drysu rhwng defnyddio terminoleg Saesneg a diffyg cymhwysedd dwyieithog o fewn unigolion.

Nid yw'r datganiad uchod ynghylch defnyddio'r Saesneg ychwaith yn ystyried cymysgu cod rhwng y Gymraeg a'r Saesneg, sef ffenomen sy'n gyffredin i bob person dwyieithog ac amlieithog lle mae siaradwyr yn defnyddio eu repertoire ieithyddol llawn wrth gyfathrebu ac yn aml yn defnyddio geiriau neu ymadroddion o'r naill iaith wrth siarad y llall. Mae hyn yn debygol o fod yn wir mewn ymgynghoriadau clinigol, gan nad yw terminoleg feddygol yn y Gymraeg wedi ei safoni yn aml, ond hefyd gall siaradwyr Cymraeg barhau i ddefnyddio'r eirfa gyfatebol Saesneg oherwydd nad ydynt yn gyfarwydd â'r derminoleg. Mae hyn yn gyffredin ymhlith siaradwyr ieithoedd lleiafrifol ac nid yw'n tynnu oddi wrth rai o agweddau pwysicaf ymgynghoriad clinigol, megis disgrifio symptomau ac effaith emosiynol, a fyddai o fewn gallu staff â Lefel 4 Siarad/Gwrando fel y disgrifir uchod. Cadarnhawyd hyn gan nifer o'r rhanddeiliaid clinigol a fu'n ymwneud â chyfnod cynllunio'r cynllun hwn.

Gall staff hefyd fod yn llai hyderus yn eu sgiliau ac efallai byddant yn adrodd Lefel 4 ar draws y categorïau, hyd yn oed pan fydd eu defnydd o iaith yn wrthrychol ar Lefel 5. Mae hyn yn ffactor arall yn erbyn eithrio'r rhai ar Lefel 4, ac unwaith eto, cadarnhawyd hyn hefyd gan nifer o'r rhanddeiliaid clinigol a gymerodd ran yng ngham cynllunio'r cynllun hwn.

Felly, y diffiniad o 'siaradwr Cymraeg' at ddibenion Safon 110 2024-2029 yw:

> Staff yn BIP CTM sydd wedi cofnodi Lefel 4/5 Siarad/Gwrando ar y Cofnod Staff Electronig

[6] Evans, Maisie Efa (2024), *Archwilio pwysigrwydd y Gymraeg o fewn darpariaeth gofal iechyd wrth reoli cyflyrau cronig*. MA anghyhoeddedig. Prifysgol Abertawe. Ar gael: https://cronfa.swan.ac.uk/Record/cronfa66754

Diffinio ymgynghoriad clinigol

Mae Rheoliadau Safonau'r Gymraeg (Set 7) 2017 yn darparu diffiniad o 'ymgynghoriad clinigol', a gadarnhawyd ymhellach gan y Cod Ymarfer ar gyfer cyrff sy'n ddarostyngedig iddynt, sef:

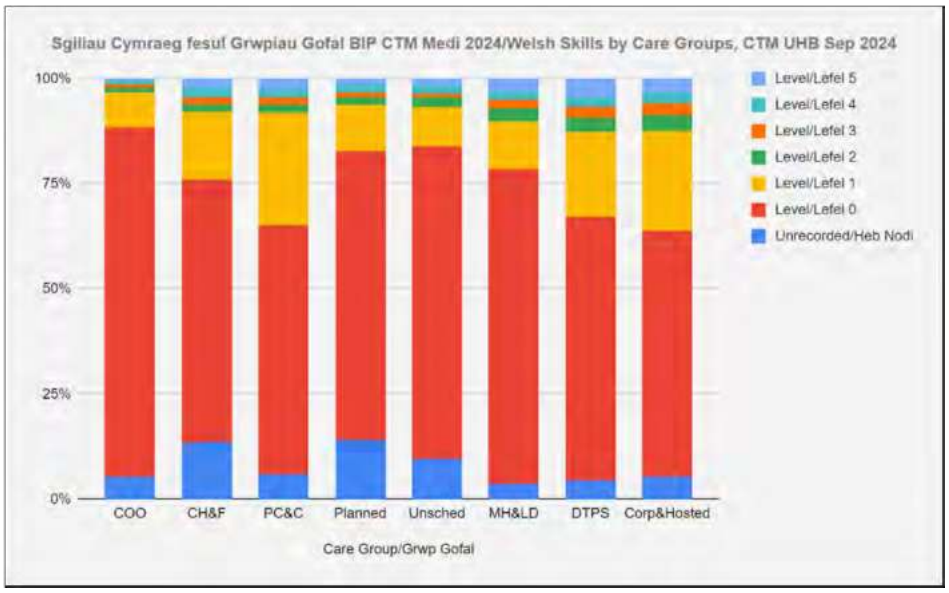
> ystyr "ymgynghoriad clinigol" ("*clinical consultation*") yw rhyngweithio rhwng un neu ragor o unigolion a chorff ynghylch darpariaeth iechyd.

Defnyddiwyd y diffiniad hwn i ffurfio'r waelodlin hon, ac mae'n cynnwys rhyngweithio gan wahanol weithwyr proffesiynol ar draws BIP CTM, gan gynnwys staff nyrsio a bydwreigiaeth.

Gyda diffiniad o 'Siaradwr Cymraeg' ac 'Ymgynghoriad Clinigol', darperir y dadansoddiad isod ar gyfer BIP CTM.

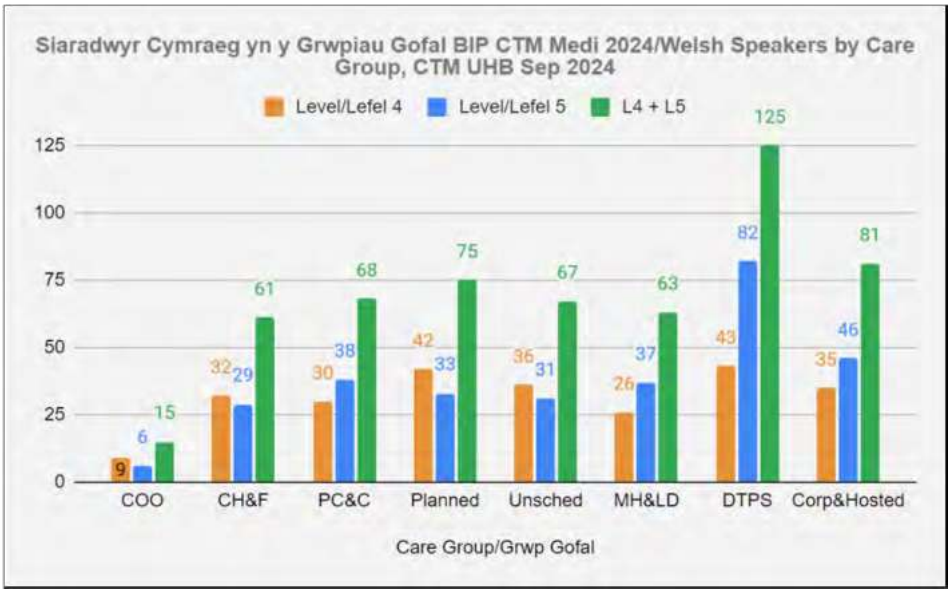
Sgiliau Cymraeg ar gyfer BIP CTM yn ei gyfanrwydd a'i Grwpiau Gofal

Yn seiliedig ar y diffiniad o 'Siaradwr Cymraeg' a ddarperir uchod, mae isod yn dangos sgiliau staff yn y Gymraeg ar bob lefel, gan gynnwys rhai heb eu cofnodi, fel cyfran o'r cyfan.[7]



Mae'r graff isod yn dangos nifer y staff ar Lefel 4 a 5 Gwrando/Siarad (ar wahân ac wedi'u cyfuno).

[7] **COO**: Grŵp y Prif Swyddog Gweithredu; **CH&F**: Plant a Theuluoedd; **PC&C**: Gofal Sylfaenol a Chymunedau; **Planned**: Gofal wedi'i gynllunio; **Unsched**: Grŵp Gofal Heb ei Drefnu; **MH&LD**: Iechyd Meddwl ac Anableddau Dysgu; **DTPS**: Diagnosteg, Therapïau, Fferylliaeth a Gwyddorau Iechyd; **Corp&Hosted**: Cyrff corfforaethol a chynhaliol.



O hyn, gellir gweld y canlynol:

Y grŵp mwyaf ym mhob Grŵp Gofal yw'r grŵp 'Lefel 0', heb unrhyw sgiliau yn y Gymraeg o gwbl;

Yr ail fwyaf yw 'Lefel 1', ac yna'r trydydd grŵp mwyaf yw 'Heb ei gofnodi';

Cyfanswm nifer y siaradwyr Cymraeg ar lefel 4 a 5 yn BIP CTM yw **555** sydd tua **4.3**% o'i weithlu ym mis Medi 2024, gyda **69%** neu **383** mewn rolau sy'n berthnasol i Safon 110 (gweler y tablau yn Atodiad 1);

Diagnosteg, Therapïau, Fferylliaeth a Gwyddorau Iechyd (DTPS) sydd â'r nifer fwyaf o staff sy'n siarad Cymraeg, ac yna Ystadau a Chorfforaethol. Gellir gweld y nifer isaf yng Ngrŵp y Prif Swyddog Gweithredu (Cyfleusterau yw'r maes mwyaf yn y Grŵp Gofal hwn);

Mae'r Grwpiau Gofal eraill yn weddol debyg yn eu niferoedd o siaradwyr Cymraeg;

Mae gan bob Grŵp Gofal siaradwyr Cymraeg ynddynt ac felly mae'n rhesymol tybio bod ymgynghoriadau clinigol yn digwydd yn rheolaidd. Gellir gweld rhagor o dystiolaeth o hyn yn Thema 6;

Mae'r nifer isaf o Siaradwyr Cymraeg i'w cael mewn Grŵp Gofal sy'n hanfodol i weithgarwch y Bwrdd Iechyd ond nid o reidrwydd i gynnig ymgynghoriadau clinigol (Grŵp y Prif Swyddog Gweithredu).

Sgiliau Cymraeg cyffredinol yn ôl Grŵp Staff

Isod, dangosir niferoedd y siaradwyr Cymraeg ar gyfer grwpiau staff sy'n berthnasol i gynnig rhyngweithiadau darpariaeth iechyd yn Gymraeg.

Yn gyffredinol, mae'r data'n dangos y canlynol:

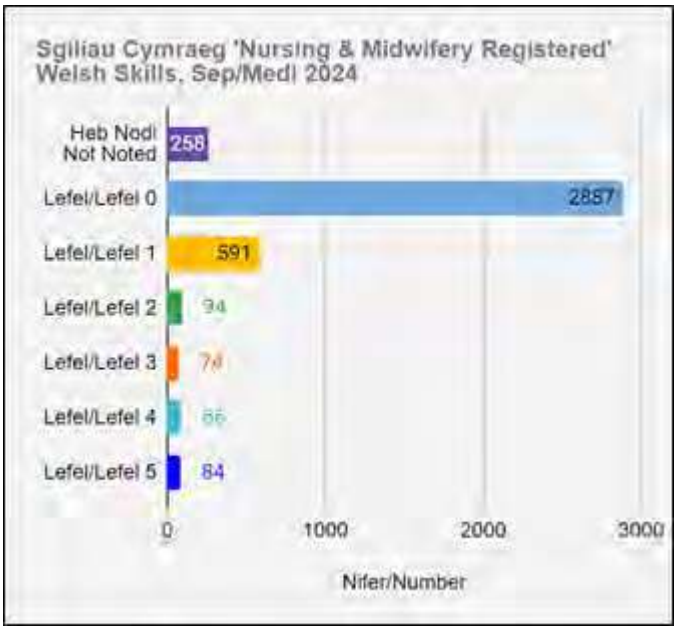
Mae gan BIP CTM nifer uchel o staff Nyrsio a Bydwreigiaeth cofrestredig sydd, yn ôl y diffiniad uchod, yn 'siaradwyr Cymraeg', sef **172**. Fodd bynnag, mae hyn yn **4.3%** yn unig o'r grŵp staff cyfan y mae eu sgiliau wedi'u cofnodi, ac maent ar led trwy BIP CTM mewn gwahanol rolau a lefelau cyfrifoldeb oherwydd yr amrywiaeth eang o feysydd arbenigol yn y proffesiwn nyrsio;

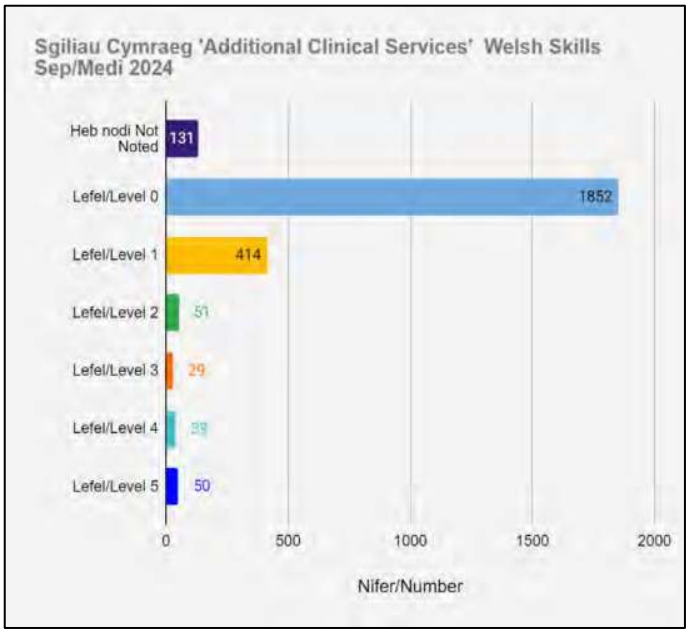
Mae gan BIP CTM **56** o Weithwyr Cymorth Gofal Iechyd sy'n 'siaradwyr Cymraeg';

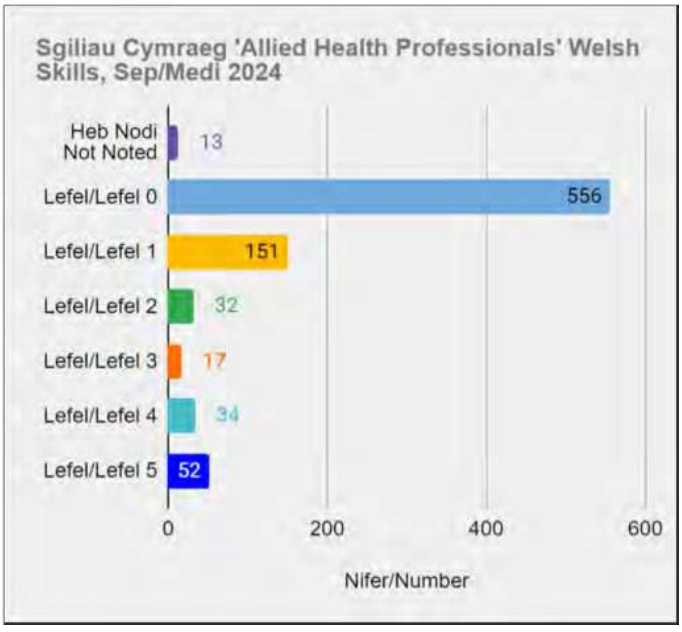
Mae gan Grŵp Gofal DTPS **125** o siaradwyr Cymraeg ond, fesul Grŵp Staff, mae **87** o'r rheini yn cael eu cofnodi fel 'Gweithwyr Proffesiynol Perthynol i Iechyd' (cyn dilysu)

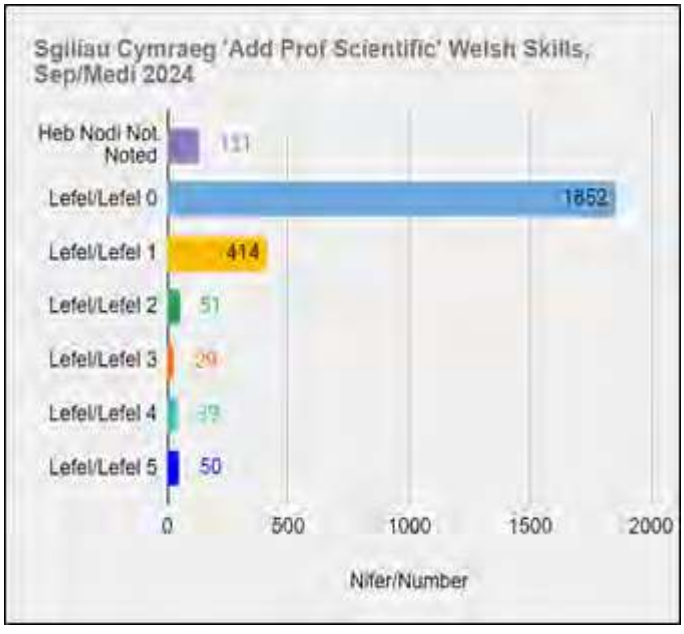
sy'n golygu bod **69.6%** ohonynt mewn rolau clinigol lle mae rhyngweithiadau darpariaeth iechyd yn allweddol i'w rôl. Mae hyn yn gadarnhaol o ran eu gallu i gynnig ymgynghoriadau clinigol yn Gymraeg;

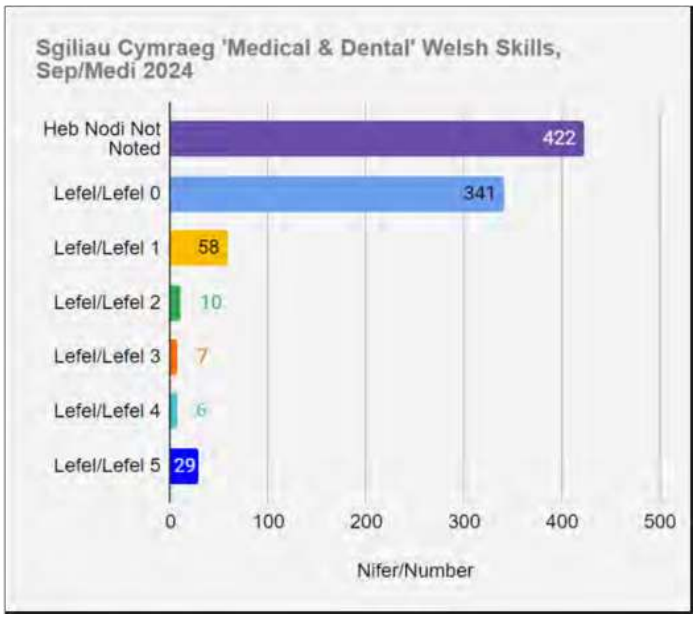
Mae gan BIP CTM **35** aelod o staff a gofnodwyd fel Meddygol a Deintyddol. Mae'r grŵp hwn yn effeithio'n sylweddol ar allu BIP CTM i gynnig ymgynghoriadau clinigol yn y Gymraeg ac felly er bod y nifer yn isel, mae'r ffaith bod **35** o unigolion yn awgrymu lefel o ddarpariaeth yn y Gymraeg.











Y gallu i ddarparu gwasanaeth yn Gymraeg yn ôl Grŵp Staff

Yn seiliedig ar ganran y staff sy'n siarad Cymraeg sy'n cyflawni rolau tebyg ac sy'n berthnasol i ymgynghoriadau clinigol (e.e. 'ymgynghorydd', 'ymarferydd deintyddol' neu 'ffisiotherapydd'), darperir dadansoddiad isod yn nodi ein gallu presennol i gynnig ymgynghoriadau clinigol yn Gymraeg, wedi'i gategoreiddio yn unol â'r isod.

Mae gwyrdd yn dynodi **tebygolrwydd uchel** o allu cynnig rhyngweithiad darpariaeth iechyd yn y Gymraeg heb unrhyw gynllunio ieithyddol pellach.

Mae ambr yn dynodi ei bod yn **llai tebygol ond yn llawer uwch na siawns 0%**, ond gellid gwella'r tebygolrwydd trwy gynllunio ieithyddol.

Mae coch yn dynodi ei bod yn annhebygol iawn er nad yw'n siawns o 0% y byddai rhyngweithiad darpariaeth iechyd yn digwydd yn Gymraeg, oherwydd nifer isel o staff sy'n siarad Cymraeg a lle mae'n annhebygol iawn y byddai cynllunio ieithyddol yn newid hyn.

Gallai hyn fod oherwydd natur yr arbenigedd (e.e. cleifion ym maes damweiniau ac achosion brys, lle bydd yn achos o bwy bynnag sydd ar sifft y diwrnod hwnnw a lle byddai'n anodd cynllunio ar gyfer y Gymraeg), natur recriwtio i'r rolau hynny neu oherwydd bod prinder staff yn golygu ei bod yn anodd sicrhau Dysgu a Datblygu ac felly byddai'n weithred sydd â risg sylweddol ynghlwm wrthi.

Cyflwynir canlyniad cyffredinol y dadansoddiad hwn isod a darperir manylder yn Atodiad 1. Isod mae rhai enghreifftiau senario yn esbonio sut y dylid dadansoddi'r manylion.

1. Mae rhewmatoleg (**GWYRDD**) yn Ysbyty Brenhinol Morgannwg yn cynnal clinig. Gyda 3 allan o 8 o'r staff meddygol yn siarad Cymraeg, mae'n debygol iawn y gallai rhyngweithiad iechyd ddigwydd yn y Gymraeg gyda meddyg;
2. Mae claf yn cael sgan diagnostig yn Ysbyty'r Tywysog Siarl (**AMBR**). Gydag 8 radiograffydd Cymraeg yn ffurfio 15% o'r tîm, mae'r siawns bod rhyngweithiad iechyd

yn digwydd yn Gymraeg gyda radiograffydd yn uwch na 0% ond gellid ei wella gyda chynllunio ieithyddol;

3. Mae angen mewnbwn Therapi Galwedigaethol ar glaf ar Ward yr Uned Adsefydlu Strôc (SRU) (**GWYRDD**). Mae'r rhyngweithiad iechyd hwn yn debygol iawn o ddigwydd yn Gymraeg lle mae angen ieithyddol claf yn hysbys gan mai dim ond un Therapydd Galwedigaethol sydd ar gyfer y ward honno ac mae'n siarad Cymraeg;
4. Mae claf yn Ysbyty Brenhinol Morgannwg yn cael ei weld gan anesthetydd ymgynghorol (**COCH**). Mae'n annhebygol iawn y byddai'r rhyngweithiad iechyd hwn yn digwydd yn Gymraeg gan mai dim ond 1 (o ystyried y data) sy'n gallu siarad Cymraeg, ac o ystyried natur yr arbenigedd byddai newid hyn yn anodd;
5. Mae claf yn derbyn gofal nyrsio ar Ward B2, Ysbyty Cwm Rhondda (**AMBR**). Gyda 3 allan o 14 o'r staff nyrsio ac 1 allan o 25 Gweithiwr Cymorth Gofal Iechyd ar Lefel 4 neu uwch mewn Gwrando/Siarad, mae'r tebygolrwydd y bydd rhyngweithiad iechyd claf mewnol â nyrsys a gweithwyr cymorth gofal iechyd yn Gymraeg yn uwch na 0%. Gyda'r gallu i gofnodi ac arddangos angen iaith yn weledol, mae'n uwch eto.

Mae'r tebygolrwydd y bydd rhyngweithio iechyd yn digwydd yn Gymraeg yn cael ei gyfrifo yn ôl grŵp staff i sicrhau gwaelodlin fwy ystyrlon. Pe defnyddid lleoliadau rhyngweithiadau iechyd (er enghraifft ysbyty), ni fyddai hyn yn caniatáu digon o fanylder gan fod gwahanol leoliadau gofal yn aml-ddisgyblaethol, er enghraifft:

> Ar ward feddygol, gallai rhyngweithio â'r ddarpariaeth iechyd ddigwydd gyda meddyg, nyrs, gweithiwr cymorth gofal iechyd, Therapydd Iaith a Lleferydd neu Therapydd Galwedigaethol;
>
> Mewn clinig gallai rhyngweithio iechyd fod rhwng nyrs cleifion allanol yn gyntaf ac yna ymgynghorydd;
>
> Ar ward lawfeddygol gallai rhyngweithiad iechyd fod rhwng Ymarferydd yr Adran Lawdriniaethau, anesthetydd a nyrs ar ôl llawdriniaeth neu
>
> O fewn Dementia, gall rhyngweithio iechyd claf fod â meddyg teulu, Clinig Asesu Cof, Therapydd Galwedigaethol yn y cartref neu nyrs iechyd meddwl mewn lleoliad cleifion mewnol.

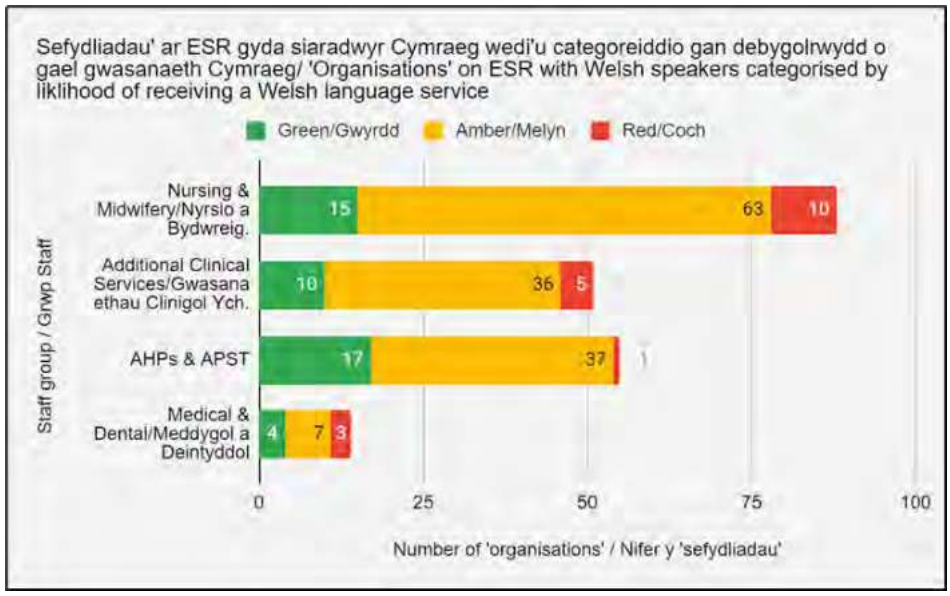
Yn ogystal, darperir gofal mewn gwahanol ffyrdd megis yn y gymuned, yn y cartref, mewn clinig neu ar wardiau. O'r herwydd mae'r data isod ac yn Atodiad 1 yn rhoi mwy o fanylion ynghylch pa staff, ym mha arbenigedd a ble.

Lle byddai rhyngweithiad iechyd yn berthnasol i'r meysydd blaenoriaeth o dan Fwy na Geiriau, defnyddir symbol '*' i ddynodi hyn yn yr atodiad.

Yn Thema 6, darperir tystiolaeth ansoddol a meintiol o ddarparu gofal yn y Gymraeg fel y byddai'r canlynol yn rhagweld.

Dangosir canlyniad y dadansoddiad isod. Mae hyn yn dangos, i lawer o 'sefydliadau' (neu wahanol dimau, adrannau, wardiau neu arbenigeddau), bod siawns uwch na 0% o gael rhyngweithiad iechyd yn Gymraeg. Mae hyn yn fwyaf tebygol yn achos y 'sefydliadau' hynny sy'n cynnwys staff nyrsio a bydwreigiaeth, i'r rhai sydd â Gweithwyr Cymorth Gofal Iechyd a'r

rhai sydd â Gweithwyr Proffesiynol Perthynol i Iechyd. Mae Atodiad 1 yn rhestru'r 'sefydliadau' hynny'n fanwl.



Crynodeb o'r waelodlin bresennol mewn Gofal Eilaidd

Yn gyffredinol, gellir gweld y canlynol:

O'r holl **555** o aelodau staff a nododd eu bod yn Lefel 4 neu 5 Gwrando/Siarad, mae **383** yn dilyn y dadansoddiad uchod mewn rolau lle byddent yn rhyngweithio â'r cyhoedd mewn rhinwedd glinigol, neu **69%**. Mae hyn yn golygu bod y rhan fwyaf o siaradwyr Cymraeg sy'n gweithio i BIP CTM yn gweithio mewn rolau clinigol;

Mae gan BIP CTM **208** o dimau, adrannau neu wasanaethau clinigol (fel sy'n dod o dan 'Organisation' ar ESR) sydd â siaradwyr Cymraeg ynddynt, felly **208** pwynt rhyngweithio â'r cyhoedd lle mae **mwy na siawns 0%** y gallai rhyngweithiad iechyd ddigwydd yn Gymraeg;

O'r 'sefydliadau' hynny:

- mae **46** yn cael eu categoreiddio fel rhai Gwyrdd, neu feysydd gyda nifer uchel o staff sy'n siarad Cymraeg mewn timau llai a lle na fydd angen mewnbwn pellach o bosibl i gynyddu'r tebygolrwydd y gallai rhyngweithiad clinigol ddigwydd yn Gymraeg;
- mae **143** yn Ambr, neu'n feysydd lle mae'r tebygolrwydd yn uwch na 0% a lle gellid ei wella ac
- mae **19** yn Goch, neu'n feysydd lle mae'r tebygolrwydd yn uwch na 0% ond lle na fyddai ymyriadau cynllunio ieithyddol yn debygol o fod yn llwyddiannus i gynyddu hyn.

O fewn y 'sefydliadau' hyn, gallai rhyngweithio gofal iechyd ddigwydd rhwng un neu fwy o'r canlynol yn y grwpiau staff isod:

- Un o'r **35** o ymgynghorwyr neu feddygon iau sy'n gweithio'n barhaol yn BIP CTM;
- Un o'r **54** o Weithwyr Proffesiynol Perthynol i Iechyd;
- Un o **56** o Weithwyr Cymorth Gofal Iechyd

- Un o **4** Seicolegydd Cynorthwyol
- Un Ymarferydd Helpa Fi i Stopio
- Un o **4** Nyrs Feithrin
- Un Cynorthwyydd yng Ngharchar y Parc
- Un o **4** Cynorthwyydd Deintyddol
- Un o **172** o staff Nyrsio a Bydwreigiaeth.

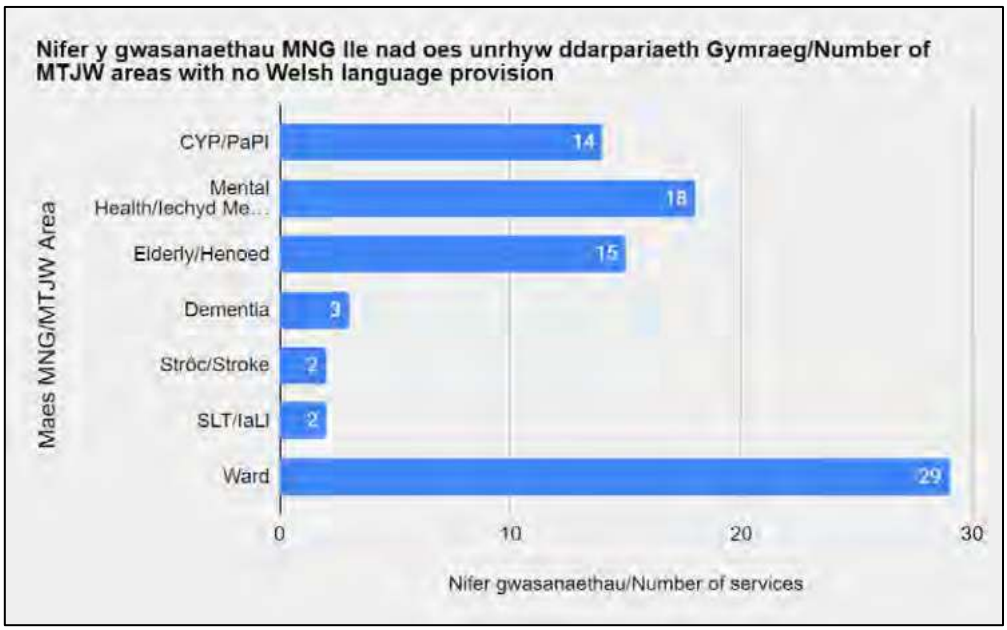
O'r 208 o 'sefydliadau', mae **70** ohonynt yn faes blaenoriaeth o dan Fwy na Geiriau, neu **33.6%**;

Thema 4: Data sgiliau iaith ar gyfer Gofal Eilaidd a'r bylchau presennol yn y ddarpariaeth

Mae'r isod yn nodi'r bylchau presennol yn y ddarpariaeth yn Gymraeg, gan symud o ble mae'n bosibl y gallai rhyngweithiad iechyd ddigwydd yn Gymraeg i le nad yw'n bosibl. Mae'r rhan hon o'r waelodlin yn cyd-fynd â Cham Gweithredu 18 Cynllun 5 Mlynedd Mwy na Geiriau, ac felly bydd yn canolbwyntio ar feysydd blaenoriaeth (gweler uchod). Dyma'r diffiniad:

> Mae "bwlch yn y ddarpariaeth" yn golygu maes gwasanaeth o fewn 6 maes blaenoriaeth Mwy na Geiriau lle nad oes siaradwyr Cymraeg o gwbl, yn seiliedig ar ddata'r gweithlu cyfredol. Diffinnir siaradwr Cymraeg fel aelod o staff sydd wedi cofnodi Lefel 4 neu 5 Gwrando/Siarad ar y Cofnod Staff Electronig.

Gellir gweld canlyniad y dadansoddiad hwnnw isod, sy'n dangos nifer y meysydd heb unrhyw ddarpariaeth yn y Gymraeg ac i ba faes blaenoriaeth o dan Fwy na Geiriau y mae'n berthnasol. Mae Atodiad 2 yn nodi pa wasanaethau yn fanylach.



Ar y cyfan, mae'n ymddangos bod:[8]

> **83** o 'sefydliadau' ar ESR lle nad oes unrhyw 'siaradwyr Cymraeg' o gwbl;
> O'r **83** hynny, **11** sydd gyda staff ar Lefel 3;
> Mae **29** ohonynt yw 'wardiau', y grŵp mwyaf;
> Darpariaeth iechyd meddwl sydd â'r gallu lleiaf i gynnig gwasanaethau yn Gymraeg, ac yna'r gwasanaethau hynny sydd ynghlwm wrth ofal yr henoed.

Mae wardiau wedi'u cynnwys oherwydd bydd rhai ohonynt yn gofalu am yr henoed, bydd rhai yn gofalu am gleifion strôc a bydd rhai yn gofalu am blant a phobl ifanc. Bydd pawb ar ward yn fregus i raddau amrywiol. Fodd bynnag, dylid nodi'r canlynol:

> Yn y ffigur uchod, mae unedau iechyd meddwl yn cael eu categoreiddio o dan 'MentH/IechM';
> Mae gan unedau strôc rai siaradwyr Cymraeg (gweler atodiad 1);
> Mae gan bob ward pediatreg cleifion mewnol siaradwyr Cymraeg;
> Fel yr esboniwyd uchod, mae amryw o ryngweithiadau iechyd yn digwydd ar ward ac felly dylid cadw mewn cof hefyd y data yn atodiad 1 mewn perthynas â gofal cleifion mewnol.

Mae Rhan B ac C (sydd ar gael yma) yn nodi'r camau gweithredu mewn perthynas â chynllunio a hyfforddi'r gweithlu i fodloni gweddill y gofynion o dan Gam Gweithredu 18 Mwy na Geiriau.

Thema 5: Systemau data cleifion a systemau'r gweithlu

Mae BIP CTM yn defnyddio systemau cenedlaethol amrywiol i gofnodi data cleifion. Mae'r rhain yn cynnwys y prif systemau a ganlyn, a dangosir y gallu i gofnodi dewis iaith arnyn nhw. Mae hyn yn hwyluso'r Cynnig Rhagweithiol, drwy ddefnyddio systemau sydd yn ein galluogi i gofnodi angen iaith. Gall staff wedyn ddefnyddio'r wybodaeth hon i gynnig gwasanaethau yn Gymraeg yn rhagweithiol.

Tabl 2: Systemau data cleifion a dewis iaith

System	Lle cofnodir dewis iaith
System Gweinyddu Cleifion (PAS)	O dan 'Demograffeg'
Cofnod Gofal Nyrsio Cymru (WNCR)	Mae WNCR yn annog nyrsys i ofyn i gleifion am 'iaith gyntaf' ac 'iaith a ffefrir', sy'n cael eu sbarduno gan safon Gwybodaeth 'Safon ISO 639-1'. Anogir nyrsys hefyd i ofyn i'r claf 'Ydych chi eisiau'r broses dderbyn hon yn Gymraeg?' (YDW?NAC YDW), gyda thestun rhydd mewn blwch i gofnodi'r camau a gymerwyd os dewisir 'Ydw'. Mae'r maes dewis iaith yn orfodol yn adran 'Anghenion Cyfathrebu' yr asesiad

[8] **CYP/PaPl**: Plant a Phobl Ifanc; **MentH / IechM**: Iechyd Meddwl; **SLT / IaLl**: Iaith a Lleferydd.

E-fyrddau gwyn (mewnol i BIP CTM)	Defnyddir symbol baner Cymru ar y sgrin arddangos ddigidol
Porth Clinigol Cymru (WCP)	Yn tynnu data o PAS
EMIS	O dan 'Gwybodaeth Gyswllt'
Porth Cyfathrebu Clinigol Cymru	O dan 'Dewis Iaith'
Dewis Fferyllfa	Yn yr adran 'Prif Ddemograffeg Cleifion'
Iechyd Plant Cymunedol 2000	Yn dangos "Iaith gyntaf" ac "Ail iaith" fel un maes nod (e.e. 'W' am y Gymraeg). Dangosir hwn ar gofnod y plentyn.
System Wybodaeth Radioleg Cymru	O dan 'Demograffeg'

Mae hefyd yn berthnasol ystyried prosesau derbyn ar gyfer meysydd gwasanaeth, sy'n amrywio yn ôl arbenigedd. O drafodaethau mewnol fel y rhai yng Ngrŵp Llywio'r Gymraeg, mae'n hysbys bod rhai meysydd gwasanaeth yn gofyn am angen ieithyddol cleifion ac yn ei gofnodi. Mae gwasanaethau paediatrig mewnol ac Ymwelwyr Iechyd yn ddwy enghraifft o fewn Maes Blaenoriaeth 'Plant a Phobl Ifanc'. Gellir ei gofnodi hefyd ar gyfer cleifion mewnol ar y WNCR a'r e-fyrddau gwyn. Fodd bynnag, o ystyried maint y Bwrdd Iechyd, pwysigrwydd gofyn am angen ieithyddol a'r llu o ffyrdd y mae cleifion yn cyrraedd gofal eilaidd, mae Rhan B (ar gael yma) yn nodi camau gweithredu ar gyfer adolygu hyn er mwyn sicrhau bod y llwybrau'n cael eu deall a bod cleifion yn cael eu holi ar yr adeg iawn.

O ran systemau'r gweithlu, mae dwy o fewn BIP CTM yn cadw gwybodaeth am sgiliau iaith staff. Y cyntaf o'r rhain yw ESR (neu'r Cofnod Staff Electronig). Trafodir hyn uchod. Yr ail yw E-amserlennu neu 'Allocate Optima'. Dyma'r feddalwedd amserlennu a ddefnyddir gan nifer o dimau clinigol i gynllunio sifftiau a nodir sgiliau Cymraeg o dan 'Sgiliau' ar y system. Fel rhan o'r gwaith i ychwanegu'r data yn 2024 (ar gyfer yr holl staff Lefel 3 yn Gymraeg ac uwch):

> Ychwanegwyd **274** o gofnodion ar gyfer Nyrsio a Bydwreigiaeth a Meddygol a Deintyddol,
> Ychwanegwyd **43** o gofnodion ar gyfer Gweithwyr Proffesiynol Perthynol i Iechyd, Diagnosteg a Fferylliaeth a Fflebotomi ac
> mae **42%** o staff sydd â Lefel 3 ac uwch ar y brif system rheoli sifftiau honno.

Mae hyn yn golygu bod y feddalwedd a'r data yno lle gall rheolwyr sifftiau ddewis staff ar gyfer sifftiau os ydyn nhw'n siarad Cymraeg, er enghraifft os oedd y rheolwr hwnnw am sicrhau bod gan y rota o leiaf un unigolyn gyda sgiliau yn Gymraeg. Er ei bod yn annhebygol o ystyried nifer y swyddi gwag ar wardiau ac mewn timau a'r niferoedd isel o siaradwyr Cymraeg ar wardiau yn benodol, mae'n bosibl gwneud hyn lle mae arweinwyr wardiau a thimau'n teimlo bod hyn yn bwysig. Mae'r ffaith ei bod o leiaf yn bosibilrwydd i BIP CTM yn gam cyntaf tuag at gynllunio gweithlu tymor byr ar gyfer y Gymraeg.

Thema 6: Tystiolaeth ansoddol a meintiol o ddefnydd cyfredol o'r Gymraeg mewn gofal

Mae Adroddiadau Perfformiad Safonau'r Gymraeg ar gyfer BIP CTM wedi cynnwys adran ers 2022/23 ar Fesurau Profiad Cleifion a Gofnodwyd (PREMs) ac ar adborth ansoddol gan gleifion ar ddefnyddio'r Gymraeg gyda chlinigwyr yn y Bwrdd Iechyd. Mae'r adroddiadau hynny ar gael yma. I grynhoi:

> Roedd chwe arolwg a gwblhawyd yn 2022/23 a 15 yn 2023/24 yn gofyn a oedd cleifion yn gallu defnyddio'r Gymraeg ac roedd mwyafrif y ddau arolwg yn dangos bod y rhan fwyaf o gleifion yn gallu gwneud hynny;
> Pan nododd cleifion eu bod yn gallu, mae'r meysydd gwasanaeth hynny'n cyfateb i ardaloedd yn y Bwrdd Iechyd lle mae data ESR yn dangos bod staff sy'n siarad Cymraeg.

Mae Adroddiad Blynyddol 2023/24 (yma) hefyd yn manylu ar fframwaith cyfathrebu mewnol newydd a rhan o hynny yw rhannu enghreifftiau o bwysigrwydd gofal yn y Gymraeg o dan thema 'Mwy Na Geiriau' a thema 'Da iawn'. Gellir gweld tair enghraifft isod sy'n cefnogi'r data PREM uchod. Mae'r straeon hyn hefyd yn dod o ardaloedd lle mae'n hysbys bod siaradwyr Cymraeg, gan ychwanegu dilysrwydd at y dadansoddiad yn Atodiad 1.

Mae'r data PREMs a'r data ansoddol isod yn dangos bod gwaelodlin o ddarpariaeth Gymraeg yn BIP CTM a'i bod yn cael ei defnyddio a'i gwerthfawrogi. Mae pob un o'r tri maes isod yn feysydd blaenoriaeth o dan Gynllun 5 Mlynedd Mwy na Geiriau.


Y Gymraeg yn CTM
Welsh at CTM
Cymraeg
Mwy na geiriau: Profiad y claf
It's more than just words: Patient experience
Yn gynharach eleni, cwblhaodd un o'n Therapyddion Galwedigaethol, Celyn, asesiad gyda chlaf yn y Gymraeg yn YTS. Rhannodd y stori deimladwy hon gyda ni am glaf a oedd wedi cael profedigaeth yn ddiweddar ac a oedd yn cael trafferth bod yn glaf mewnol...
Roedd yn tawelu ei meddwl gan nad oedd hi fel arfer yn siarad llawer o Saesneg gartref. Roedd hi wedi mynd trwy brofedigaeth yn ddiweddar a dywedodd wrthyf fod gwneud yr asesiad yn Gymraeg yn gysur iddi.
Fe wnaeth fy ngalluogi i feithrin perthynas â hi yn gyflym ac rwy'n meddwl bod cwblhau'r asesiad yn Gymraeg wedi caniatáu iddi ymgysylltu mwy â'r asesiad a chynllunio rhyddhau.
Mae'n wir yn fwy na geiriau. Da iawn, bawb.
Earlier this year, one of our Occupational Therapists, Celyn, completed an assessment with a patient in Welsh in PCH. He shared this touching story with us of a recently bereaved patient who was struggling with being an inpatient...
She found it reassuring as she didn't usually speak much English at home. She had gone through a recent bereavement and told me that doing the assessment in Welsh was comforting to her.
It allowed me to build a rapport with her quickly and I think completing the assessment in Welsh allowed her to engage with the assessment and discharge planning more."
It really is more than just words. Da iawn pawb.


Y Gymraeg yn CTM
Welsh at CTM
Cymraeg
Mwy na geiriau: Profiad y claf
It's more than just words: Patient experience
Ym mis Awst, ysgrifennodd rhiant claf ag anghenion dysgu ychwanegol at y Bwrdd Iechyd i ddiolch i un o'n hymgynghorwyr, Dr David Samuel am y gofal rhagorol a gafodd eu mab, Iwan...
"Mae'r ffaith ei fod o [Dr David Samuel] hefyd yn siarad Cymraeg wedi cefnogi Iwan i ddeall beth sy'n digwydd iddo. Mae hyn yn ganmoladwy iawn.
Cafodd Iawn, 21, sydd â Syndrom Down a Chlefyd Crohn, gefnogaeth lawn yn ei anghenion cyfathrebu a chanmolodd rhieni'r claf y Bwrdd Iechyd am ddefnyddio'r Gymraeg gydag Iwan.
Byddai llawer o oedolion ifanc ag anableddau dysgu yn ei chael hi'n anodd iawn aros dros nos yn yr Ysbyty sy'n amgylchedd anghyfarwydd heb eu rhieni neu ofalwyr."
In August, a parent of a patient with additional learning needs wrote to the Health Board to thank one of our consultants, Dr David Samuel for the exemplary care that their son, Iwan received...
The fact that he [Dr David Samuel] is also a Welsh language speaker has also supported Iwan in understanding what is happening to him. This is most commendable.
Iwan, 21, who has Down's Syndrome and Crohn's Disease, was fully supported in his communication needs and the patient's parent commended the Health Board for using Welsh with Iwan.
Many young adults with a learning disability would find it incredibly challenging to stay overnight in hospital which is an unfamiliar environment without their parents or carers.


Y Gymraeg yn CTM
Welsh at CTM
Cymraeg
Mwy na geiriau: Da iawn
It's more than just words: Da iawn
Yn gynharach y mis hwn, derbyniodd un o'n Therapyddion Iaith a Lleferydd, Lowri Roberts, adborth gwych gan YGG Llantrisant ar ôl cefnogi plentyn gydag atal dweud a darparu gwybodaeth ddefnyddiol i'w gyd-ddisgyblion ar
Bu Lowri Roberts yn gweithio gyda disgybl o'n hysgol i helpu gydag atal dweud ac roedd y disgybl yn falch iawn o allu gwneud hynny yn Gymraeg. Bu'n fuddiol iawn cael Lowri i ddod i'r dosbarth i gyflwyno gyda'r disgybl yn Gymraeg.
O gefnogaeth Lowri, roedd yr athro a'r disgyblion bellach yn gallu cefnogi'r disgybl a'i helpu i deimlo'n llaw ymwybodol o'i atal dweud. Roedd yn hanfodol bod y disgybl yn gallu gwneud hyn yn iaith yr ysgol er mwyn iddo deimlo'n gyfforddus.
Da iawn, Lowri!
Earlier this month, one of our Speech and Language Therapists, Lowri Roberts, received great feedback from YGG Llantrisant after supporting a child with a stammer and providing their classmates with helpful information on how to support them at school. Here's what the teacher had to say...
Lowri Roberts worked with a pupil from our school to help with stuttering and the pupil was delighted to be able to do that in Welsh. It was very beneficial to be able to get Lowri to come to class to present with the pupil in Welsh.
From Lowri's support, the teacher and pupils were now able to support the pupil and help them feel less conscious of their stuttering. It was essential that the pupil was able to do this in the school's language so that they could feel comfortable.
Da iawn, Lowri!

Thema 7: Cydymffurfio â Safonau craidd eraill sy'n berthnasol i Safon 110

Adroddiadau Perfformiad Safonau'r Gymraeg ar gyfer BIP CTM yw'r mecanwaith safonol ar gyfer rhannu cynnydd yn allanol ac maent ar gael yma. Mae'r adroddiadau wedi tyfu mewn manylder wrth i aeddfedrwydd polisi ar gyfer y Gymraeg wella. Yr adroddiad diweddaraf yw adroddiad 2023/24, sy'n cyfeirio at y sefyllfa hyd at Fawrth 2024. Ers mis Mawrth 2024, mae'r sefyllfa wedi newid yn erbyn rhai safonau sy'n greiddiol i'r gwaith strategol ar gyfer Safon 110. Gweler isod am ein sefyllfa bresennol ym mis Medi 2024 yn erbyn y safonau craidd hynny.

Tabl 3: Sefyllfa yn erbyn Safonau craidd eraill

Safonol	Sefyllfa bresennol
23, 23A a 24	Gall yr e-fyrddau gwyn gofnodi ac arddangos angen ieithyddol cleifion mewnol yn ogystal â Chofnod Gofal Nyrsio Cymru; Cafodd polisi ar y Cynnig Rhagweithiol ar gyfer cleifion mewnol ei ddatblygu a'i gymeradwyo ym mis Mawrth 2024.
69, 70, 71, 72, 73 a 74	Datblygwyd mecanwaith gyda chanllawiau ar gyfer Asesiadau Effaith ar y Gymraeg ym mis Mawrth 2024; Ym mis Medi 2024, roedd ymgynghoriad ar newid gwasanaeth yn cynnwys cwestiwn ar yr effaith ar y Gymraeg am y tro cyntaf (ar gyfer Iechyd Meddwl Pobl Hŷn, sy'n cyd-fynd â Maes Blaenoriaeth Mwy na Geiriau). Mae gwaith yn mynd rhagddo i sicrhau bod dyfarniad y tribiwnlys a drafodir yma yn cael ei weithredu.
99, 100 a 101	Cytunwyd ar gynllun ym mis Mawrth 2024 gyda'r Ganolfan Dysgu Cymraeg Genedlaethol a Dysgu Cymraeg Morgannwg. Roedd hwnnw'n cynnwys y camau y mae angen i BIP CTM eu cymryd i ymgorffori cynnig cadarn ar gyfer dysgu Cymraeg ar bob lefel. Mae hwn bellach ar waith ac yn tyfu; Yn greiddiol i hynny mae'r Cynllun Codi Hyder sy'n sbardun strategol yn Rhan B ac sydd wedi bod yn llwyddiannus hyd yma i BIP CTM.
106	Datblygwyd mecanwaith drwy system recriwtio Trac, canllawiau ac adnoddau er mwyn sicrhau bod system ar waith i gydymffurfio â'r safon hon, gan gynnwys cofnodi'r cyfiawnhad dros y categori a ddewiswyd, o fis Hydref 2024. Mae'r dull hefyd yn archwiliadwy, gan gefnogi llywodraethu a chaniatáu i BIP CTM fonitro sut y cafodd swyddi unigol eu categoreiddio a'r cyfiawnhad dros y categori hwnnw.
116	Mae gan BIP CTM ddata sgiliau iaith ar gyfer 91% o'i weithlu ym mis Medi 2024. Gyda'r data hwn rydym wedi: Targedu ein cynnig dysgu Cymraeg mewnol; Ychwanegu'r data at y system e-amserlennu; Dechrau hyrwyddo sut y gall y data gweithlu hwn lywio cynllunio a recriwtio gweithlu tymor byr; Cyhoeddi'r waelodlin yn Rhan A o'r cynllun hwn, gan lywio camau gweithredu Rhan B, trwy ddefnyddio PowerBI hefyd fel offeryn gweledol.

Rhagdybiaethau cynllunio ar gyfer Rhan B ac C

Rhagdybiaethau cynllunio yn seiliedig ar y data uchod ac ymgysylltu â rhanddeiliaid:

Mae gweithio lle mae siaradwyr Cymraeg mewn perthynas â'r Cynnig Rhagweithiol yn hytrach na dull cyffredinol o dargedu pob ardal yn fwy tebygol o lwyddo;

Mae gwasanaethau i Blant a Phobl Ifanc yn hanfodol o ystyried y tueddiadau poblogaeth a ddisgrifir uchod, ond mae'n ymddangos bod gan staff sy'n gweithio gyda phlant a phobl ifanc lefel gref o ddarpariaeth eisoes. Mae'r Gwasanaeth Nyrsio Ysgolion ac Ymwelwyr Iechyd yn ddau faes, o ystyried hefyd dwf y sector addysg cyfrwng Cymraeg, y bydd angen iddynt gynyddu eu cynnig fodd bynnag;

Mae gweithio gyda darparwyr Gwasanaethau Meddygol Cyffredinol (GMS) sydd â siaradwyr Cymraeg yn gyntaf ac yna gweithio gydag eraill yn fwy tebygol o lwyddo;

Mae cefnogi staff i allu adnabod eu hunain fel siaradwyr Cymraeg yn hanfodol ac mae angen gwaith ar hyn ar gyfer rhai meysydd;

Mae rhoi gwybod i gleifion am yr hyn y gallwn ei gynnig yn Gymraeg, a lle rydym yn ei gynnig, yn hanfodol os yw pobl i ddefnyddio'r ddarpariaeth honno;

Gan fod cleifion yn gwerthfawrogi hyd yn oed y cwrteisi lleiaf yn y Gymraeg, hyd yn oed lle nad yw'r clinigwr yn gallu gwneud mwy na hynny, mae cefnogi staff mewn meysydd blaenoriaeth i ddatblygu lefel sylfaenol yn y Gymraeg yn bwysig;

Yn aml mae angen yr hyder ar staff i ddefnyddio'r Gymraeg sydd ganddyn nhw, ac mae'r data ar gyfer BIP CTM yn dangos bod llawer o staff y gellid eu datblygu'n siaradwyr Cymraeg hyderus;

Mae cynnwys y Gymraeg mewn prosesau cynllunio gweithlu sydd eisoes yn bodoli yn bwysig yn hytrach na gwneud hynny ar wahân, a thrwy'r mecanweithiau craidd hyn byddwn yn datblygu 'cynlluniau gweithlu' ar gyfer Cam Gweithredu 18 Mwy na Geiriau. Mae'r elfen hyfforddi wedi'i nodi yn y cynllun ar gyfer Rhan B ac C sydd ar gael yma;

Mae denu darpar staff yn hanfodol i adeiladu gweithlu dwyieithog;

Mae angen parhau i ganolbwyntio ar newid ymddygiadol a diwylliannol, ac o'r herwydd mae gan arweinyddiaeth a newid ymddygiad gamau penodol;

Mae angen cael sgwrs well, amlach rhwng sefydliadau cymunedol fel y Mentrau Iaith a'r Bwrdd Iechyd;

Mae newidiadau sgrinio yn hanfodol er mwyn i'r cynllun aros yn berthnasol o ystyried cyflymder y newid o ran darparu gwasanaethau;

Mae angen i ddata fod yn ddynamig o ystyried y bwriad i ganolbwyntio'n agos ar ddysgu a datblygu, gan y byddai llwyddiant yn golygu bod mwy o staff yn newid eu lefel yn amlach. Mae cynllunio yn amhosibl heb ddata cywir;

Mae angen ffocws parhaus ar ymgysylltu mewnol fel bod staff yn deall beth all eu cefnogi'n anuniongyrchol gyda gofal cleifion, ac yn uniongyrchol o ran dysgu a datblygu'r Gymraeg i'w defnyddio gyda chleifion;

Nid oes angen ymyrraeth bellach ar rai meysydd o'r Bwrdd Iechyd (meysydd gwyrdd). Mae gan eraill rywfaint o ddarpariaeth yn y Gymraeg a gallai rhai camau gweithredu ei chefnogi a'i chryfhau (Ambr).

Blaenoriaethau gwasanaeth yn seiliedig ar *gefnogi'r ddarpariaeth bresennol* sydd ar gael, yn seiliedig ar y data ar gwasanaethau **Ambr** yn Nhabl 4, Atodiad 1:

Diagnosteg

Therapi Iaith a Lleferydd Paediatrig

Therapi Galwedigaethol
Ffisiotherapi
Podiatreg
Fferylliaeth
Nyrsio Ardal
Unedau Iechyd Meddwl Cleifion Mewnol
Gwasanaeth WISE
Wardiau cymunedol cleifion mewnol

Blaenoriaethau gwasanaeth yn seiliedig ar *ddatblygu* darpariaeth, yn seiliedig ar y data isod yn Atodiad 2, Tabl 9:

Pob gwasanaeth yn Atodiad 2 ond yn enwedig y Gwasanaeth Asesu Cof yn gyntaf ac yna gwasanaethau eraill a amlygwyd yn goch lle mae staff sydd â rhywfaint o sgiliau Cymraeg eisoes;
Wardiau cleifion mewnol acíwt i oedolion, yn enwedig wardiau strôc yn gyntaf.

Blaenoriaethau gwasanaeth mewn perthynas â Gofal Sylfaenol:

Rhestrir pob darparwr yn Nhabl 1.

Atodiad 1: Tablau sy'n dangos gallu BIP CTM i ddarparu gwasanaeth yn Gymraeg yn ôl Grŵp Staff (Medi 2024)

Tabl 4: Gwaelodlin gyfredol: Grŵp Staff Meddygol a Deintyddol

Grŵp Staff Meddygol a Deintyddol			
Arbenigedd lle gallai rhyngweithio iechyd ddigwydd yn Gymraeg	**Nifer y staff a'r lleoliad (lle nodwyd)**	**Fel % o'r staff mewn rolau tebyg yn yr ardal**	**Grŵp Gofal**
Rhiwmatoleg	**4** (3 yn YBM, 1 yn YTS)	YBM: **3 mewn 8**, 37.5% YTS: **1 mewn 2**, 50%	Unsched
*CAHMS	**1**	**1 mewn 3** (33%)	MH&LD
Deintyddiaeth	**4** (2 KHHP, 2 Uned Addysgu Deintyddiaeth)	KHHP: 2 mewn 6, 33% Uned Addysgu Deintyddiaeth: 2 mewn 6, 33%).	PC&C
*Adsefydlu Iechyd Meddwl	**1** (cymunedol)	**1 mewn 3**, 33%	MH&LD
*Paediatreg	**3** (1 cymunedol ardal Pen-y-bont ar Ogwr, 2 yn YBM)	Pen-y-bont ar Ogwr (cymunedol): **1 mewn 4** (25%) YBM: **1 mewn 18** (5.5%) YBM (y gymuned): **1 mewn 10**, 10%	CH&F
Radioleg (ymgynghorwyr)	**6** (4 yn YBM, 2 yn YTC)	YBM: **4 mewn 22**, 18% YTC **2 mewn 8**, 25%	DTPS
Anadlol	**1** (1 yn YTS)	**1 mewn 4**, 25%	Unsched
Trawma ac Orthopaedeg	**1** (yn YBM)	**1 mewn 13** (7.6%)	Planned
Gastroenteroleg	**1** (yn YBM)	**1 mewn 14**, 7%	Planned
Diabetes ac Endocrinaidd	**1** (1 yn YBM)	**1 mewn 5**, 20%	Unsched
Cardioleg	**1** (1 yn YBM)	**1 mewn 7**, 14%	Unsched
Meddygaeth frys	**5** (2 yn YTS, 2 yn YTC, 1 yn YBM)	YTS: **2 mewn 29** (7%) YTC: **2 mewn 26** (7.6%) YBM: **1 mewn 31**, 3.2%	Unsched
*COTE (Gofalu am yr Henoed)	**1 (yn YTC)** **1 (yn YBM)**	**1 mewn 11**, 9% **1 mewn 8,** 12.5%	Unsched
Anaestheteg	**1** (yn YTS)	**1 mewn 39** (2.5%)	Planned

Tabl 5: Gwaelodlin gyfredol: Gweithiwr Proffesiynol Perthynol i Iechyd a Grŵp Proffesiynau Gwyddonol a Thechnegol Ychwanegol

Gweithwyr Proffesiynol Perthynol i Iechyd, Grwpiau Proffesiynau Gwyddonol a Thechnegol Ychwanegol			
Arbenigedd lle gallai rhyngweithio iechyd ddigwydd yn Gymraeg	**Nifer y staff a'r lleoliad (lle nodwyd)**	**Fel % o'r staff mewn rolau tebyg yn yr ardal**	**Grŵp Gofal**
*Gwasanaeth Rhyddhau â Chymorth Cynnar, Iaith a Lleferydd)	1	1 o 2, 50%	DTPS
*Therapi Galwedigaethol (Uned Adsefydlu Strôc)	1	**1 o 1,** 100%	MH&LD
Fferyllfa (Gwasanaeth Niwroddatblygiad)	1	**1 o 1,** 100%	CH&F

*Therapi Iaith a Lleferydd Merthyr – Dechrau'n Deg	1	**1 o 2,** 50%	DTPS
*Seicoleg Gofal Critigol	1	**1 mewn 3,** 33%	DTPS
*Therapi Galwedigaethol (SRU Mental Health Rehab)	1	**1 mewn 1,** 100%	DTPS
*Therapi Galwedigaethol (Iechyd Meddwl)	1	**1 mewn 2,** 50%	DTPS
Gofal Lliniarol Therapi Iaith a Lleferydd	1	**1 mewn 2,** 50%	DTPS
*Yr Adran Therapi Iaith a Lleferydd Paediatrig (Diffyg Rhuglder)	1	**1 mewn 1,** 100%	DTPS
*Therapi Lleferydd ac Iaith Pediatrig (Cymuned)	1	**1 mewn 1,** 100%	DTPS
*Therapi Lleferydd ac Iaith Pediatrig (Dysffagia)	1	**1 mewn 1,** 100%	DTPS
*Therapi Iaith a Lleferydd (Ward Angleton 2-Iechyd Meddwl Oedolion Hŷn)	1	**1 o 4,** 25%	MH&LD
Meddygaeth Gyffredinol Oedolion Iaith a Lleferydd	11	**1 mewn 3,** 33%	DTPS
Podiatreg Gymunedol	2	**2 mewn 5,** 40%	DTPS
Ymgynghorydd Podiatreg	1	**1 mewn 1,** 100%	DTPS
Ffisiotherapi (Cleifion Allanol Niwro)	1	**3 in 4,** 75%	DTPS
Ffisiotherapi (Y Tîm Adnoddau Cymunedol	1	**1 mewn 3,** 33%	DTPS
Ffisiotherapi Rhwydwaith Clwstwr Integredig	1	**1 mewn 3,** 33%	DTPS
*Ffisiotherapi Paediatrig	1	**1 mewn 15,** 6.6%	DTPS
Ffisiotherapi (Meddygaeth, YBM)	1	**1 mewn 7,** 14%	DTPS
Ffisiotherapi (Meddygaeth, YTS)	1	**1 mewn 5,** 20%	DTPS
Ffisiotherapi Trawma ac Orthopaedeg	1	**1 mewn 7, 14%**	DTPS
Ffisiotherapi Tîm Adnodd Cymunedol Pen-y-bont ar Ogwr	1	**1 mewn 7, 14%**	DTPS
Ffisiotherapi Anadlol	1	**1 mewn 5, 20%**	DTPS
Therapi Galwedigaethol (Gofal Lliniarol)	1	**1 mewn 6,** 16%	DTPS
Fferylliaeth (swyddi a reolir yn y Gwasanaethau Meddygol Cyffredinol)	2	**2 mewn 8,** 25%	PC&C

Fferylliaeth (Cynhyrchu Aseptig)	3	**3 mewn 12**, 25%	DTPS
Ffisiotherapi (Cyflyrau Hirdymor a Gofal Lliniarol)	1	**1 person yn y maes hwn**	DTPS
Therapi Galwedigaethol (Gwasanaeth Corfforol Acíwt YTS)	2	**2 mewn 12,** 16%	DTPS
Ffisiotherapi (Tîm Llesiant Cymunedol)	2	**2 mewn 7,** 28%	DTPS
Fferylliaeth (Llywodraethu Meddyginiaethau)	2	**2 mewn 11,** 18%	DTPS
Rhaglen Rheoli Pwysau (amlddisgyblaethol)	2	**2 mewn 11,** 18%	DTPS
Podiatreg Acíwt	1	**1 mewn 3,** 33%	DTPS
Sonograffeg	2 (2 yn YBM)	**2 mewn 13**, 15%	DTPS
Dietegwyr	6	6 mewn 41, 14%.	DTPS, PC&C, MH&LD
Fferylliaeth (Mynediad at Feddyginiaethau)	1	**1 mewn 7,** 14%	DTPS
Ffisiotherapi (Cyhyr-ysgyrbydol)	2	**3 mewn 65**, 3%	DTPS
Radiograffeg (Radiograffwyr)	17 (5 yn YBM, 4 yn YTC, 8 yn YTS)	YBM: **5 mewn 49**, 10% YTS: **8 mewn 52**, 15% YTC **4 mewn 59**, 6.7%	DTPS
Optometreg	1	**1 mewn 9 yn YBM,** 11%	Planned
*Adferiad	2	**2 mewn 18,** 11%	DTPS
Therapi Galwedigaethol (Therapi Llaw)	2	**2 mewn 5,** 40%	DTPS
Fferylliaeth (YBM)	6	**6 mewn 61,** 9%	DTPS
Fferylliaeth (YTC)	5	**5 mewn 57,** 8%	DTPS
Awdioleg	1 yn YTC	**1 mewn 12,** 8%	DTPS
*Therapi Seicolegol	1	**1 mewn 14,** 7%	MH&LD
Fferylliaeth (Swyddi a reolir)	1	**1 mewn 16,** 6.25%	DTPS
Therapi Galwedigaethol (Ailalluogi Cof RhCT)	1	**1 mewn 5,** 20%	DTPS
Ffisiotherapi (Iechyd Pelfig)	1	**1 mewn 5,** 20%	DTPS
Therapi Galwedigaethol (Gwasanaeth Cleifion Mewnol Corfforol YBM)	1	**1 mewn 13.5,** 7.4%	DTPS
Haematoleg (Fflebotomi) YBM	2	**2 mewn 46,** 4%	DTPS
*Therapi Galwedigaethol (Pediatreg)	1	**1 mewn 26,** 3.8%	DTPS
Therapi Galwedigaethol (Adsefydlu)	1	**1 mewn 4,** 25%	DTPS
Therapi Galwedigaethol (Adsefydlu Cleifion Mewnol YCR)	1	**1 mewn 8.5,** 11.7%	DTPS
Ffisiotherapi (Strôc)	2	**1 mewn 8**, 12.5%	DTPS
Ymarferwyr yr Adran Lawdriniaethau	9	**YTS:** 2 o 29, 7% **YTC** 3 o 26, 11%	Planned

		YBM: 4 o 22, 18%	

Tabl 6: Gwaelodlin gyfredol: Gwasanaethau Clinigol Ychwanegol (Gweithwyr Cymorth Gofal Iechyd)

Gwasanaethau Clinigol Ychwanegol: Gweithwyr Cymorth Gofal Iechyd			
Lleoliad neu dîm lle gallai rhyngweithio iechyd ddigwydd yn Gymraeg	**Nifer y staff**	**Fel % o'r staff mewn rolau tebyg yn yr ardal**	**Grŵp Gofal**
Nyrsio Ardal (Nosweithiau)	1	1 mewn 1, 100%	PC&C
*Tîm Iechyd Meddwl Pobl Hŷn Cynon	1	1 o 1, 100%	MH&LD
*Nyrsio Ardal RTE	1	1 mewn 2, 50%	PC&C
*Nyrsio Ysgol Merthyr	1	1 mewn 3, 33%	CH&F
*Gwasanaeth Iechyd Meddwl Cymunedol Merthyr	1	1 mewn 3, 33%	MH&LD
Tîm Allgymorth Digartrefedd	1	1 o 3, 33%	MH&LD
Clinigau Lymffoedema	1	1 mewn 4, 25%	PC&C
Clinig Endosgopi YBM	1	1 mewn 4, 25%	Planned
*Nyrsio Cymunedol CAMHS	1	1 mewn 5, 20%	MH&LD
Cyswllt Diabetig YBM	1	1 mewn 5, 20%	Unsched
*Nyrsio Ardal Merthyr Cynon	1	1 mewn 6, 16%	PC&C
Gynaecoleg Gymunedol Merthyr	1	1 mewn 7, 14%	CH&F
Ward 9 YBM	3	3 mewn 23, 13%	Unsched
Ward 21 YBM	1	1 mewn 8, 12.5%	MH&LD
Adran Iechyd Rhywiol Integredig	1	1 mewn 9, 11%	CH&F
*Ward Paediatrig YTC	1	1 mewn 10, 10%	CH&F
Ward 7 YTS	2	2 mewn 20, 10%	Planned
*Ward Angleton 2	3	3 mewn 32, 9.3%	MH&LD
*Plant a Phobl Ifanc Cymunedol	2	2 mewn 22, 9%	CH&F
*Uned Adsefydlu Strôc YBM	1	1 mewn 12, 8.3%	MH&LD
Ward 12 YBM	2	2 mewn 24, 8.3%	Unsched
Ward 22 YBM	1	1 mewn 12, 8.3%	MH&LD
Ward 2 YBM	1	1 mewn 13, 7.6%	Planned
Ward 9 YTS	1	1 mewn 15, 6.6%	Planned
Ward 20 YBM Adsefydlu Orthopedig	1	1 mewn 15, 6.6%	Unsched
*Tŷ Pinewood	1	1 mewn 16, 6.25%	MH&LD
Ward 7 YTC	1	1 mewn 16, 6.25%	Planned
Ward 8 YTC	1	1 mewn 16, 6.25%	Planned
*Ward 3 YCC	1	1 mewn 16, 6.25%	PC&C
*Ward Seren YBM	4	4 mewn 72, 5.5%	MH&LD
*Ward C3 YCRh	1	1 mewn 18, 5.5%	PC&C
*Ward D4 YCRh	1	1 mewn 21, 4.7%	PC&C
*Ward 10 Strôc YTS	1	1 mewn 21, 4.7%	Unsched

Ward 8 YBM	1	1 mewn 21, 4.7%	Planned
Ward 5 YTS	1	1 mewn 23, 4.3%	Planned
Ward 14 YBM	1	1 mewn 23, 4.3%	Unsched
Ward B2 YCRh	1	1 mewn 25, 4%	PC&C
Bydwreigiaeth Acíwt YTS	1	1 mewn 38, 2.6%	CH&F
Ward Lawfeddygol YTC Pen-y-bont ar Ogwr	1	1 mewn 12, 8%	Wedi'i Gynllunio
*CAMHS Aciwt – Haen 4	2	2 mewn 32, 6.25%	MH&LD
Theatrau YTC	1	1 mewn 51, 2%	Planned
Adran Achosion Brys YTS	1	1 mewn 29, 3.4%	Unsched
Adran Achosion Brys YBM	1	1 mewn 22, 4.5%	Unsched
Theatrau YBM	2	2 mewn 32, 6.25%	Planned

Tabl 7: Gwaelodlin gyfredol: Gwasanaethau Clinigol Ychwanegol (Swyddi eraill fel y nodwyd)

Gwasanaethau Clinigol Ychwanegol: Rolau eraill fel y nodwyd			
Arbenigedd lle gallai rhyngweithio iechyd ddigwydd yn Gymraeg	**Nifer y staff a'r lleoliad (lle nodwyd)**	**Fel % o'r staff mewn rolau tebyg yn yr ardal**	**Grŵp Gofal**
*CAMHS FACS 1 (Seicolegydd Cynorthwyol)	1	1 o 1, 100%	MH&LD
*Iechyd Meddwl Gofal Sylfaenol Merthyr a Chynon (Seicolegydd Cynorthwyol)	1	1 mewn 2, 50%	MH&LD
Helpa Fi i Stopio (Ymarferwyr Cynorthwyol)	1	1 mewn 3, 33%	Corporate & Hosted
*Nyrsys Meithrin	4	Ymwelwyr Iechyd RhCT: 2 o 17, 11% Ward 17/18 YBM: 1 o 1, 100%, Teuluoedd Gwydn, Ymwelwyr Iechyd: 1 o 1, 100%	CH&F
*SHINE (Mewngymorth Ysgolion CAMHS) (Seicolegydd Cynorthwyol)	2	2 mewn 11, 18%	MH&LD
Carchar EF y Parc (Cynorthwyydd Iechyd)	1	1 mewn 3, 33%	PC&C
Cynorthwyydd Deintyddfa	3	Yr Uned Addysgu Deintyddiaeth: 2 o 11, 18%, Canolfan Gofal Sylfaenol Brys 1 o 6, 16%	PC&C

Tabl 8: Gwaelodlin Gyfredol: Nyrsio a Bydwreigiaeth

Nyrsio a Bydwreigiaeth (Nyrsys a Bydwragedd (pob gradd) oni nodir yn wahanol)			
Lleoliad neu arbenigedd lle gallai rhyngweithio iechyd ddigwydd yn Gymraeg	**Nifer y staff a'r lleoliad (lle nodwyd)**	**Fel % o'r staff mewn rolau tebyg yn yr ardal**	**Grŵp Gofal**
'Pacesetters'	1	1 mewn 1, 100%	PC&C
*Cadw'n Iach Gartref	2	2 mewn 3, 66%	PC&C
Teuluoedd Gwydn (Ymwelwyr Iechyd)	1	1 mewn 2, 50%	CH&F
Uned Asesu Dydd Gynae YBM (Ymarferwyr Uwch)	1	1 mewn 2, 50%	CH&F
*Uned Gofal Seiciatrig Dwys YBM	2	2 mewn 4, 50%	MH&LD
*Triniaeth yn y Cartref i Ddatrys Argyfwng YTS	3	Nyrs Gymunedol: 1 o 1, 100% Ymarferydd Cymunedol: 2 o 11, 18%	MH&LD
*Ward 14 Clinig Coety (nyrs staff)	3	3 mewn 8, 37.5%	MH&LD
Nyrsio Arhythmia YBM	1	1 mewn 3, 33%	Unsched
*PICU Clinig Coety (nyrsys staff)	3	3 mewn 11, 27%	MH&LD
Tîm Allgymorth Rhagweithiol Keir Hardie (Ymarferwyr Cymunedol)	1	1 mewn 4, 25%	MH&LD
*Nyrsio Ardal Merthyr (Nosweithiau) – Cynon (Ymarferwyr Cymunedol)	1	1 mewn 4, 25%	PC&C
*Nyrsio Ardal RTE	12	9 o 62 o staff nyrsio, 14% 3 o 12 Ymarferydd Cymunedol, 25%	PC&C
*Nyrsio Ardal RTE	12	9 o 62 o staff nyrsio, 14% 3 o 12 Ymarferydd Cymunedol, 25%	PC&C
Nyrsio Methiant y Galon YBM	1	1 mewn 4, 25%	Unsched
*Prif Wasanaeth Iechyd Meddwl Plant a'r Glasoed (prif nyrs)	1	1 mewn 4, 25%	MH&LD
*Ward B2 YCRh	3	3 mewn 14, 21%	PC&C
Nyrsio Rhiwmatoleg	1	1 mewn 5, 20%	Unsched
Uwch Ymarferwyr Nyrsio y Tu Allan i Oriau YTS	1	1 mewn 5, 20%	Unsched
Clinig Diabetig YTC	1	1 mewn 5, 20%	Unsched
*Gwasanaethau Gartref	2	2 mewn 11, 18%	PC&C
Cleifion Allanol YTS	2	2 mewn 12, 16%	Planned
Ward 6 YTS	1	1 mewn 21, 16%	Planned
*Tîm Iechyd Meddwl Cymunedol RhCT	1	1 mewn 6, 16%	MH&LD

(Ymarferwyr Cymunedol)			
Ward 21 YBM	1	1 mewn 6, 16%	MH&LD
Ward 22 YBM	1	1 mewn 6, 16%	MH&LD
*Gwasanaeth Iselder Cymhleth, Gorbryder a Thrawma (Ymarferwyr Cymunedol)	2	2 mewn 12, 16%	MH&LD
*Tîm Therapi Dwys Cymunedol (Nyrs Staff)	1	1 mewn 6, 16%	Iechyd Meddwl ac Anableddau Dysgu
Cleifion Allanol YCC	1	1 mewn 6, 16%	Planned
*Adfer YBM	2	2 mewn 13, 15%	Planned
Bydwragedd Cymunedol Pen-y-bont ar Ogwr (Bydwragedd)	1	1 mewn 7, 14%	CH&F
*Dechrau'n Deg Pen-y-bont ar Ogwr (Ymarferwyr Cymunedol)	3	3 mewn 21, 14%	CH&F
Cyn-asesu YBM	1	1 mewn 7, 14%	Planned
Ystafell Endosgopi YTC	2	2 mewn 15, 13%	Planned
Theatrau YBM	5	5 mewn 41, 12%	Planned
Ward 19 Anadlol YBM	2	2 mewn 18, 11%	Unsched
Ward 31 YTS	4	4 mewn 36, 11%	CH&F
*Tŷ Pinewood	1	1 mewn 9, 11%	MH&LD
Clinig Torasgwrn YTS	1	1 mewn 9, 11%	Planned
*Therapïau CAMHS	1	1 mewn 10, 10%	MH&LD
Clinig Endosgopi YBM	2	2 mewn 19, 10%	Planned
*Ward Derbyn YBM	1	1 mewn 10, 10%	MH&LD
Ward 14 YBM	2	2 mewn 19, 10%	Unsched
Ymarferwyr Nyrsio Brys	1	1 mewn 10, 10%	Unsched
*Ward 17/18 YBM	5	5 mewn 46, 10%	CH&F
Nyrsio CAMHS	3	3 mewn 32, 9.3%	MH&LD
Gynaecoleg Gymunedol Merthyr (Nyrsys staff a nyrsys cymunedol)	1	1 mewn 11, 9%	CH&F
Ymwelwyr Iechyd Merthyr (Ymarferwyr Cymunedol)	1	1 mewn 11, 9%	CH&F
Bydwragedd Arbenigol	2	2 mewn 24, 8.3%	CH&F
*Uned Adsefydlu Strôc	1	1 mewn 12, 8%	MH&LD
*Nyrsys Arbenigol Paediatrig	1	1 mewn 12, 8%	CH&F
*Ward A1 YCRh	1	1 mewn 13, 7.6%	PC&C
Ward 15 YTC	1	1 mewn 14, 7%	Unsched
*Triniaeth yn y Cartref i Ddatrys Argyfwng YBM	1	1 mewn 14, 7%	MH&LD
Bydwreigiaeth a Nyrsio Acíwt YTS (bydwragedd)	7	7 mewn 104, 6.7%	CH&F

Cleifion allanol YBM	1	1 mewn 15, 6.6%	Planned
Ward 12 YBM	1	1 mewn 15, 6.6%	Unsched
Ward 11 YTC	1	1 mewn 15, 6.6%	Planned
*Nyrsio Ysgol Merthyr	2	Nyrsys Ysgol: 1 o 17, 5.8% Ymarferwyr Cymunedol: 1 o 24, 4%	CH&F
Ward 9 YTS	1	1 mewn 17, 5.8%	Planned
Ward 2 YBM	1	1 mewn 17, 5.8%	Planned
Ward 3 YCC	1	1 mewn 17, 5.8%	PC&C
Ward 7 YTC	1	1 mewn 18, 5.5%	Planned
*Ward Bediatreg YTC (nyrsys staff)	2	2 mewn 37, 5.4%	CH&F
Ward 8 YBM	1	1 mewn 19, 5.2%	Planned
Adsefydlu Orthopedig YTC	1	1 mewn 19, 5%	Unsched
Ward 6 YTC	1	1 mewn 20, 5%	Unsched
*Ymwelwyr Iechyd RhCT	4	4 mewn 84, 4.7%	CH&F
*Ward 10 Strôc YTS	1	1 mewn 22, 4.5%	Unsched
Uned Feddygol Acíwt Ward 1-4 YBM	2	2 mewn 45, 4.4%	Unsched
Uned Gofal Arbennig i Fabanod YTC	1	1 mewn 25, 4%	CH&F
Uned Gofal Arbennig i Fabanod YTC	1	1 mewn 25, 4%	CH&F
*Nyrs Plant Gymunedol Merthyr (Nyrsys Cymunedol)	1	1 mewn 27, 3.7%	CH&F
Iechyd Rhywiol Integredig Menywod	1	1 mewn 31, 3.2%	CH&F
Cymuned YTS a YBM	1	1 mewn 38, 2.6%	CH&F
Newyddenedigol YTS	1	1 mewn 40, 2.5%	CH&F
Nyrsio Ardal Merthyr	1	1 mewn 58, 1.7%	PC&C
Mamolaeth YTC (bydwragedd)	1	1 mewn 64, 1.5%	CH&F
*Ward Seren YBM	1	1 mewn 13, 7.6%	MH&LD
Uned Feddygol Acíwt YTS	2	2 mewn 23, 8.6%	Unsched
Adran Achosion Brys YBM	5	5 mewn 67, 7.4%	Unsched
Allgymorth Gofal Critigol YTC	1	1 mewn 7, 14%	Planned
Adran Achosion Brys YTC	5	5 mewn 73, 6.8%	Unsched
Uned Gofal Critigol YBM	1	1 mewn 15, 6.6%	Unsched
Uned Gofal Critigol YTS	1	1 mewn 5.5%	Unsched
Adran Achosion Brys YTS	3	3 mewn 71, 4.2%	Unsched
Gofal Critigol YTS	1	1 mewn 51, 2%	Planned
Gofal Critigol YTC	1	1 mewn 50, 2%	Planned
Uned Feddygol Aciwt YTC	1	1 mewn 52, 1.9%	Unsched

Atodiad 2: Tabl o fylchau yn y ddarpariaeth yn Gymraeg fesul 'Sefydliad' ESR wedi'i gategoreiddio yn ôl maes blaenoriaeth Mwy na Geiriau (Medi 2024)

Mae'r rhai a amlygir mewn glas yn golygu y gellid targedu'r gwasanaeth ar gyfer hyfforddiant gan fod gan y gwasanaeth unigolion ar Lefel 2 Siarad a Gwrando.

Mae gan wasanaethau a amlygir mewn coch o leiaf un aelod o staff gyda Lefel 3 Siarad/Gwrando i ganiatáu ymyrraeth wedi'i thargedu.

Tabl 9: Bylchau yn y ddarpariaeth wedi'u categoreiddio fesul maes blaenoriaeth Mwy na Geiriau

Maes blaenoriaeth o dan Mwy na Geiriau	Maes gwasanaeth
Plant a Phobl Ifanc	Bydwragedd Cymunedol Pen-y-bont ar Ogwr
	Ymwelwyr Iechyd Pen-y-bont ar Ogwr
	Nyrsio Ysgol Pen-y-bont ar Ogwr (1 L2)
	Bydwreigiaeth Dechrau'n Deg Pen-y-bont ar Ogwr (1 L3)
	Bydwreigiaeth Dechrau'n Deg Merthyr Pen-y-bont ar Ogwr
	Tîm Cyn-ysgolion Iach
	Dechrau'n Deg Merthyr
	Seicoleg Pediatrig (Seicolegydd)
	Meddygon ac ymgynghorwyr pediatrig YTC
	Cleifion allanol pediatrig YTC
	Therapi Seicoleg Teulu
	Bump Start RhCT a MAMSS
	PIPYN RhCT (1 L2)
	Adran Cleifion Allanol i Blant Ysbyty Brenhinol Morgannwg
Iechyd Meddwl	Seicoleg Oedolion
	Tîm Argyfwng Pen-y-bont ar Ogwr
	Tîm Iechyd Meddwl Cymunedol Pen-y-bont ar Ogwr (2 L3)
	Gwasanaeth Cyswllt Seiciatrig Merthyr a Chynon
	Gwasanaeth Cyn-filwyr Iechyd Meddwl
	Tîm Iechyd Meddwl Pobl Hŷn Merthyr
	Gwasanaeth Iechyd Meddwl 111 (1 L3)
	Gwasanaethau Iechyd Meddwl Amenedigol
	Anhwylderau Bwyta Iechyd Meddwl
	Ymgynghorydd LD CAMHS
	Cefn yr Afon Queralla Road
	Uned Dewi Sant YBM (1 L2)
	Tîm Iechyd Meddwl Cymunedol Cwm Cynon
	Tîm Iechyd Meddwl Cymunedol Gogledd Pen-y-Bont (2 L2)
	Tîm Iechyd Meddwl Cymunedol De Pen-y-Bont
	Tîm Allgymorth Dyfal M&C
	CDAT - Timau M&C (2 L2)
	Adsefydlu - Seicoleg
Yr Henoed	Tîm Iechyd Meddwl Pobl Hŷn RhCT - Taf Elái
	Tîm Iechyd Meddwl Pobl Hŷn RhCT - Rhondda
	Uned Bregusrwydd Acíwt YTS

	Gofal yr Henoed YTC (1 L2)
	Timau Cefnogi ac Aros yr Henoed
	Nyrsio Ardal Merthyr a Chynon
	Staff Meddygol Pobl Hŷn M&C
	Mewngymorth/Cyswllt Cartrefi Gofal Pen-y-bont ar Ogwr (1 L3)
	Nyrsio Ardal RTE - Parc Canol
	Nyrsio Ardal RTE - Dyffryn Taf
	RTE Nyrsio Ardal - Glynrhedynog
	Nyrsio Ardal RTE - Parc Canol
	Staff Meddygol Pobl Hŷn RTE (1 L2)
	Nyrsio Ardal RTE - Tonypandy
	Aros yn Iach yn y Cartref (Therapïau) (1 L3)
Pobl sy'n byw gyda dementia	Gwasanaeth Asesu'r Cof Rhondda (1 L2)
	Gwasanaeth Asesu'r Cof Taf
	Gwasanaethau Cof Merthyr a Chynon (1 L3)
Strôc	Ymgynghorwyr Strôc YTC
	Staff Meddygol YTS (Strôc)
Therapi Iaith a Lleferydd	Therapi Iaith a Lleferydd i Oedolion
	Therapi Lleferydd Dechrau'n Deg Pen-y-bont ar Ogwr (1 L2)
Wardiau	Ward 4 YTC (1 L3) (1 L2)
	Ward 5 Gastroenteroleg YBM (1 L2)
	Ward 5 YTC (1 L3)
	Ward 10 YTC
	Ward 16 YTC
	Ward 17 YTC (1 L2)
	Ward 18 YTC (1 L3)
	Ward 19 YTC (2 L2)
	Ward YTC 20
	Ward 3 YTS
	Ward 2 Cardioleg YTS (1 L2)
	Ward 9 YBM
	Ward 10 ac 11 YBM
	Ward 3 YBM (1 L3) (1 L2)
	Ward 9 Gastroenteroleg YTS
	Ward 10 YTC
	Ward 18 YTC
	Ward 5 YTC
	Ward 15 YBM (1 L3) (1 L2)
	Ward 12 Anadlol YTS
	Ward 4 YCC
	Ward 6 YCC
	Ward 7 YCC
	Ward 1 YCC
	Ward 2 YCC
	Ward 12 Anadlol YTS
	Ward 4 YCC
	Ward 10 ac 11 YBM
	Ward 12 Anadlol YTS

Rhestr o gyfranwyr i'r cam cynllunio hwn

Ar wahân i'r waelodlin uchod ac adolygiad o'r llenyddiaeth, cyfrannodd arbenigedd a phrofiad yr unigolion canlynol at Ran B o'r cynllun hwn:

Gareth Watts, Ysgrifennydd y Bwrdd a Chyfarwyddwr Llywodraethu Corfforaethol
Dr Chelsea Walters, Meddyg mewn Pediatreg
Dr Aled Huws, Ymgynghorydd mewn Meddygaeth Frys
Dr Ceril Rhys-Dillon, Ymgynghorydd mewn Rhiwmatoleg
Dr Emyr Humphreys, Ymgynghorydd mewn Rhiwmatoleg a Chyfarwyddwr Meddygol
Dr Awen Iorwerth, Ymgynghorydd Trawma ac Orthopaedeg a Chyfarwyddwr Meddygol
Dr Rhian Rhys, Ymgynghorydd Radioleg
Angela Bell, Arweinydd Ansawdd ar gyfer Therapïau
Sophie Basset, Nyrs Arweiniol ar gyfer Iechyd Meddwl Pobl Hŷn
Kelly Bright, Uwch Nyrs Iechyd Meddwl Pobl Hŷn
Karen Wright, Cyfarwyddwr Cynorthwyol Polisi Pobl a Chydymffurfiaeth
George Shouler, Dirprwy Bennaeth Datblygu Sefydliadol
Emily Summerhayes, Arweinydd Denu ac Adnoddau
Abi Landeg, Arweinydd Cadw Staff
Alex Grand, Arweinydd Strategol ar gyfer Cydraddoldeb, Amrywiaeth a Chynhwysiant
Gillian Goss, Dirprwy Bennaeth Pobl ar gyfer Gofal Heb Ei Drefnu a Chyfleusterau
Celia Enyioko-Hanniford, Pennaeth Ymgysylltu â Gweithwyr
Natasha Weeks, Pennaeth Ymgysylltu
Dafydd Snelling (am greu'r graffig yn Atodiad 3)
Rebecca Watkins, Arweinydd Profiad y Gweithwyr

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER



Cynllun Strategol 5 Mlynedd ar gyfer Cynnig Ymgynghoriadau Clinigol yn y Gymraeg ym Mwrdd Iechyd Prifysgol Cwm Taf Morgannwg 2024-2029

Cyhoeddwyd yn unol â Safon y Gymraeg 110 a Cham Gweithredu 18 Cynllun 5 Mlynedd Mwy na Geiriau

CTM 2030
Ein Hiechyd Ein Dyfodol
DATBLYGU CYMUNEDAU IACHACH GYDA'N GILYDD

CTM 2030
Our Health Our Future
BUILDING HEALTHIER COMMUNITIES TOGETHER

DECHRAU'N DDA — STARTING WELL

TYFU'N DDA — GROWING WELL

BYW'N DDA — LIVING WELL

HENEIDDIO'N DDA — AGEING WELL

MARW'N DDA — DYING WELL

CREU IECHYD
CREATING HEALTH

- Lleihau anghydraddoldebau iechyd
- Ffocws cyfartal ar iechyd meddyliol a chorfforol
- Cefnogi ein cymunedau
- Bod yn sefydliad iach

GWELLA GOFAL
IMPROVING CARE

- Darparu gofal diogel a thosturiol
- Datblygu modelau gofal newydd
- Trawsnewid digidol i gleifion ac i'r staff
- Sicrhau gofal amserol

Ein Nodau Strategol

CYNNAL EIN DYFODOL
SUSTAINING OUR FUTURE

- Dod yn sefydliad gwyrdd
- Sicrhau cynaliadwyedd ariannol ein gwasanaeth
- Gwreiddio gofal iechyd seiliedig ar werth
- Sicrhau bod ein hystâd yn addas ar gyfer y dyfodol

YSBRYDOLI POBL
INSPIRING PEOPLE

- Arweinyddiaeth weladwy ac ysbrydoledig
- Hyrwyddo amrywiaeth a chynhwysiant
- Gwreiddio ein gwerthoedd a'n hymddygiadau
- Annog cyflogaeth leol

Croeso!

Cynnwys



Rhagair 4

Cyflwyniad 5

Cartef strategol y cynllun hwn 6

Amcanion 7

Camau ac amserlenni 8

Monitro 26

Atodiadau 27

Rhagair gan Hywel Daniel, Cyfarwyddwr Gweithredol Pobl Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg



Yn 2014, daeth Ward B2 yn Ysbyty Cwm Rhondda yn ward gymunedol bwrpasol ar gyfer cleifion oedrannus sy'n siarad Cymraeg, ac ers hynny bu'n esiampl o arfer da ar gyfer wardiau eraill yn ein hysbytai. Lansiwyd Cynllun Dilynol Mwy Na Geiriau, yn ôl yn 2016, yn Ysbyty Cwm Cynon. Yn 2022 fe wnaethom gynnwys y gallu i gofnodi angen iaith am y Gymraeg ar ein e-fyrddau gwyn ar gyfer cleifion mewnol. Mae llawer o'n staff clinigol dwyieithog wedi arloesi mewn addysg feddygol yn y Gymraeg ac wedi gwneud cyfraniad enfawr at le'r Gymraeg mewn hyfforddiant clinigol. Rhwng mis Ebrill 2024 a chyhoeddi'r cynllun hwn, manteisiodd 150 aelod o staff ar ein pecyn cymorth newydd i ddysgu Cymraeg ac fe wyddom, o werthuso'r cynnig hwnnw, eu bod yn defnyddio'r Gymraeg gyda chleifion. Mae'r rhain i gyd a mwy yn dangos yn union pa mor ymrwymedig mae staff BIP CTM i'r agenda hon.

Mae BIP CTM wedi cyfrannu at ddefnyddio'r Gymraeg yn GIG Cymru mewn llawer o ffyrdd ac yn yr ysbryd hwn o wneud yr hyn sy'n iawn i'n hiaith a symud yr agenda hon yn ei blaen rydym yn cyflwyno ein cynllun o dan Safon y Gymraeg 110 a Chynllun 5 Mlynedd Mwy na Geiriau.

Edrychwn ymlaen at weithio i gyflawni'r camau gweithredu a'r cyfraniad y gall BIP CTM ei wneud at ddyfodol tymor hir y Gymraeg yn ein rhanbarth ac yn GIG Cymru cyfan.

Diolch yn fawr

Cyflwyniad

Cyhoeddwn y cynllun hwn o dan Safon statudol y Gymraeg 110, sef safon sy'n ein galluogi i sicrhau cylch cynllunio 5 mlynedd rheolaidd i wella ein gallu i gynnig ymgynghoriadau clinigol yn y Gymraeg. Mae'r cynllun hwn yn bodloni Rhan B ac C o Safon 110, sy'n ei gwneud yn ofynnol i'r Bwrdd Iechyd gyhoeddi camau gweithredu, gydag amserlen, ar gyfer sut y byddwn yn gwella ein gallu i gynnig ymgynghoriadau clinigol yn Gymraeg. Mae'n seiliedig ar ddadansoddiad manwl o'n gallu presennol i gynnig ymgynghoriadau clinigol yn y Gymraeg, o dan Ran A o Safon 110, sydd i'w gweld yma.

Bydd y cynllun hwn hefyd yn mynd i'r afael â nifer o gamau gweithredu o dan Gynllun 5 Mlynedd Mwy na Geiriau 2022-2027, yn arbennig Cam Gweithredu 18, sy'n ei gwneud yn ofynnol i'r Bwrdd Iechyd ddadansoddi ei weithlu presennol, nodi bylchau a nodi sut y bydd yn mynd i'r afael â nhw trwy gynllunio a hyfforddi'r gweithlu. Mae'r camau i fynd i'r afael â'r bylchau hynny isod, ac mae'r dadansoddiad sy'n sail iddynt ar gael yma.

Rhaid egluro'r hyn nad yw'r cynllun yn ei wneud. Mae'r cynllun hwn ar gyfer cynyddu ein gallu i gynnig ymgynghoriadau clinigol a gofal cleifion uniongyrchol yn y Gymraeg. Er bod ymgynghoriadau clinigol yn rhan fawr o'r hyn y mae BIP CTM yn ei gynnig, ac er y gallant ddigwydd yn unrhyw le o glinig i wely ar ward, nid yw'r cynllun hwn yn strategaeth gyffredinol ar gyfer yr iaith a'r diwylliant Cymraeg yn gyffredinol yn BIP CTM. Mae gwaith ehangach yn mynd rhagddo ar gyfer meysydd eraill i ddatblygu'r Gymraeg ac rydym yn llunio cynllun gweithredol bob blwyddyn at y diben hwnnw o dan 5 thema sy'n cyd-blethu. Rydym yn annog rhanddeiliaid i ddarllen ein hadroddiadau blynyddol yma i gael rhagor o fanylion am y ffordd rydym yn cynllunio ein gwaith a'n cynnydd hyd yma

Cartref strategol y cynllun hwn
BIPCTM

Nodau Strategol CTM2030









Blaenoriaeth 8 Cynllun Pobl CTM2030 ac 'Ysbrydoli Pobl':
"Creu diwylliant a hunaniaeth Gymraeg ffyniannus, gan wella sgiliau ac ymwybyddiaeth"

Cynllunio gweithredol blynyddol ar gyfer y Gymraeg a diwylliant Cymru ar sail y 5 thema
Cyfathrebu ac Ymgysylltu I Cynlluniau Gweithredu a Monitro I Profiad Staff a'n Gweithle Dwyieithog I Llywodraethu ac Atebolrwydd I Recriwtio a Chynllunio'r Gweithlu

Cynllunio strategol ar gyfer y Gymraeg: Amcanion y cynllun hwn

1. Gwell dealltwriaeth a gweithrediad o'r Cynnig Rhagweithiol mewn Gofal Sylfaenol
2. Gwell dealltwriaeth a gweithrediad o'r Cynnig Rhagweithiol mewn Gofal Eilaidd a Chymunedol
3. Cynlluniau Strategol y Gweithlu Adrannol sy'n cynnwys cynllunio iaith ar gyfer gofal yn y Gymraeg
4. Gwell lefelau o Gymraeg Cwrteisi
5. Gwell hyder i ddefnyddio'r Gymraeg sydd gennym
6. Rheolwyr sy'n ystyried bod dysgu Cymraeg yn fuddiol
7. Cynllunio strategol rheolaidd gyda rhanddeiliaid cenedlaethol a rhanbarthol ar gyfer datblygu sgiliau
8. Grid cynllunio ymgysylltu mewnol blynyddol
9. Mwy o gydnabyddiaeth i staff am ymdrechion i hyrwyddo'r Gymraeg a gofal cleifion yn y Gymraeg
10. Cynnwys y Gymraeg mewn cynefino lleol yn gynyddol
11. Gwella dealltwriaeth o gynllunio'r gweithlu ar gyfer sgiliau Cymraeg
12. Gwella delwedd BIP CTM fel sefydliad sy'n gwerthfawrogi sgiliau dwyieithog
13. Cynnig arweinyddiaeth mewnol sy'n annog yr ymddygiadau arwain er mwyn i'r Gymraeg ffynnu
14. Gwella ymwybyddiaeth staff o Wasanaeth Datblygu'r Gymraeg a'i gynnig
15. Gwella gwybodaeth ein cleifion o'u hawliau iaith statudol, ac ymgysylltu'n well â sefydliadau cymunedol Cymraeg craidd
16. Gwell data'r gweithlu mewn ardaloedd nad ydynt yn cydymffurfio
17. Cyswllt cryfach rhwng datblygiad staff a data staff i lywio cynllunio
18. Dangosfwrdd data dynamig ar gyfer sgiliau i lywio cynllunio strategol parhaus
19. Sgrinio newidiadau a datblygiadau gwasanaethau i sicrhau bod y cynllun hwn yn parhau'n berthnasol a bod Safonau'r Gymraeg a Mwy na Geiriau yn cael eu plethu i newidiadau gwasanaeth

Amcan 1: Gwell dealltwriaeth a gweithrediad o'r Cynnig Rhagweithiol mewn Gofal Sylfaenol

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
1	**Cynnig sesiynau ymwybyddiaeth iaith wedi'u targedu a'u gwerthuso gyda ffocws cryfach ar sut i roi'r Cynnig Rhagweithiol ar waith ar gyfer darparwyr Gofal Sylfaenol lle mae siaradwyr Cymraeg**	50% o ddarparwyr gyda siaradwyr Cymraeg wedi cwblhau'r hyfforddiant (rhaid cynnwys staff gweinyddu a rheolwyr practis)	75% o ddarparwyr gyda siaradwyr Cymraeg wedi cwblhau'r hyfforddiant (rhaid cynnwys staff gweinyddu a rheolwyr practis)
2	**Ychwanegu'r holl wasanaethau Gofal Sylfaenol gyda'r gallu i gynnig gwasanaeth yn Gymraeg at y wefan gorfforaethol o dan 'Dod o Hyd i Fy Ngwasanaeth GIG'**	70% o'r holl ddarparwyr gyda gwasanaethau Cymraeg wedi'u hychwanegu at y wefan	90% o'r holl ddarparwyr gyda gwasanaethau Cymraeg wedi'u hychwanegu at y wefan
3	**Cynhyrchu offeryn archwilio y disgwylir i Reolwyr Practis ei gwblhau, a'i rannu gyda'r holl ddarparwyr sydd â Chontract GIG**	75% o ddarparwyr gyda siaradwyr Cymraeg wedi cwblhau'r offeryn, ac wedi gwneud y newidiadau angenrheidiol	75% o ddarparwyr gyda siaradwyr Cymraeg, a 50% o'r holl ddarparwyr eraill, wedi cwblhau'r offeryn ac wedi gwneud y newidiadau angenrheidiol

Amcan 2: Gwell dealltwriaeth a gweithrediad o'r Cynnig Rhagweithiol mewn Gofal GIG Eilaidd a Chymunedol

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
4	**Archwilio prosesau atgyfeirio a derbyn mewn gwasanaethau sydd â siaradwyr Cymraeg , a chynnwys angen iaith lle nad yw eisoes wedi'i nodi**	Cwestiwn am angen iaith wedi'i gynnwys yn 70% o'r prosesau a nodwyd	Cwestiwn am angen iaith wedi'i gynnwys yn 90% o'r prosesau a nodwyd
5	**Cynnal archwiliad ar gyfer pob proffesiwn o'r broses bresennol o ychwanegu logo Siaradwr Cymraeg at wisgoedd gwaith, a chynnwys y gallu i ddewis ychwanegu'r logo**	Archwiliad wedi'i gwblhau ar gyfer pob proffesiwn a logo wedi'i ychwanegu at 75% o'r prosesau	Archwiliad wedi'i gwblhau ar gyfer pob proffesiwn a logo wedi'i ychwanegu at 100% o'r prosesau
6	**Creu bathodyn 'dysgwr' ar gyfer gwisgoedd gwaith, lle bo angen fel fersiwn y gellir ei atodi gyda haearn smwddio**	Bathodyn dysgwr wedi ei greu a'i ychwanegu at wisgoedd	Bathodyn dysgwr yn parhau i gael ei ychwanegu at wisgoedd
7	**Gan adeiladu ar y prosesau presennol, lansio proses bathodyn Siaradwr Cymraeg drwy ymgyrch fewnol ym Mlwyddyn 1**	Nifer y staff cyfredol sy'n siarad Cymraeg mewn rolau clinigol (Lefel 3+) yn 50% o nifer y bathodynnau wedi'u brodio, bathodynnau neu laniardiau a rannwyd ym mlwyddyn 3	Erbyn blwyddyn 5, bydd nifer y staff Cymraeg presennol ym mhob rôl (Lefel 3+) yn gyson yn uwch na 50% o nifer y bathodynnau wedi'u brodio, bathodynnau neu laniardiau a rannwyd
8	**Mewn ardaloedd lle mae siaradwyr Cymraeg, arddangos y poster 'Defnyddiwch eich Cymraeg yma'**	75% o'r ardaloedd sydd â phresenoldeb ffisegol (fel clinig) lle mae siaradwyr Cymraeg yn arddangos y poster	80% o ardaloedd sydd â phresenoldeb ffisegol yn dal i arddangos y poster yn dilyn archwiliadau ar hap

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
9	**Lle mae gan wasanaethau eilaidd a chymunedol dudalen gwefan gorfforaethol ac mae ganddynt staff sy'n siarad Cymraeg, cynnwys neges yn hyrwyddo'r gwasanaeth Cymraeg**	65% o ardaloedd â siaradwyr Cymraeg a phresenoldeb ar y we yn dangos y neges y cytunwyd arni	80% o ardaloedd â siaradwyr Cymraeg a phresenoldeb ar y we yn dangos y neges y cytunwyd arni
10	**Prynu sticeri Siaradwr Cymraeg ar gyfer nodiadau clercio papur a chofnodion cleifion papur**	Yn dibynnu ar werthusiad, cyflwyno hyn i bob maes sy'n dal i ddefnyddio cofnodion papur	Lle nad yw digideiddio ar waith o hyd, defnyddir y sticeri papur yn rheolaidd i adnabod cleifion sy'n siarad Cymraeg yn y cyfamser
11	**Creu adnodd Cyfarfod Tîm ar ffurf sleidiau digidol ac argraffedig, i reolwyr ddod â'r Gymraeg a'r hyn y mae'n ei olygu i gyfarfodydd Tîm, gan gynnwys cyfarfodydd Diogel i Ddechrau**	Defnyddir yr adnodd mewn cyfarfodydd fel yr awgrymir gan nifer lawrlwythiadau'r adnodd	Mae'r adnodd wedi'i ddefnyddio'n gyson ac mae adborth gan reolwyr sydd wedi ei ddefnyddio yn gadarnhaol

Amcan 3: Cynlluniau Strategol y Gweithlu Adrannol sy'n cynnwys cynllunio iaith ar gyfer gofal yn y Gymraeg

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
12	**Wrth ddatblygu cynlluniau gweithlu adrannol strategol mewn cydweithrediad â rheolwyr gwasanaethau (gydag Iechyd Meddwl y maes cyntaf i ddechrau'r gwaith hwn), cynnwys camau cadarn o ran datblygu sgiliau a recriwtio ar gyfer y Gymraeg**	Erbyn Blwyddyn 3, bydd cynlluniau Iechyd Meddwl yn cynnwys camau cynllunio ieithyddol ar gyfer y Gymraeg fel blaenoriaeth	Erbyn Blwyddyn 5, mae cynlluniau strategol y gweithlu adrannol yn cynnwys Cymraeg yn rheolaidd yn dilyn gwaith Iechyd Meddwl fel peilot cychwynnol

Amcan 4: Gwell lefelau o Gymraeg Cwrteisi

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
13	**Cynnig sesiynau 'Croeso i'r Gymraeg' yn fewnol, yn dilyn llwyddiant cyfnod adrodd 2023/34, gyda ffocws ar yr holl wasanaethau lle nad oes staff sy'n siarad Cymraeg a dechreuwyr newydd i BIP CTM**	Mewn meysydd gwasanaeth Mwy Na Geiriau lle nad oes siaradwyr Cymraeg fel y dangosir yn y dadansoddiad yma, 30% i fod â Lefel 1 yn y Gymraeg erbyn Blwyddyn 3	Mewn meysydd gwasanaeth Mwy Na Geiriau lle nad oes siaradwyr Cymraeg fel y dangosir yma, 50% i gael Lefel 1 yn y Gymraeg erbyn Blwyddyn 5 a bydd 25% o'r holl ddechreuwyr newydd i BIP CTM yn cwblhau'r sesiwn Croeso i'r Gymraeg mewnol i gyfyngu ar y nifer o staff newydd heb sgiliau yn y Gymraeg

Amcan 5: Gwell hyder i ddefnyddio'r Gymraeg sydd gennym

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
14	**Cynnig lle ar Gynllun 'Codi Hyder' mewn partneriaeth â'r Ganolfan Dysgu Cymraeg Genedlaethol i feysydd gwasanaeth heb unrhyw siaradwyr Cymraeg ar Lefel 4 neu 5 ond lle mae siaradwyr dihyder Lefel 3, yn ogystal ag i feysydd gwasanaeth Mwy na Geiriau eraill gyda siaradwyr Lefel 3**	Mae gan 75% o wasanaethau gyda siaradwyr Cymraeg Lefel 3 staff sydd wedi cwblhau'r cynllun, ac yn gyffredinol mae gan y carfannau gyfradd lenwi o 80%.	Erbyn Blwyddyn 5, bydd y cynllun Codi Hyder yn rhan greiddiol o gynllunio'r gweithlu ar gyfer y Gymraeg gyda phob carfan yn rhedeg ar gyfradd lenwi o 80% o leiaf, a'r rhan fwyaf o'r carfannau hynny'n cynnwys staff clinigol rheng flaen.

Amcan 6: Rheolwyr sy'n ystyried bod dysgu Cymraeg yn fuddiol

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
15	**Casglu adborth rheolwyr gan y rhai sydd wedi rhyddhau staff a gan y rhai sydd heb wneud hynny er mwyn deall rhwystrau, gan ganolbwyntio ar ddadansoddiad COM-B**	Cyfradd trosi staff sydd eisiau hyfforddiant iaith ac sydd wedyn yn mynd yn eu blaenau i hyfforddi ar lefel o 75% yn gyffredinol, unwaith y bydd y gwaith o archwilio rhwystrau yn y flwyddyn gyntaf wedi'i gwblhau	Cyfradd trosi staff sydd eisiau hyfforddiant iaith yn gyson uwch na 75%, gan ddangos ymrwymiad rheolwr i ryddhau staff
16	**Cynnwys datblygiad y Gymraeg mewn dogfennaeth Adolygiad Datblygiad Personol (PDR) fel enghraifft benodol**	Mae staff sy'n cymryd rhan mewn dysgu Cymraeg yn gwneud hynny'n barhaus o ganlyniad i'w proses PDR	Erbyn Blwyddyn 5, bydd nifer gyson o staff sy'n cymryd rhan mewn dysgu Cymraeg wedi gwneud hynny o ganlyniad i'w proses PDR, gan ddangos tystiolaeth glir bod rheolwyr yn gweld y Gymraeg fel angen busnes ac fel rhan o ddatblygiad proffesiynol
17	**Rhannu straeon adborth gyda gwerthusiad o'r cynnig, ynghyd ag adborth gan ddysgwyr a rheolwyr gyda:** ◦ **Grŵp Arweinyddiaeth CTM** ◦ **Sesiwn Holi ac Ateb i bob aelod o staff** ◦ **Grŵp Llywio'r Gymraeg**	Cyfradd trosi staff sydd eisiau hyfforddiant iaith ac sydd wedyn yn mynd yn eu blaenau i hyfforddi ar lefel o 75% yn gyffredinol, unwaith y bydd y gwaith o archwilio rhwystrau yn y flwyddyn gyntaf wedi'i gwblhau	Cyfradd trosi staff sydd eisiau hyfforddiant iaith yn gyson uwch na 75%, gan ddangos ymrwymiad rheolwr i ryddhau staff

Amcan 7: Cynllunio strategol rheolaidd gyda rhanddeiliaid cenedlaethol a rhanbarthol ar gyfer datblygu sgiliau

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
18	**Adnewyddu ein cytundeb partneriaeth gyda'r Ganolfan Dysgu Cymraeg Genedlaethol a Dysgu Cymraeg Morgannwg yn flynyddol, er mwyn sicrhau cynnig cyson ar gyfer pob lefel o wersi Cymraeg o Fynediad 1 i fyny**	Perthynas gref â rhanddeiliaid cenedlaethol a rhanbarthol fel y dangosir gan gynnig cyson, cyfarfodydd rheolaidd a chynllun blynyddol y cytunwyd arno rhwng pawb	Erbyn 2029, bydd staff yn dysgu Cymraeg ar bob lefel drwy gynnig clir a hwylusir yn ddigonol gan bob parti yn unol â'r cytundeb

Amcan 8: Grid ymgysylltu mewnol blynyddol

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
19	**Creu grid cynllunio ymgysylltu mewnol blynyddol, yn dilyn datblygu strwythur ymgysylltu wedi'i ysbrydoli gan wyddor ymddygiadol a ddatblygwyd yn 2023/24. Bydd y grid hwnnw'n cynnwys rhannu negeseuon ysbrydoledig sy'n berthnasol i ofal cleifion ac ymgynghoriadau clinigol yn Gymraeg**	Bydd ymgysylltiad mewnol rheolaidd, strategol ac wedi'i gynllunio, sy'n amrywio o ran llwyfan a gyda negeseuon gwahanol ond gyda ffocws cryf ar ofal cleifion	Mae ymgysylltu mewnol am y Gymraeg yn rhan annatod o'r ffordd rydym yn ymgysylltu â gweithwyr

Amcan 9: Mwy o gydnabyddiaeth i staff am ymdrechion i hyrwyddo'r Gymraeg a gofal cleifion yn y Gymraeg

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
20	**Bob blwyddyn, cynnal un Digwyddiad Dysgu Cymraeg gyda chefnogaeth y Bwrdd er mwyn:** **• Cydnabod llwyddiant dysgwyr, gan ganolbwyntio ar ddefnyddio'r Gymraeg gyda chleifion** **• Gwobrwyo newid ymddygiad fel y'i mesurir gan fframwaith gwerthuso** **• Rhannu profiadau staff o ddiwylliant y Gymraeg** **• Annog staff i ymuno â'r mudiad**	Bydd tri digwyddiad o'r fath wedi'u cynnal i ddathlu dysgwyr y Gymraeg, gyda thystiolaeth o fudiad yn ciniwair am ddysgu ein hiaith yn BIP CTM	Bydd pum digwyddiad o'r fath wedi'u cynnal i ddathlu dysgwyr Cymraeg, gyda thystiolaeth o fudiad o gwmpas dysgu ein hiaith yn BIP CTM fel y dangosir gan y data a gasglwyd (gweler Atodiad 1).

Amcan 10: Cynnwys y Gymraeg mewn cynefino lleol yn gynyddol

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
21	**Mapio lle mae sesiynau cynefino lefel leol yn digwydd ar hyn o bryd**	Calendr o'r holl ddigwyddiadau o'r fath lle mae angen cynnwys y Gymraeg	Erbyn Blwyddyn 5, mae cynnwys y Gymraeg mewn sesiynau cynefino lleol yn fater o arfer
22	**Cynnwys y Gymraeg mewn sesiynau cynefino lleol, gan gynnwys y rhai ar gyfer ein gweithlu a recriwtiwyd yn rhyngwladol, boed hynny drwy ddarpariaeth wyneb yn wyneb neu drwy rannu'r Daflen Groeso gyda staff perthnasol sy'n cynnal sesiynau cynefino**	Erbyn blwyddyn 3, bydd y cynnig gan Wasanaeth Datblygu'r Gymraeg wedi cael ei hyrwyddo'n effeithiol mewn nifer o sesiynau cynefino lleol	Erbyn Blwyddyn 5, mae cynnwys y Gymraeg mewn sesiynau cynefino lleol yn fater o arfer

Amcan 11: Gwella dealltwriaeth o gynllunio'r gweithlu ar gyfer sgiliau Cymraeg

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
23	**Creu pecyn hyfforddi ar gyfer recriwtio a chynllunio'r gweithlu (gan addasu adnoddau AaGIC) gyda rhestr fer o ganlyniadau dysgu craidd, gan ganolbwyntio ar Safonau'r Gymraeg a recriwtio a beth mae cynllunio'r gweithlu gweithredol ar gyfer y Gymraeg yn ei olygu'n ymarferol**	Erbyn Blwyddyn 3, bydd 50% o'r holl reolwyr Band 7 ac uwch mewn ardaloedd lle nad oes siaradwyr Cymraeg wedi cwblhau'r sesiwn fer, ynghyd ag 20% o'r holl reolwyr sydd wedi recriwtio staff rhwng 2024 a 2025.	Erbyn Blwyddyn 5, bydd y data blynyddol yn Atodiad 1 yn dangos bod rheolwyr yn ystyried y Gymraeg o fewn gweithgarwch recriwtio gweithredol yn effeithiol
24	**Cynnwys y Gymraeg yn yr hyfforddiant cynllunio gweithlu cyffredinol presennol i'w brif ffrydio yn holl weithgarwch y Gyfarwyddiaeth Pobl**	Erbyn Blwyddyn 3, bydd hyfforddiant capasiti cynllunio'r gweithlu wedi dechrau cael ei ddarparu a bydd yn cynnwys sgiliau dwyieithog	Erbyn Blwyddyn 5, mae cynnwys y Gymraeg mewn hyfforddiant capasiti cynllunio'r gweithlu ledled CTM yn fater o arfer
25	**Asesu cynnydd a gwerthuso canllawiau ac adnoddau recriwtio cyfredol ym Mlwyddyn 2 a gwneud unrhyw newidiadau angenrheidiol**	Erbyn Blwyddyn 3 bydd gwerthusiad rheolaidd o'r hyfforddiant a gynigir wedi'i gwneud yn bosibl i gynnwys yr hyfforddiant a'i effeithiolrwydd gael ei adolygu, gan ei gwneud hi'n bosibl gwneud y newidiadau sydd eu hangen.	Erbyn Blwyddyn 5, bydd yr hyfforddiant wedi cael ei gyflwyno'n rheolaidd a bydd y gwerthusiad yn caniatáu iddo wella dros amser i sicrhau ei fod yn addas i'r diben

Amcan 12: Gwella delwedd BIP CTM fel sefydliad sy'n gwerthfawrogi sgiliau dwyieithog

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
26	**Creu canllaw i ymgeiswyr ar yr hyn mae lefelau'r Gymraeg yn ei olygu, a'r hyn y mae BIPCTM yn ei gynnig i bob ymgeisydd i ddatblygu a defnyddio'r Gymraeg, fel ein bod yn denu ymgeiswyr sy'n siarad Cymraeg. Bydd y canllaw hwn ynghlwm wrth bob hysbyseb swydd**	Erbyn Blwyddyn 3, bydd BIPCTM wedi ei gwneud yn glir i ymgeiswyr beth mae'r gwahanol lefelau o Gymraeg yn ei olygu ar gyfer swyddi, a hefyd beth all BIPCTM ei gynnig i ymgeiswyr o ran y Gymraeg a diwylliant Cymraeg. Bydd hyn yn cynnwys gwybodaeth am y CEFR, yn unol â Bil y Gymraeg mewn Addysg (Cymru)	Erbyn Blwyddyn 5, mae'r hyn sydd ei angen arnom gan ymgeiswyr, ond hefyd yr hyn y gallwn ei gynnig i ymgeiswyr, wedi cael effaith bendant ar recriwtio a bydd hyn yn cael ei fesur yn unol â'r pwyntiau data yn Atodiad 1
27	**Datblygu taflen boced i'w defnyddio mewn digwyddiadau gyrfa i hyrwyddo'r Bwrdd Iechyd fel cyflogwr o ddewis ar gyfer ymgeiswyr sy'n siarad Cymraeg, fel bod adnodd ar gael bob amser ym mhob digwyddiad i ddenu ymgeiswyr Cymraeg eu hiaith**	Erbyn Blwyddyn 3, mae ein holl ddigwyddiadau recriwtio a denu wedi rhannu'r adnodd	Erbyn Blwyddyn 5, mae siarad â darpar ymgeiswyr mewn digwyddiadau am y Gymraeg a'i diwylliant yn fater o arfer, ac mae tystiolaeth werthuso'n dangos bod ymgeiswyr yn ymgysylltu â'r negeseuon am y Gymraeg a'i diwylliant
28	**Cynnwys pwynt rheoli i sicrhau bod yr holl ddeunydd recriwtio yn ddwyieithog**	Erbyn Blwyddyn 3, bydd hapsamplu'n dangos bod 75% o'r holl swyddi yn cael eu cyhoeddi'n ddwyieithog, o'r swydd-ddisgrifiad i'r hysbyseb	Erbyn Blwyddyn 5, bydd hapsamplu'n dangos bod 95% o'r holl swyddi yn cael eu cyhoeddi'n ddwyieithog, o'r swydd-ddisgrifiad i'r hysbyseb

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
29	**Creu canllaw i reolwyr sy'n recriwtio ar sut i hysbysebu a denu ymgeiswyr ar gyfer swyddi lle mae sgiliau Cymraeg yn ofynnol neu'n ddymunol**	Erbyn Blwyddyn 3, bydd hapsamplu'n dangos cynnydd canran cyson yn y swyddi a hysbysebir mewn ffordd sy'n annog ymgeiswyr i wneud cais gyda sgiliau Cymraeg, o linell sylfaen o 0% yn 2024 i 50% erbyn 2027, lle mae hanner yr holl swyddi lle mae sgiliau'n ofynnol neu'n ddymunol yn nodi'n glir beth sydd ei angen	Erbyn Blwyddyn 5, bydd hapsamplu'n dangos cynnydd canran cyson mewn swyddi a hysbysebir mewn ffordd sy'n annog ymgeiswyr i wneud cais gyda sgiliau Cymraeg o linell sylfaen o 50% yn 2027 i 90% erbyn 2029, lle mae mwyafrif yr holl swyddi lle mae sgiliau'n ofynnol neu'n ddymunol yn nodi'n glir beth sydd ei angen
30	**Gweithio gyda'r timau Addysg Feddygol a Dysgu a Datblygu i sicrhau bod y cynllun Ehangu Mynediad, ac unrhyw allgymorth arall gydag ysgolion, yn gweithio gydag ysgolion cyfrwng Cymraeg a bod myfyrwyr Cymraeg eu hiaith yn cael eu paru lle bo'n bosibl â chlinigwyr Cymraeg eu hiaith ar leoliadau**	Erbyn Blwyddyn 3, bydd yr holl ddeunyddiau a ddefnyddir yn ddwyieithog, bydd ymgysylltu ag ysgolion cyfrwng Cymraeg wedi bod a bydd myfyrwyr sy'n siarad Cymraeg yn cael eu paru gyda chlinigwyr Cymraeg eu hiaith lle bo hynny'n bosibl	Erbyn Blwyddyn 5, mae gan BIPCTM berthynas ddatblygedig ac aeddfed â'r sector addysg cyfrwng Cymraeg yn y rhanbarth fel y dangosir trwy ymgysylltu'n gyson â phob ysgol
31	**Bydd gan wefan 'Ymunwch â CTM' adran benodol ar gyfer y Gymraeg, gan gynnwys fideo**	Erbyn Blwyddyn 3, bydd gan y brif wefan ar gyfer denu ac adnoddu ar gyfer BIPCTM adran graidd ar y Gymraeg a'i diwylliant i ddenu ymgeiswyr sy'n siarad Cymraeg, a bydd data'r wefan yn dangos ei bod yn cael ei defnyddio	Erbyn Blwyddyn 5, bydd y wefan, y canllaw poced a grëwyd o dan Gam Gweithredu 27 a'r canllawiau a grëwyd ar gyfer rheolwyr o dan Cam Gweithredu 29 yn ffurfio strategaeth ddenu anffurfiol ond wedi'i gwerthuso ar gyfer BIPCTM

Amcan 13: Cynnig arweinyddiaeth mewnol sy'n annog yr ymddygiadau arwain er mwyn i'r Gymraeg ffynnu

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
32	**Gweithredu rhaglen *Inspire* fel y bwriadwyd yn 2025 ar gyfer uwch arweinwyr strategol, gyda chynnwys ar gyfer arwain mewn gwlad ddwyieithog fel y'i cynlluniwyd**	Erbyn Blwyddyn 3, bydd dros 75% o uwch arweinwyr CTM wedi cwblhau modiwl Cynhwysiant y rhaglen Inspire a'r cynnwys Cymraeg penodol	Erbyn Blwyddyn 5, mae arwain mewn gwlad ddwyieithog yn rhan o'n cynnig arweinyddiaeth mewnol ac mae'n fater o arfer. Mae gwerthuso'r rhaglen wedi dangos effaith bendant ar ethos dwyieithog BIPCTM
33	**Datblygu cynnwys ar gyfer Rhaglen *Aspire* ar arwain mewn sefydliad dwyieithog i bob rheolwr gweithredol**	Erbyn Blwyddyn 3, mae 50% o'r staff hynny sydd wedi cwblhau Aspire hefyd wedi cwblhau'r cynnwys Cymraeg ynddo	Erbyn Blwyddyn 5, mae 75% o'r staff hynny sydd wedi cwblhau Aspire hefyd wedi cwblhau'r cynnwys Cymraeg ynddo
34	**Cynnig sesiynau '*Cymraeg: Mae'n Perthyn i Ni i Gyd*' i barhau i adeiladu ymdeimlad o berthyn i'r Gymraeg, yn dilyn y peilot llwyddiannus ym mis Mawrth 2024, er mwyn sicrhau lle bo gwrthwynebiad, diffyg dealltwriaeth, diffyg hyder neu unrhyw rwystr seicolegol arall rhag defnyddio'r Gymraeg, bod cynnig mewnol i gefnogi staff i fynd i'r afael ag ef**	Erbyn Blwyddyn 3, bydd o leiaf 3 sesiwn wedi'u cynnal, gyda'r gwerthusiad yn dangos effaith bendant ar ymdeimlad pobl o berthyn i'r Gymraeg	Erbyn Blwyddyn 5, bydd o leiaf 5 sesiwn wedi'u cynnal, gyda'r gwerthusiad yn dangos effaith bendant ar ymdeimlad pobl o berthyn i'r Gymraeg

Amcan 14: Gwella ymwybyddiaeth staff o Wasanaeth Datblygu'r Gymraeg a'i gynnig

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
35	**Mapio lle mae cyswllt eisoes wedi digwydd rhwng staff a Gwasanaeth Datblygu'r Gymraeg, er mwyn sicrhau bod meysydd lle bu diffyg cyswllt yn cael eu hadnabod a'u blaenoriaethu**	Erbyn Blwyddyn 1, bydd gennym syniad clir o ble mae cyswllt yn gryf ac ymhle bu'n hanesyddol wan, ac erbyn Blwyddyn 3 byddwn wedi symud i ardaloedd nad ydynt wedi ymwneud yn hanesyddol â'r Gymraeg	Erbyn diwedd y cyfnod o 5 mlynedd, bydd cyswllt wedi'i gofnodi gan bob Grŵp Gofal, o amrywiaeth o rolau a gydag amrywiaeth o wasanaethau
36	**Ail-lansio Gwasanaeth Datblygu'r Gymraeg wedi'i ail-frandio gyda hunaniaeth newydd drwy sianeli cyfathrebu mewnol sydd ar gael (rhan o grid cynllunio mewnol cyffredinol o dan Gam Gweithredu 19)**	Erbyn Blwyddyn 1, bydd gan Wasanaeth Datblygu'r Gymraeg frand a chynnig clir, a rennir trwy sianeli cyfathrebu mewnol. Erbyn Blwyddyn 3, byddwn yn gweld bod amrywiaeth o wasanaethau'n cysylltu	Erbyn diwedd y cyfnod o 5 mlynedd, bydd mwy o gyswllt wedi'i gofnodi gan bob Grŵp Gofal, o amrywiaeth o rolau ac o amrywiaeth o wasanaethau
37	**Mapio cyfarfodydd perthnasol drwy strwythur sefydliadol a chreu strwythur cyfarfodydd gyda ffocws ar wasanaethau Mwy na Geiriau**	Erbyn Blwyddyn 3, bydd Gwasanaeth Datblygu'r Gymraeg wedi ymgysylltu'n rhagweithiol â 30% o holl reolwyr CTM y tu allan i gyfarfodydd Arweinyddiaeth craidd	Erbyn Blwyddyn 3, bydd Gwasanaeth Datblygu'r Gymraeg wedi ymgysylltu'n rhagweithiol â 50% o'r holl reolwyr CTM y tu allan i gyfarfodydd Arweinyddiaeth craidd
38	**Sicrhau bod y cynnig yn cael ei hyrwyddo'n gryf ar ystadau ffisegol megis hysbysfyrddau, stondinau gwybodaeth a dulliau anelectronig eraill ar y safle**	Erbyn Blwyddyn 3, byddwn wedi cymryd cam arall tuag at symud i ffwrdd o gyfathrebu staff electronig, gan ganiatáu i staff ar safleoedd gael mynediad at wybodaeth wyneb yn wyneb neu drwy eu ffonau symudol eu hunain	Erbyn Blwyddyn 5, bydd gennym gymysgedd cyfathrebu mewnol aeddfed, addas i'r diben

Amcan 15: Gwella gwybodaeth ein cleifion am eu hawliau iaith statudol

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
39	**O dan frand Rhwydwaith Arweinwyr Cymunedol CTM2030 a chyfleoedd eraill sy'n bodoli ar gyfer deialog gymunedol, ymgysylltu â rhanddeiliaid craidd y Gymraeg megis y Mentrau Iaith.**	Erbyn Blwyddyn 3, bydd cyfres o ddigwyddiadau ymgysylltu effeithiol wedi bod drwy fforymau strategol presennol, gan ganiatáu deialog gyda sefydliadau cymunedol Cymraeg craidd	Erbyn Blwyddyn 5, bydd y cyfraniad y mae sefydliadau Cymraeg cymunedol yn ei wneud at iechyd a lles ein cymunedau yn cael ei werthfawrogi fel rhan o uchelgeisiau CTM2030
40	**Creu ac arddangos posteri o amgylch ein safleoedd mewn ardaloedd allweddol fel ystafelloedd aros gyda chod QR i fwy o wybodaeth ar hawliau i ddefnyddio'r Gymraeg mewn gofal iechyd, i ategu cyngor digidol sydd eisoes ar gael**	Erbyn Blwyddyn 3, bydd mwy o gleifion wedi gweld y wybodaeth sydd ar gael am eu hawliau iaith	Erbyn Blwyddyn 5, byddwn yn cynnal grŵp ffocws gyda chleifion sydd wedi defnyddio gwasanaethau BIPCTM ac sy'n siarad Cymraeg, a byddwn yn ymchwilio i'w hymwybyddiaeth o'u hawliau iaith statudol. Bydd hyn yn llywio'r cylch cynllunio nesaf
41	**Hyrwyddo hawliau iaith mewn digwyddiadau perthnasol a chyhoeddiadau Cymraeg**	Erbyn Blwyddyn 3, bydd Gwasanaeth Datblygu'r Gymraeg wedi ymgysylltu'n rhagweithiol â chymunedau Cymraeg	Erbyn Blwyddyn 5, bydd hanes o ymgysylltu clir a rhagweithiol â chymunedau Cymraeg fel y dangosir gan y data blynyddol yn Atodiad 1

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
42	**Adolygu gwybodaeth am ein gweithdrefn gwyno, gan gynnwys ein Polisi Cwynion, a sicrhau eu bod mor glir â phosibl o ran sut i wneud cwyn iaith**	Mae'r wybodaeth a gyhoeddir ar gwynion mor glir â phosibl gyda gweithdrefn gwyno ar gyfer y Gymraeg wedi'i datblygu	Erbyn Blwyddyn 5, bydd y weithdrefn gwyno newydd wedi'i gwreiddio a byddwn wedi chwalu'r rhwystrau rhag gwneud pryderon iaith yn hysbys

Amcan 16: Gwell data gweithlu mewn meysydd nad ydynt yn cydymffurfio

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
43	**Yn seiliedig ar ddata o'r Dangosfwrdd Sgiliau Cymraeg presennol, blaenoriaethu'r ardaloedd sydd â'r cyfraddau uchaf o ddiffyg cydymffurfio**	Gostyngiad o 75% yn nifer y cofnodion staff nad ydynt yn cydymffurfio	Cynnal cyfradd gydymffurfio o 90% + ar gyfer BIPCTM

Amcan 17: Cyswllt cryfach rhwng datblygiad staff a data staff i lywio cynllunio

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
44	**Diweddaru sgiliau dysgwyr ar ESR ar ôl cwblhau sesiwn/cwrs**	Mae 90% o'r holl staff dros gyfnod o dair blynedd sydd wedi cwblhau cwrs wedi cael diweddaru eu cofnod ESR i adlewyrchu'r newid yn lefel eu sgiliau	Mae 100% o'r holl staff dros gyfnod o 5 mlynedd sydd wedi cwblhau cwrs wedi cael diweddaru eu cofnod ESR i adlewyrchu'r newid yn lefel eu sgiliau

Amcan 18: Dangosfwrdd data dynamig ar gyfer sgiliau i lywio cynllunio strategol parhaus

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
45	**Gan ddatblygu ar y dangosfwrdd presennol, creu dangosfwrdd dynamig sy'n gysylltiedig â Warws Data ESR fel bod data'n cael ei ddiweddaru a'i gynhyrchu'n awtomatig**	Dangosfwrdd wedi'i greu ac yn cael ei ddefnyddio ar gyfer gwaith cynllunio ieithyddol, fel cynlluniau strategol y gweithlu a hyrwyddo ein cynnig i ddysgu Cymraeg	Erbyn 2029, bydd sawl enghraifft o ddefnyddio'r dangosfwrdd i lywio cynllunio strategol, ac mae cynllunio gweithredol ynghylch hybu a datblygu'r Gymraeg yn seiliedig ar dystiolaeth
46	**Ailadrodd dadansoddiad o ddata'r gweithlu fel y'i gwnaed ar gyfer Rhan A o'r cynllun hwn, i nodi meysydd pellach lle gallai darpariaeth Gymraeg fodoli**	Erbyn Blwyddyn 3, bydd y dadansoddiad a wnaed ar gyfer Rhan A o'r Cynllun hwn (sydd ar gael yma) wedi'i ailadrodd, a bydd meysydd blaenoriaeth pellach wedi'u nodi	Erbyn Blwyddyn 5, bydd sawl achos wedi bod, fel y'u cofnodwyd, o ddefnyddio data i lywio cynllunio a pholisi iaith yn BIPCTM yn seiliedig ar y dadansoddiad ym Mlwyddyn 3, megis hyfforddiant recriwtio wedi'i dargedu a hyrwyddo dysgu Cymraeg

Amcan 19: Sgrinio newidiadau a datblygiadau gwasanaethau i sicrhau bod y cynllun hwn yn parhau'n berthnasol a bod Safonau'r Gymraeg a Mwy na Geiriau yn cael eu plethu i newidiadau gwasanaeth

Cyf. Cam	Disgrifiad o'r cam gweithredu	Erbyn 2027	Erbyn 2029
47	**Adolygu'r prosesau llywodraethu ar gyfer Asesiadau o'r Effaith ar y Gymraeg a Chydraddoldeb sydd bellach yn bodoli, gan gynnwys y gweithdrefnau o ran sut rydym yn ymgynghori am newid**	Erbyn Blwyddyn 3, bydd nifer yr Asesiadau o'r Effaith ar Gydraddoldeb a'r Gymraeg a gwblhawyd wedi cynyddu'n raddol o'r llinell sylfaen o 4 yn 2023/2024, a bydd ein prosesau ymgynghori yn cydymffurfio â'r gofyniad i 'ystyried a cheisio barn'.	Erbyn Blwyddyn 5, bydd tystiolaeth yn dangos bod y rhan fwyaf o'r gweithgarwch perthnasol wedi bod yn destun asesiad effaith, ac rydym yn ymgynghori'n rhagweithiol ac yn gadarn fel sy'n ofynnol gan Safonau'r Gymraeg.
48	**Gwella ymwybyddiaeth staff o'r broses ar gyfer Asesiadau o'r Effaith ar y Gymraeg a Chydraddoldeb, ac o ymgynghori am newid**	Erbyn Blwyddyn 3, bydd nifer yr Asesiadau o'r Effaith ar Gydraddoldeb a'r Gymraeg a gwblhawyd wedi cynyddu'n raddol o'r llinell sylfaen o 4 yn 2023/2024 a bydd ein prosesau ymgynghori yn cydymffurfio â'r gofyniad i 'ystyried a cheisio barn'.	Erbyn Blwyddyn 5, bydd tystiolaeth yn dangos bod y rhan fwyaf o'r gweithgarwch perthnasol wedi bod yn destun asesiad effaith, ac rydym yn ymgynghori'n rhagweithiol ac yn gadarn fel sy'n ofynnol gan Safonau'r Gymraeg.
49	**Bydd datblygiadau craidd o dan CTM2030, megis y Cynllun Gwasanaethau Clinigol Acíwt a chydweithio rhanbarthol fel datblygiad Parc Iechyd Llantrisant, yn destun Asesiadau o'r Effaith ar Gydraddoldeb a'r Gymraeg a hynny yn rheolaidd**	Erbyn Blwyddyn 3, bydd y ddau newid mwyaf arwyddocaol, y Cynllun Gwasanaethau Clinigol Acíwt a datblygiad Parc Iechyd Llantrisant, wedi bod yn destun o leiaf un Asesiad Effaith	Erbyn Blwyddyn 5, bydd tystiolaeth bod datblygiadau mawr i newid gwasanaethau wedi'u hasesu ar gyfer yr effaith ar y Gymraeg a'r Cynllun 5 Mlynedd hwn a'u bod yn cael eu cwblhau'n rheolaidd ac yn rhagweithiol

Monitro cynnydd gyda'r cynllun a mesurau Dangosydd Perfformiad Allweddol blynyddol

Beth yw'r trefniadau llywodraethu strategol ar gyfer craffu ar gynnydd?
Mae gan BIP CTM strwythur pwyllgorau Bwrdd lle rheolir cynnydd yn erbyn cynlluniau a rhaglenni statudol ar ran y Bwrdd. Cymeradwywyd y cynllun hwn gan y Bwrdd Rheoli Gweithredol ym mis Rhagfyr 2024 a'r Pwyllgor Datblygiad Strategol ym mis Ionawr 2025. Bydd cynnydd ag ef wedyn yn cael ei fonitro gan y Pwyllgor Cyflawni Gweithredol drwy adroddiadau uchafbwyntiau bob chwe mis, fel rhan o waith craffu rheolaidd ar lefel Bwrdd ar bolisi'r Gymraeg.

Beth yw'r trefniadau gweithredol ar gyfer monitro cynnydd?
Ar wahân i gymeradwyaeth weithredol a chraffu ar lefel y Bwrdd, defnyddir y fforymau ffurfiol canlynol i fonitro a hyrwyddo cydymffurfiaeth â'r Cynllun:
· Grŵp Llywio'r Gymraeg (bob deufis) a gadeirir gan Ysgrifennydd y Bwrdd a gyda'r Cyfarwyddwr Cynorthwyol Polisi a Chydymffurfiaeth Pobl fel yr Isgadeirydd;
· Cyfarfodydd Sicrwydd Grwpiau Gofal (o leiaf unwaith y flwyddyn fesul Grŵp Gofal);
· Bwrdd Ysbrydoli Pobl CTM.

Mae graffigyn dangosfwrdd gweledol sy'n crisialu metrigau craidd ar gyfer datblygu darpariaeth Gymraeg wedi cael ei ddatblygu i gynorthwyo'r uchod a gellir ei weld yn Atodiad 2.

Pwy sy'n gyfrifol am bob cam gweithredu?
Nodir y timau sy'n gyfrifol am bob amcan yn Atodiad 1. Y Cyfarwyddwr Gweithredol Pobl yw'r aelod Bwrdd sy'n atebol am gynnydd gyda'r cynllun.

Sut bydd cynnydd yn cael ei fesur?
Bydd Arweinydd y Gymraeg ar gyfer BIP CTM yn monitro cynnydd gyda phob DPA fel y nodwyd yn Atodiad 1 ar gyfer adrodd i'r fforymau uchod. Bydd y DPAau hyn hefyd yn cael eu defnyddio i ffurfio'r adolygiad statudol 3 blynedd a 5 mlynedd.

Atodiad 1 i Gynllun Strategol 5 Mlynedd Safon 110 y Gymraeg (Rhan B a C): Dangosyddion Perfformiad Allweddol Blynyddol ac Atebolrwydd

ALLWEDD

WLDS: Gwasanaeth Datblygu'r Gymraeg (o fewn Polisi Pobl a Chydymffurfiaeth)

Cyf	Canlyniad	Dangosydd Perfformiad Allweddol Blynyddol	Yn atebol i
1	Monitro cyffredinol	(Meintiol) Gallai cyfran y PREMs lle nodwyd y gallai cleifion ddefnyddio'r Gymraeg yn erbyn y rhai na allent	**Tîm Profiad y Bobl** am: ddarparu data
2		(Ansoddol) Casglu straeon profiad y claf	
3		Nifer yr achosion o Gymraeg a gofnodwyd ar e-fyrddau gwyn	**Tîm Nyrsio Corfforaethol** am: ddarparu data
4		Nifer yr achosion o'r Gymraeg a gofnodwyd ar Gofnod Gofal Nyrsio Cymru	
5	Gwell dealltwriaeth a gweithrediad y Cynnig Rhagweithiol mewn Gofal Sylfaenol (Canlyniad 1)	Nifer y practisau gyda staff Cymraeg yn cwblhau cynnig hyfforddiant wedi'i dargedu	**Uwch Dîm Rheoli Gofal Sylfaenol** am: Hyrwyddo cynnig **WLDS** am: Greu cynnwys ar gyfer pecynnau a deunyddiau hyfforddi Darparu sesiynau a Dadansoddi data
6		Cynnydd % yn yr ymwybyddiaeth a adroddwyd gan y rhai sydd wedi derbyn y cynnig ymwybyddiaeth drwy werthusiad ar-y-dydd	
7		Nifer y ceisiadau am gyfieithu gan ddarparwyr gofal sylfaenol	
8		Nifer y gwasanaethau gofal sylfaenol sy'n cael eu hyrwyddo ar y wefan	
9		Canran y darparwyr sydd wedi cwblhau archwiliad	
10		Ymatebion i gwestiynau unigol am archwiliad	
11	Gwell dealltwriaeth a gweithrediad y Cynnig Rhagweithiol mewn Gofal Eilaidd a yn y Gymuned (Canlyniad 2)	% o'r prosesau derbyn sy'n cynnwys angen iaith o fewn Diagnosteg, pob Therapi, Nyrsio Ardal, unedau IM cleifion mewnol a Gwasanaeth WISE	**Rheolwyr gwasanaeth a nodwyd** am: Archwilio prosesau derbyn ac atgyfeirio cyfredol Cynnwys cwestiwn perthnasol mewn prosesau Rhoi gwybod i'r WLDS am newid **WLDS** am: Sicrhau cyflenwad o fathodynnau Monitro'r nifer oedd yn manteisio ar y cynnig Hwyluso dyluniad bathodyn y dysgwr Creu adnodd Cyfarfod Tîm **Cyfleusterau Uwch Dîm Rheoli** am: Sicrhau bod prosesau archebu unffurf yn cynnwys cwestiwn ar ychwanegu bathodyn
12		% y prosesau sy'n cynnwys y gallu i ofyn am ychwanegu bathodyn	
13		Nifer y bathodynnau sy'n cael eu dosbarthu (cyfanswm y bathodynnau, bathodynnau adnabod, laniards a logos wedi'u brodio)	
14		Nifer y bathodau sy'n cael eu dosbarthu fel % o staff sydd â sgiliau Cymraeg ar Lefel 3 ac uwch	
15		% o ardaloedd gyda siaradwyr Cymraeg a phresenoldeb corfforol lle mae'r poster 'Defnyddiwch Eich Cymraeg' wedi'i arddangos	

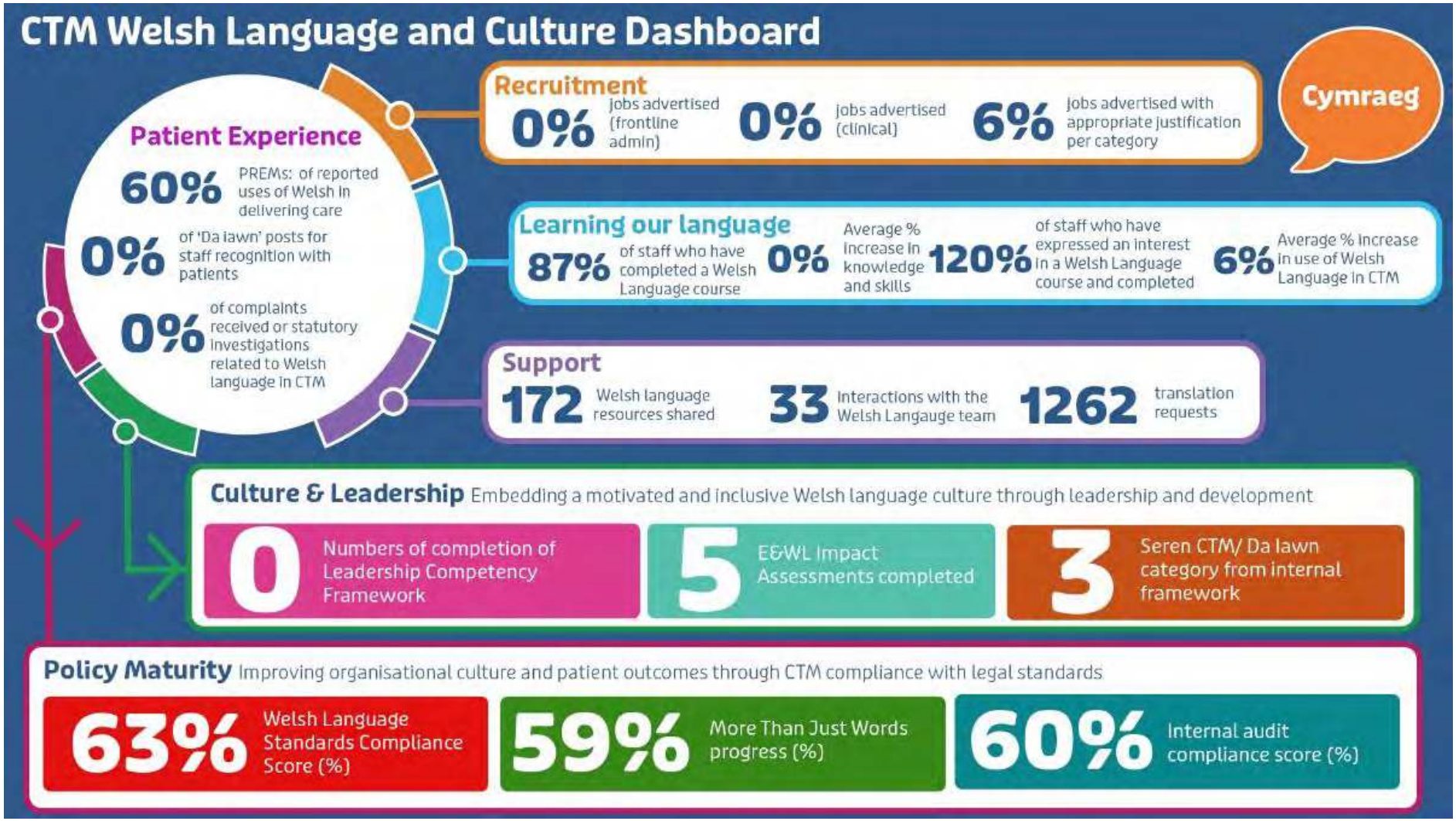
16		% o'r ardaloedd gyda siaradwyr Cymraeg a phresenoldeb ar y we gyda'r cynnig yn cael ei ychwanegu	Darparu'r holl ffurflenni gorchymyn wedi'u cwblhau bob blwyddyn i WLDS er mwyn cynnal dadansoddiad
17		Lawrlwythiadau o adnoddau cyfarfod Tîm	
18	Cynlluniau Strategol y Gweithlu Adrannol sy'n cynnwys cynllunio ar gyfer gofal yn Gymraeg (Canlyniad 3)	Nifer y cynlluniau adrannol gyda'r Gymraeg wedi'u cynnwys ynddyn nhw	**Tîm Cynllunio'r Gweithlu Strategol** am: Hyrwyddo'r Gymraeg o fewn cynllunio'r gweithlu Rhannu nifer o Gynlluniau Gweithlu wedi'u cwblhau gyda'r WLDS sy'n cynnwys cynllunio yn y Gymraeg ynghylch recriwtio a/neu ddatblygu sgiliau
19	Gwell lefelau o Gymraeg lefel cwrteisi (Canlyniad 4)	Nifer y staff mewn ardaloedd Mwy na Geiriau (gyda ffocws ar fylchau a nodwyd) sydd wedi symud o Lefel 0 i 1	**WLDS** am: Darparu'r cynnig Gwerthuso'r cynnig Diweddaru sgiliau staff ar ôl cwblhau lle mae staff yn llwyddo
20		Nifer y staff (pob maes) sydd wedi symud o Lefel 0 i 1	
21	Gwell lefelau hyder i ddefnyddio'r Gymraeg sydd gennym (Canlyniad 5)	% o'r gwasanaethau mewn meysydd gwasanaethau Strôc, Dementia, ac Iechyd Meddwl Oedolion gyda siaradwyr Cymraeg Lefel 3 sydd â staff sydd wedi cwblhau cynllun Codi Hyder	**WLDS** am: Hyrwyddo'r cynnig Diweddaru sgiliau staff ar ôl cwblhau lle mae staff yn llwyddo
22		Cyfradd llenwi pob carfan o gynllun Codi Hyder	
23		Cynnydd yn nifer y staff sy'n siarad Cymraeg (Lefel 4 a 5) gan y Grŵp Staff	
24		Data gwerthuso cyrsiau Cymraeg (Lefelau 1-4 Model Kirkpatrick)	
25	Rheolwyr sy'n gweld dysgu Cymraeg fel budd (Canlyniad 6)	Nifer y rheolwyr sydd wedi darparu data fel rhan o arolwg model COM-B ynghylch rhwystrau i ddysgu'r Gymraeg yn y gwaith	**WLDS** am: Greu arolwg Gweinyddu arolwg Dadansoddi adborth ar gyfer gweithredu
26		% o'r dysgwyr sydd wedi dod i ddysgu Cymraeg drwy'r broses PDR	
27	Cynllunio strategol rheolaidd gyda rhanddeiliaid cenedlaethol a rhanbarthol ar gyfer datblygu sgiliau (Canlyniad 7)	Nifer y staff sy'n dysgu Cymraeg yn ôl lefel (Mynediad ac uwch)	**WLDS** am: Cynnal partneriaeth gref gyda Dysgu Cymraeg Morgannwg a Chanolfan Genedlaethol y Gymraeg
28		Nifer y staff sydd mewn ardaloedd Mwy na Geiriau sy'n dysgu Cymraeg (Mynediad ac uwch)	

29	Grid ymgysylltu mewnol blynyddol (Canlyniad 8)	Nifer y darnau cyfathrebu a rennir gan ddefnyddio fframwaith sy'n bodoli	**WLDS** am: Creu cynnwys i'w rannu Monitro adborth **Tîm Cyfathrebu ac Ymgysylltu** am: Gytuno ar flaenoriaethau ac amserlenni ar gyfer rhannu deunydd ymgysylltu
30		Ardaloedd cyswllt â Gwasanaeth Datblygu'r Gymraeg	
31		Nifer y rhyngweithio â Gwasanaeth Datblygu'r Gymraeg	
32		Nifer o drawiadau ar wefan SharePoint	
33		Nifer y cyfarfodydd gydag arweinwyr gwasanaeth	
34	Cynnydd mewn cydnabyddiaeth staff am ymdrechion i hyrwyddo'r Gymraeg a gofal cleifion yn y Gymraeg (Canlyniad 9)	Nifer y mynychwyr mewn dathliad Dysgu Cymraeg Blynyddol	**Tîm Cyfathrebu ac Ymgysylltu** am: Cefnogi WLDS i gynnal digwyddiad
35		% o'r holl fynychwyr gwadd a fynychodd	
36	Mwy o gynnwys y Gymraeg mewn sesiynau sefydlu lleol (Canlyniad 10)	Nifer y sesiynau sefydlu lleol y mae'r Gymraeg yn rhan ohonyn nhw	**WLDS** am: Mynychu sesiynau sefydlu a darparu gwybodaeth ysgrifenedig y gellir ei darparu **Rheolwyr a nodwyd** am: Sicrhau bod y Gymraeg yn cael ei chynnwys mewn sesiynau sefydlu
37	Gwella dealltwriaeth o gynllunio'r gweithlu ar gyfer sgiliau iaith Gymraeg (Canlyniad 11)	Nifer y staff sy'n mynychu hyfforddiant cynllunio'r gweithlu ar gyfer y Gymraeg	**Tîm Cynllunio'r Gweithlu Strategol** am: Darparu data o Trac **Rheolwyr a nodwyd** am: Ymgysylltu â hyfforddiant **WLDS** am: Creu hyfforddiant Ei ddarparu ac Ei werthuso
38		Nifer y staff sy'n mynychu hyfforddiant cynllunio'r gweithlu ar gyfer y Gymraeg o ardaloedd Mwy na Geiriau	
39		Nifer y swyddi Cymraeg Hanfodol yn cael eu hysbysebu	
40		Nifer y swyddi Cymraeg Dymunol yn cael eu hysbysebu	
41		Nifer y swyddi gyda 'Angen dysgu Cymraeg ar ôl penodi' yn cael eu hysbysebu	
42		Nifer y swyddi Cymraeg Hanfodol yn cael eu hysbysebu mewn perthynas â gwasanaethau Strôc, Dementia, Therapi Iaith a Lleferydd i Oedolion ac Iechyd Meddwl, a swyddi wardiau i oedolion	
43		Nifer y swyddi Cymraeg Dymunol yn cael eu hysbysebu mewn perthynas â gwasanaethau Strôc, Dementia, Iaith a Lleferydd Oedolion ac Iechyd Meddwl, a swyddi wardiau i oedolion	

44		Nifer y swyddi gyda 'Angen dysgu Cymraeg ar ôl penodi' yn cael eu hysbysebu mewn perthynas â gwasanaethau Strôc, Dementia, Iaith a Lleferydd Oedolion ac Iechyd Meddwl, a swyddi wardiau i oedolion	
45		Nifer y swyddi Cymraeg Hanfodol/Dymunol neu i'w dysgu ar ôl penodi yn cael eu hysbysebu gan nodi lefel y Gymraeg yn yr hysbyseb	
46		% y cyfiawnhad cywir o gategorïau swyddi yn Trac	
47	Gwella delwedd BIP CTM fel sefydliad sy'n gwerthfawrogi sgiliau dwyieithog (Canlyniad 12)	Nifer yr edrychiadau ar y canllaw i ymgeiswyr	**Tîm Cynllunio'r Gweithlu Strategol** am: Gweithio gyda'r WLDS ar gynnwys ar gyfer canllawiau a'r wefan Ymunwch â CTM Darparu taflen mewn digwyddiad perthnasol **Adran Addysg Feddygol** am: Sicrhau ymgysylltiad cyfartal rhwng ysgolion Saesneg a Chymraeg Ymgysylltu'n rhagweithiol â'r WLDS i gefnogi gweithgarwch dwyieithog ym mhob ysgol yn CTM Cefnogi myfyrwyr i gael Goruchwyliwr Addysgol dwyieithog
48		% o ddechreuwyr newydd sydd â sgiliau Cymraeg	
49		Nifer o weithiau y mae'r daflen ar BIPCTM fel cyflogwr Cymraeg o ddewis yn cael ei darparu	
50		Nifer yr hysbysebion sy'n cael eu cyhoeddi'n ddwyieithog	
51		Nifer y swydd ddisgrifiadau wedi'u cyhoeddi'n ddwyieithog	
52		Nifer yr edrychiadau ar y canllaw ar sut i recriwtio ar gyfer sgiliau dwyieithog	
53		Achosion o destun hysbyseb yn cael ei ddefnyddio sy'n annog ymgeiswyr gyda sgiliau Cymraeg i wneud cais	
54		Nifer yr asiantaethau hysbysebu / recriwtio allanol yn cael eu defnyddio	
55		Nifer yr edrychiadau o'r dudalen ar wefan Ymunwch â CTM	
56		Nifer yr ysgolion cyfrwng Cymraeg yr ymgysylltwyd â nhw	
57		Nifer y myfyrwyr sy'n siarad Cymraeg wedi'u paru ag Goruchwyliwr Addysgol sy'n siarad Cymraeg	
58	Cynnig datblygu arweinyddiaeth fewnol sy'n annog ymddygiadau arweinyddiaeth y Gymraeg i ffynnu (Canlyniad 13)	Nifer y staff sydd wedi cwblhau'r cynnig Arweinyddiaeth Gymraeg	**WLDS** am: Greu cynnwys **Dysgu a Datblygu** am: Gynnwys y cynnwys a ddarperir mewn deunyddiau datblygu arweinyddiaeth perthnasol
59		Nifer y meysydd sy'n cyd-fynd â meysydd blaenoriaeth Mwy na Geiriau sydd â staff sydd wedi cwblhau'r cynnig	

			60Darparu data cwblhau i WLDS Darparu unrhyw ddata gwerthuso i WLDS
60	Gwella ymwybyddiaeth staff o Wasanaeth Datblygu'r Gymraeg a'i gynnig (Canlyniad 14)	Canlyniadau arolwg 'Dechrau'n Dda' ar gyfer y cwestiwn Cymraeg	**WLDS** am: Monitro data **Tîm Cynllunio'r Gweithlu Strategol** am: Darparu data o'r arolwg 'Dechrau'n Dda'
61		Nifer y ceisiadau i ddysgu Cymraeg	
62		Nifer y ceisiadau am gyngor cydymffurfio	
63	Gwella gwybodaeth ein cleifion o'u hawliau iaith statudol, ac ymgysylltu'n well â sefydliadau cymunedol Cymraeg craidd (Canlyniad 15)	Nifer o drawiadau codau QR o bosteri	**WLDS** am: Greu cynnwys Gwerthuso effaith Ymateb i ymholiadau **Tîm Cyfathrebu ac Ymgysylltu** am: Cefnogi un ymgyrch flynyddol drwy'r Fforwm Ymgysylltu Strategol
64		Nifer yr edrychiadau ar dudalen Hawliau i ddefnyddio'r Gymraeg ar-lein	
65		Nifer y digwyddiadau a fynychwyd	
66		Nifer y cyhoeddiadau sy'n hyrwyddo'r Gymraeg.	
67		Nifer yr ymholiadau ar hawliau iaith gan y cyhoedd	
68		Nifer y cwynion	
69		Gwerthuso ymgyrchoedd allanol gan ddefnyddio model OASIS	
70		Gwerthusiadau metrigau digwyddiadau	
71	Cynnydd yn data'r gweithlu mewn ardaloedd gwan (Canlyniad 16)	% cynnydd mewn cyfraddau cydymffurfio ar gyfer cofnodi sgiliau Cymraeg	
72		Cyfradd gydymffurfio gyffredinol ar gyfer cofnodi sgiliau ar gyfer BIPCTM	
73	Cyswllt cryfach rhwng datblygiad staff a data staff i lywio cynllunio (Canlyniad 17)	% o'r staff sydd wedi cwblhau cwrs sydd wedi newid eu cofnod ar ESR	**WLDS** am: Ddiweddaru cofnodion
74	Dangosfwrdd data deinamig o sgiliau i lywio cynllunio strategol parhaus (Canlyniad 18)	Nifer yr achosion (gyda disgrifiad o sut) mae'r offeryn wedi'i ddefnyddio i lywio cynllunio	**Tîm Cynllunio'r Gweithlu Strategol** am: Cefnogi'r WLDS i gysylltu offeryn PowerBI cyfredol â warws Data ESR
75			
76	Newidiadau sgrinio a datblygu gwasanaethau i sicrhau bod y cynllun hwn yn parhau i fod yn berthnasol a bod Safonau'r Gymraeg a Mwy na Geiriau yn cael eu ychwanegu i mewn i newid gwasanaeth (Canlyniad 19)	Nifer yr E&WLIAs wedi'u cwblhau	**Tîm Datblygu Sefydliadol a Chynhwysiant** am: Rhannu'r holl wybodaeth berthnasol gyda WLDS **Tîm Llywodraethu Corfforaethol** am: Sicrhau bod papurau perthnasol yn cynnwys yr E&WLIAs
77			
78		Nifer y E&WLIAs wedi'u cwblhau sy'n gysylltiedig â Mwy na Geiriau	

Atodiad 2 i Gynllun 5 Mlynedd Safon 110 (Rhan B a C): Dangosfwrdd enghreifftiol ar gyfer metrigau craidd



CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

5-Year Strategic Plan for Offering Clinical Consultations in Welsh in Cwm Taf Morgannwg University Health Board 2024-2029



Published in accordance with Welsh Language Standard 110 and More Than Just Words 5-Year Plan Action 18

Cymraeg

Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.

This document / form is also available in Welsh.

CTM 2030
Ein Hiechyd Ein Dyfodol
DATBLYGU CYMUNEDAU IACHACH GYDA'N GILYDD

CTM 2030
Our Health Our Future
BUILDING HEALTHIER COMMUNITIES TOGETHER

STARTING WELL | GROWING WELL | LIVING WELL | AGEING WELL | DYING WELL

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

CREATING HEALTH

Our Strategic Goals

IMPROVING CARE

Delivering safe and compassionate care Developing new models of care

Digital transformation for patients and staff Ensuring timely access to care

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

SUSTAINING OUR FUTURE

INSPIRING PEOPLE

Visible and inspiring leadership
Promoting diversity and inclusion
Embedding our values and behaviours Encouraging local employment

Croeso!

Contents



Foreword 4

Introduction 5

This plan's strategic home 6

Objectives 7

Actions and timescales 8

Monitoring 26

Appendices 27

Foreword by Hywel Daniel, the Executive Director for People for Cwm Taf Morgannwg University Health Board



In 2014, Ward B2 at Ysbyty Cwm Rhondda became a dedicated community ward for Welsh speaking elderly patients, since becoming an example of good practice for other wards in our hospitals. The follow-on framework of More Than Just Words, back in 2016, was launched at Ysbyty Cwm Cynon. In 2022, we included the ability to record language need for Welsh on our e-whiteboards for in-patients. Many of our bilingual clinical staff have pioneered medical education in Welsh and have made an enormous contribution to the place of Welsh in clinical training. Between April 2024 and publishing this plan, 150 members of staff took advantage of our new support package to learn Welsh and we know, from evaluating that offer, that they have used their skills with our patients. All this and more shows just how committed CTM UHB staff are to this agenda.

CTM UHB has contributed to the use of Welsh in NHS Wales in many ways and it is in this spirit of doing what's right for our langauge and moving this agenda along that we present our plan under Welsh Language Standard 110 and the More Than Just Words 5-Year Plan, Action 18.

We look forward to working to achieve the actions and the contribution CTMUHB can make to the long-term future of Cymraeg in our region and in NHS Wales as a whole.

Diolch yn fawr

Introduction

We publish this plan under statutory Welsh Language Standard 110, a standard which allows us to develop a regular 5-year planning cycle to improve our ability to offer clinical consultations in Welsh. This plan meets Part B and C of Standard 110, which requires the Health Board to publish actions, with a timetable, for how we will improve our ability to offer clinical consultations in Welsh. It is based on a detailed analysis of our current ability to offer clinical consultations in Welsh, under Part A of Standard 110, which can be found here.

This plan will also address several actions under the More Than Just Words 5-Year Plan 2022-2027, in particular Action 18, which requires the Health Board to analyse its current workforce, identify gaps and set out how it will address them via workforce planning and training. The actions to address those gaps are below, and the analysis they are based on is available here.

A word on what this plan is not. This plan is for increasing our ability to offer clinical consultations and direct patient care in Welsh. Although clinical consultations are a large part of what CTMUHB offers, and can happen anywhere from a clinic to the bedside on a ward, this plan is not an overarching strategy for the Welsh language and culture as a whole in CTMUHB. Other work is ongoing for other areas of developing Cymraeg and an operational plan is produced every year for that purpose under 5 interlocking themes. We encourage stakeholders to read our annual reports here for further detail on our how we plan activity and our progress to date.

Where this plan fits strategically
CTM UHB

CTM 2030 Strategic Goals









CTM2030 People Plan Priority 8 and 'Inspiring People':
"Create a thriving Welsh language culture and identity, improving skills and awareness"

Annual operational planning for Welsh language and culture and the 5 themes
Comms & Engagement I Action Planning & Monitoring I Staff Experience & Our Bilingual Workplace I Governance & Accountability I Recruitment & Workforce Planning

Strategic planning for Welsh language: Outcomes for this plan

1. Improved understanding and implementation of the Active Offer in Primary Care
2. Improved understanding and implementation of the Active Offer in Secondary & Community Care
3. Strategic departmental Workforce Plans that include planning for care in Welsh
4. Improved levels of Courtesy Welsh
5. Improved levels of confidence to use the Welsh we have
6. Managers who see learning Welsh as a benefit
7. Regular strategic planning with national and regional stakeholders for skills development
8. An annual internal engagement planning grid
9. Increase in staff recognition for efforts to promote Welsh and patient care in Welsh
10. Increased inclusion of Welsh in local inductions
11. Improving understanding of workforce planning for Welsh language skills
12. Improving the image of CTMUHB as an organisation that values bilingual skills
13. An internal leadership development offer that encourages the leadership behaviours for Welsh to thrive
14. Improvement in staff awareness of the Welsh Language Development Service and its offer
15. Improvement in our patients' knowledge of their statutory language rights, and better engagement with core Welsh language community organisations
16. Increase in workforce data in non-compliant areas
17. Stronger link between staff development and staff data to inform planning
18. Dynamic data dashboard of skills to inform continuous strategic planning
19. Screening changes and service development to ensure this plan stays relevant and that the Welsh Language Standards and More Than Just Words are woven into service change

Outcome 1: Improved understanding and implementation of the Active Offer in Primary Care

Action Ref.	Action description	By 2027	By 2029
1	**Offer targeted and evaluated language awareness sessions with stronger focus on how to implement the Active Offer for Primary Care providers where there are Welsh speakers**	50% of providers with Welsh speakers having completed the training (must include administration and practice manager staff)	75% of providers with Welsh speakers having completed the training (must include administration and practice manager staff)
2	**Add all Primary Care services with the ability to offer a service in Welsh to the corporate website under 'Find my NHS Service'**	70% of all providers with Welsh speakers added to the website	90% of all providers with Welsh speakers added to the website
3	**Produce an audit tool that Practice Managers are required to complete, and share with all providers with an NHS Contract**	75% of providers with Welsh speakers have completed the tool, and made the necessary changes	75% of providers with Welsh speakers, and 50% of all other providers, have completed the tool, and made the necessary changes

Outcome 2: Improved understanding and implementation of the Active Offer in Secondary & Community NHS Care

Action Ref.	Action description	By 2027	By 2029
4	**Conduct an audit of all referral and admission processes of service areas with Welsh speakers, with the outcome being adding a question on language need where not already included**	Question on language need included in 70% of identified processes	Question on language need included in 90% of identified processes
5	**Audit of all current process of adding the Welsh Speaker logo to uniforms conducted for all professions, and ability to select whether to have logo added to uniform included**	Audit completed for all professions and logo added to 75% of processes	Audit completed for all professions and logo added to 100% of processes
6	**Creation of learner badge for uniforms, where necessary as an iron-on version**	Learner badge created and added to uniforms	Learner badge continues to be added to uniforms
7	**Building on current processes, launch the Welsh Speaker badge process, via an internal campaign in Year 1**	Number of current Welsh speaking staff in clinical roles (Level 3+) at 50% of number of embroidered badges, badges or lanyards shared at 3 year period	By year 5, the number of current Welsh speaking staff in all roles (Level 3+) will consistently be above 50% of number of embroidered badges, badges or lanyards shared
8	**In areas where there are Welsh speakers, display the 'Use your Welsh here' poster**	75% of areas with Welsh speakers with a physical presence (such as a clinic) have the poster on display	80% of areas with Welsh speakers with a physical presence still have the poster on display following spot checks

Action Ref.	Action description	By 2027	By 2029
9	**Where secondary and community services have a corporate website page and they have Welsh speaking staff, include a message promoting a Welsh language service**	65% of areas with Welsh speakers and a web presence display the agreed message	80% of areas with Welsh speakers and a web presence display the agreed message
10	**Purchase Welsh Speaker stickers for paper clerking notes and paper patient records**	Dependant on evaluation, rolled out to all areas still using paper records	Where digitisation has still not been implemented, the paper stickers are regularly used to identify Welsh speaking patients
11	**Create a Team Meeting resource in the form of digital and printed slides, for managers to bring the Welsh language and what it means in to Team meetings, including Safe to Start meetings**	The resource is being used in meetings as suggested by the number of downloads of the resource	The resource has been continually used and feedback from managers who have used it is positive

Outcome 3: Strategic departmental Workforce Plans that include language planning for care in Welsh

Action Ref.	Action description	By 2027	By 2029
12	**When developing strategic departmental workforce plans in co-operation with service managers (with Mental Health the first area to begin this work), include robust actions around skills development and recruitment for Welsh**	By Year 3, Mental Health plans will include Welsh language planning actions as a priority	By Year 5, strategic departmental workforce plans regularly include Welsh following Mental Health work as an initial pilot

Outcome 4: Improved levels of Courtesy Welsh

Action Ref.	Action description	By 2027	By 2029
13	**Offer 'Welcome to Welsh' sessions internally, following success of 2023/34 reporting period, with a focus on all services where there are no Welsh speaking staff and new starters to CTMUHB**	In More Than Just Words service areas where there are no Welsh speakers as shown in the analysis here, 30% to have Level 1 in Welsh by Year 3	In More Than Just Words service areas where there are no Welsh speakers as shown here, 50% to have Level 1 in Welsh by Year 5 and 25% of all new starters into CTM UHB will complete the internal Welcome to Welsh session to limit number of new staff with no skills in Welsh

Outcome 5: Improved levels of confidence to use the Welsh we have

Action Ref.	Action description	By 2027	By 2029
14	**Offer a place on the 'Inspiring Confidence' Scheme in partnership with the National Centre for Learning Welsh to service areas with no Welsh speakers at Level 4 or 5 but where there are Level 3 underconfident speakers, as well as to service areas with Level 3 speakers in other More Than Just Words areas**	75% of services with Level 3 Welsh speakers have staff which have completed the scheme, and overall the cohorts have an 80% fill rate	By Year 5, the Inspiring Confidence scheme will be a core part of workforce planning for Welsh with each cohort running at an 80% fill rate at least, and with most of those cohorts consisting of frontline clinical staff

Outcome 6: Managers who see learning Welsh as a benefit

Action Ref.	Action description	By 2027	By 2029
15	**Gather manager feedback from those who've released staff and from those who haven't, to understand barriers focussing on a COM-B analysis**	Conversion rate of staff who want language training and who then go on to train at a level of 75% overall, once first year exploration of barriers complete	Conversion rate of staff who want language training consistently above 75%, showing manager commitment to releasing staff
16	**Include Welsh language development in Personal Development Review (PDR) documentation as a specific example**	Staff who take part in learning Welsh continually do so as a result of their PDR process	By Year 5, a steady number of staff who take part in learning Welsh will have done so as a result of their PDR process, demonstrating clear evidence that managers see Welsh as a business need and as part of professional development
17	**Share feedback stories with evaluation of offer, along with learner and manager feedback with:** • **CTM Leadership Group** • **All Staff Q&A and** • **Welsh Language Steering Group**	Conversion rate of staff who want language training and who then go on to train at a level of 75% overall, once first year exploration of barriers complete	Conversion rate of staff who want language training consistently above 75%, showing manager commitment to releasing staff

Outcome 7: Regular strategic planning with national and regional stakeholders for skills development

Action Ref.	Action description	By 2027	By 2029
18	**Renew our partnership agreement with the National Centre for Learning Welsh and Learn Welsh Glamorgan annually, to ensure a consistent offer for all levels of Welsh from Mynediad 1 (Entry 1) upwards**	Strong relationship with national and regional stakeholders as shown by consistent offer, regular meetings and an agreed annual plan between all	By 2029, there will be staff learning Welsh at all levels via a clear offer facilitated adequately by all parties as per agreement

Outcome 8: Annual internal engagement grid

Action Ref.	Action description	By 2027	By 2029
19	**Create an annual internal engagement planning grid, following development of engagement structures inspired by behavioural science developed in 2023/24. The grid will include sharing inspiring messaging relevant to patient care in Welsh and clinical consultations**	There will have been planned, regular and strategic internal engagement that is varied in platform and with different messaging but with a strong focus on patient care	Internal engagement about Welsh is part and parcel of how we engage employees

Outcome 9: Increase in staff recognition for efforts to promote Welsh and patient care in Welsh

Action Ref.	Action description	By 2027	By 2029
20	**Every year, hold one Welsh Language Learning Event with Board support to:** **• Recognise the achievement of learners, with a focus on use with patients** **• Award behaviour change as measured by evaluation framework** **• Share staff experiences of Welsh language culture** **• Encourage staff to join the movement**	Three such events will have been held to celebrate Welsh language learners, with evidence of a movement building around learning our language in CTMUHB	Five such events will have been held to celebrate Welsh language learners, with evidence of a movement around learning our language in CTMUHB as shown by the data collected (see Appendix 1)

Outcome 10: Increased inclusion of Welsh in local inductions

Action Ref.	Action description	By 2027	By 2029
21	**Map where local-level inductions currently take place**	Identified calendar of all such events where Welsh needs to be included	By Year 5, including Welsh in local inductions is business as usual
22	**Include Welsh language in local inductions, including those for our internationally recruited workforce, whether via face-to-face provision or by sharing the Welcome Sheet with relevant staff who hold inductions**	By year 3, the offer from the Welsh Language Development Service will have been promoted effectively at several local inductions	By Year 5, including Welsh in local inductions is business as usual

Outcome 11: Improving understanding of workforce planning for Welsh language skills

Action Ref.	Action description	By 2027	By 2029
23	**Create training package for recruitment and workforce planning (adapting HEIW resources) with short list of core learning outcomes, focusing on the Welsh Language Standards and recruitment and what operational workforce planning for Welsh means in practice**	By Year 3, 50% of all managers Band 7 and above within areas where there are no Welsh speakers will have completed the brief session, along with 20% of all managers that have recruited staff between 2024 and 2025	By Year 5, the annual KPIs in Appendix 1 will show that managers are considering Welsh within operational recruitment activity effectively
24	**Include Welsh in current overall workforce planning training to mainstream in to all People Directorate activity**	By Year 3, workforce planning capacity training will have begun to be delivered and will be inclusive of bilingual skills	By Year 5, including Welsh in CTM-wide workforce planning capacity training is business as usual
25	**Assess progress and evaluate current recruitment guidelines and resources in Year 2 and make any necessary changes**	By Year 3 regular evaluation of the training offer will have allowed for the content of the training and its effectiveness to be reviewed, making it possible to make the changes needed	By Year 5, the training will have been delivered regularly and the evaluation will allow for it to improve over time to ensure it's fit for purpose

Outcome 12: Improving the image of CTM UHB as an organisation that values bilingual skills

Action Ref.	Action description	By 2027	By 2029
26	**Create a guide for applicants on what the levels of Welsh mean, and what CTMUHB offers all applicants to develop and use their Welsh, so that we attract Welsh speaking applicants. This guide will be attached to every job advertisement**	By Year 3, CTMUHB will have made it clear to candidates what the various levels of Welsh mean for posts, and also what CTMUHB can offer candidates in terms of Welsh language and culture. This will include information on the CEFR, in line with the Welsh Language in Education (Wales) Bill	By Year 5, what we need from candidates, but also what we can offer candidates, has had a tangible impact on recruitment and this will be measured as per the data points in Appendix 1
27	**Develop a pocket-size leaflet for use at career events to promote the Health Board as an employer of choice for Welsh speaking applicants, so that there is always a resource available at all events to attract Welsh-speaking applicants**	By Year 3, all of our recruitment and attraction events have shared the resource	By Year 5, talking to potential candidates at events about Welsh language and culture is business as usual, and evaluation evidence shows that candidates engaged with the messaging about Welsh language and culture
28	**Include a point of control to ensure all recruitment material is bilingual**	By Year 3, dip sampling will show that 75% of all posts are published bilingually, from the job description to the advert	By Year 5, dip sampling will show that 95% of all posts are published bilingually, from the job description to the advert

Action Ref.	Action description	By 2027	By 2029
29	**Create a guide for recruiting managers on how to advertise and attract candidates for posts that require skills in Welsh or where skills in Welsh are desirable**	By Year 3, dip sampling will show a steady percentage increase in posts advertised in a way that encourages applicants to apply with skills in Welsh from a baseline of 0% in 2024 to 50% by 2027, where half of all posts apart from 'No Skills in Welsh Needed' are clear in what is *required* or *desirable* in terms of Welsh language skills	By Year 5, dip sampling will show a steady percentage increase in posts advertised in a way that encourages applicants to apply with skills in Welsh from a baseline of 50% in 2027 to 90% by 2029, where half of all posts apart from 'No Skills in Welsh Needed' are clear in what is *required* or *desirable* in terms of Welsh language skills
30	**Work with Medical Education abd Learning & Development teams to ensure the Widening Access scheme, and any other outreach with schools, works with Welsh medium schools and that Welsh speaking students are paired where possible with Welsh speaking clinicians on placements**	By Year 3, all material used will be bilingual, there will have been engagement with Welsh medium schools and Welsh speaking students will placed with Welsh speaking clinicians where possible	By Year 5, CTMUHB has a developed and mature relationship with the Welsh medium education sector in the region as shown by consistent engagement with all schools
31	**The 'Join CTM' website will have a dedicated section for the Welsh language, including a video**	By Year 3, the main website for attraction and resourcing for CTMUHB will have a core section on Welsh language and culture to attract Welsh speaking applicants and website data will show it is used	By Year 5, the website, the pocket guide created under Action 27 and the guidance created for managers under Action 29 will form an informal but evaluated attraction strategy for CTMUHB

Outcome 13: An internal leadership development offer that encourages the leadership behaviours for Welsh to thrive

Action Ref.	Action description	By 2027	By 2029
32	**Implement the *Inspire* programme as intended in 2025 for senior strategic leaders, with content for leading in a bilingual country as designed**	By Year 3, over 75% of CTM's senior leaders will have completed the Inclusion module of Inspire and the specific Welsh language content	By Year 5, leading in a bilingual country is part of our internal leadership offer and is business as usual. Evaluation of the programme has shown a tangible impact on the bilingual ethos of CTMUHB
33	**Develop content for the *Aspire* Programme on leading in a bilingual organisation for all operational managers**	By Year 3, 50% of those staff who have completed Aspire have also completed the Welsh language content in it	By Year 5, 75% of those staff who have completed Aspire have also completed the Welsh language content
34	**Offer '*Cymraeg: It Belongs To Us All*' sessions to continue to build a sense of belonging to Welsh, following the successful pilot in March 2024, so that where there is resistance, lack of understanding, under-confidence or any other psychological barrier to using Welsh, there is an internal offer to support staff to tackle it**	By Year 3, at least 3 sessions will have been held, with the evaluation showing a tangible impact on people's feeling of belonging to Welsh	By Year 5, at least 5 sessions will have been held, with the evaluation showing a tangible impact on people's feeling of belonging to Welsh

Outcome 14: Improvement in staff awareness of the Welsh Language Development Service and its offer

Action Ref.	Action description	By 2027	By 2029
35	**Map where contact has already happened between staff and the Welsh Language Development Service, to ensure areas of non-contact are known and prioritised**	By Year 1, we will have a clear idea of where contact is strong and where it has been historically weak, and by Year 3 we will have moved into areas which have not historically engaged around Welsh	By the end of the 5-year period, there will be recorded contact from all Care Groups, from a variety of roles and with a variety of services
36	**Relaunch rebranded Welsh Language Development Service, with new identity via extant internal communications channels (part of overall internal planning grid under Action 19)**	By Year 1, the Welsh Language Development Service will have a clear brand and offer, which will be shared via internal comms. By Year 3, we will see that a variety of services make contact	By the end of the 5-year period, there will be increased recorded contact from all Care Groups, from a variety of roles and from a variety of services
37	**Map out relevant meetings via organisational structures and create a structure of meetings with focus on More Than Just Words services**	By Year 3, the Welsh Language Development Service will have engaged pro-actively with 30% of all CTM managers outside of core Leadership meetings	By Year 5, the Welsh Language Development Service will have engaged pro-actively with 50% of all CTM managers outside of core Leadership meetings
38	**Ensure offer is strongly promoted on physical estate such as notice boards, information stands and other non-electronic means on-site**	By Year 3, we will have taken another step to moving away from electronic staff communication, allowing staff onsite to access information face-to-face or via their own mobiles	By Year 5, we will have a mature, fit-for-purpose internal communications mix

Outcome 15: Improvement in our patients' knowledge of their statutory language rights

Action Ref.	Action description	By 2027	By 2029
39	**Under the CTM2030 Community Leaders Network brand and other extant opportunities for community dialogue, engage with core Welsh language stakeholders such as the Mentrau Iaith**	By Year 3, there will have been an impactful series of engagement events via existing strategic forums, allowing for a dialogue to have taken place with core Welsh language community organisations	By Year 5, the contribution community Welsh language organisations make to the health and well-being of our communities will be understood as part of CTM2030 ambitions
40	**Create and display posters around our sites at key areas such as waiting rooms, with a QR code to more information on rights to use Welsh in healthcare, to complement digital advice already in existence**	By Year 3, there will have been increased views of patient information on their language rights	By Year 5, we will hold a focus group with patients that have used CTMUHB services and who speak Welsh, and will probe on their awareness of their statutory language rights. This will inform the next planning cycle
41	**Promote language rights at relevant events and Welsh language publications**	By Year 3, the Welsh Language Development Service will have engaged pro-actively with Welsh language communities	By Year 5, there wiill be a clear and impactful track record of pro-active engagement with Welsh language communities as shown by the annual data in Appendix 1

Action Ref.	Action description	By 2027	By 2029
42	**Review information on our complaints procedure, including our Complaints Policy, and ensure they are as clear as possible on how to make a language complaint**	Published information on complaints is as clear as possible with a complaints procedure for Welsh language developed	By Year 5, the new complaints procedure will be clearly embedded and we will remove friction to making language concerns known

Outcome 16: Increase in workforce data in non-compliant areas

Action Ref.	Action description	By 2027	By 2029
43	**Based on data from the current Welsh Language Skills Dashboard, prioritise the most non-compliant areas**	75% reduction in number of non-compliant staff records	90%+ compliance rate maintained for CTMUHB

Outcome 17: Stonger link between staff development and staff data to inform planning

Action Ref.	Action description	By 2027	By 2029
44	**Update learners' skills in ESR following completion of session/course**	90% of all staff over 3 year period who have completed a course have had their ESR record updated to reflect the change in skill level	100% of all staff over 5 year period who have completed a course have had their ESR record updated to reflect the change in skill level

Outcome 18: Dynamic data dashboard of skills to inform continuous strategic planning

Action Ref.	Action description	By 2027	By 2029
45	**Developing on the current dashboard, create a dynamic dashboard linked to the ESR Data Warehouse so that data is automatically updated and generated**	Dashboard created and used for language planning work, such as strategic workforce plans and promoting our offer to learn Welsh	By 2029, there will be several instances of using the dashboard to inform strategic planning, and operational planning around Welsh language promotion and development is evidenced-based
46	**Repeat analysis of workforce data as carried out for Part A of this plan, to identify further areas where Welsh provision may exist**	By Year 3, the analysis carried out for Part A of this Plan (available here) will have been repeated. and further areas of priority identified	By Year 5, there will have been several instances, as recorded, of using data to inform language planning and policy in CTMUHB based on the analysis in Year 3, such as targeted recruitment training and promoting learning Welsh

Outcome 19: Screening changes and service development to ensure this plan stays relevant and that the Welsh Language Standards and More Than Just Words are woven into service change

Action Ref.	Action description	By 2027	By 2029
47	**Review governance processes for the now extant Equality & Welsh Language Impact Assessment (E&WLIA) process, including procedures for how we consult on change**	By Year 3, the number of E&WLIAs completed will have increased steadily from the baseline of 4 in 2023/2024 and our consultation processes will be compliant with the requirement to 'consider and seek views'	By Year 5, evidence will show that the majority of relevant activity has been subject to an E&WLIA and we consult pro-actively and robustly as required by the Welsh Language Standards
48	**Improve staff awareness of the E&WLIA process and consulting on change**	By Year 3, the number of E&WLIAs completed will have increased steadily from the baseline of 4 in 2023/2024 and our consultation processes will be compliant with the requirement to 'consider and seek views'	By Year 5, evidence will show that the majority of relevant activity has been subject to an E&WLIA and we consult pro-actively and robustly as required by the Welsh Language Standards
49	**Core developments under CTM2030, such as the Acute Clinical Services Plan (ACSP) and regional co-working such as the Llantrisant Health Park (LHP) development, will be subject to regular E&WLIAs**	By Year 3, the two most impactful changes, the ACSP and the LHP development, will have been subject to at least one E&WLIA	By Year 5, there will be evidence that major service change developments have been assessed for the impact on Welsh and this 5-Year Plan, and they are completed regularly and pro-actively

Monitoring progress with the plan and annual Key Performance Indicator measures

What are the strategic governance arrangements for scrutinizing progress?
CTMUHB has a Board committee structure through which progress against statutory plans and programmes are managed on behalf of the Board. This plan was approved by the Executive Management Board in December 2024 and the Strategic Development Committee in January 2025. Progress with it will be subsequently monitored by the Operational Delivery Committee via highlight reports every 6 months, as part of regular Board-level scrutiny of Welsh language policy.

What are the operational arrangements for monitoring progress?
Aside from executive approval and Board-level scrutiny, the following formal fora wil be used to monitor and promote compliance with the Plan:
· Grŵp Llywio'r Gymraeg/The Welsh Language Steering Group (bi-monthly) chaired by the Board Secretary and Director of Corporate Governance, and the Assisstant Director for People Policy & Compliance. This will also be the Programme Board for this plan;
· Care Group Assurance meetings (at least once a year per Care Group); and
· CTM Inspiring People Board chaired by the Executive Director who chairs it.

A visual dashboard graphic capturing core metrics for developing Welsh language provision has been developed to aid the above and can be seen in Appendix 3.

Who is responsible for each action?
The responsible teams for each outcome are noted in Appendix 1. The Executive Director for People is the Board member accountable for progress with the plan.

How will progress be measured?
The Welsh Language Lead for CTMUHB will monitor progress with each KPI as identified in Appendix 1 for reporting to the above fora. These KPIs will also be used to form the 3-year and 5-year statutory review.

Appendix 1 to Welsh Language Standard 110 5-Year Strategic Plan (Part B & C): Accountability & Annual Key Performance Indicators

KEY
WLDS: Welsh Language Development Service (within People Policy & Compliance)

Ref	Outcome	Annual Key Performance Indicator	Accountable
1	Overall monitoring	(Quantitative) Proportion of PREMs where it was reported patients could use Welsh against those who couldn't	**People's Experience Team** for: providing data
2		(Qualitative) Patient experience stories gathered	
3		Number of instances of Welsh recorded on e-whiteboards	**Corporate Nursing Team** for: providing data
4		Number of instances of Welsh recorded on Welsh Nursing Care Record	
5	Improved understanding and implementation of the Active Offer in Primary Care (Outcome 1)	Number of practices with Welsh speaking staff completing targeted training offer	**Primary Care Senior Management Team** for: Promoting offer **WLDS** for: Creating content for packs and training materials Providing sessions and Analysing data
6		% increase in reported awareness from those attending awareness offer via on-the-day evaluation	
7		Number of requests for translation from Primary Care providers	
8		Number of Primary care services that are promoted on the website	
9		Percentage of providers that have completed audit	
10		Responses to individual questions on audit	
11	Improved understanding and implementation of the Active Offer in Secondary & Community Care (Outcome 2)	% of admission processes which include language need within Diagnostics, all Therapies, District Nursing, MH In-patient units and the WISE Service	**Service managers of identified** for: Auditing current admission and referral processes Including relevant question in processes Informing WLDS of change **WLDS** for: Ensuring supply of badges Monitoring uptake Facilitating the design of the learner badge Creating Team Meeting resource **Facilities Senior Management Team** for: Ensuring uniform ordering processes include question on adding badge Providing all completed order forms annually to WLDS for analysis to be carried out
12		% of processes which include ability to request badge added	
13		Number of badges given out (total of badges, ID badges, lanyards and embroidered logos)	
14		Number of badges given out as % of staff who have Welsh language skills at Level 3 and above	
15		% of areas with Welsh speakers and a physical presence where the 'Use Your Welsh' poster has been displayed	
16		% of areas with Welsh speakers and a web presence with the offer added	
17		Downloads of Team meeting resource	

KEY
WLDS: Welsh Language Development Service (within People Policy & Compliance)

18	Strategic departmental Workforce Plans that include planning for care in Welsh (Outcome 3)	Number of departmental plans with Welsh language included in	**Strategic Workforce Planning Team** for: Promoting Welsh language within workforce planning Sharing number of completed Workforce Plans with the WLDS that includes Welsh language planning around recruitment and/or skills development
19	Improved levels of Courtesy level Welsh (Outcome 4)	Number of staff in More Than Just Words areas (with focus on identified gaps) who have moved from Level 0 to 1	**WLDS** for: Providing the offer Evaluating the offer Updating staff skills on completion where staff succeed
20		Number of staff (all areas) who have moved from Level 0 to 1	
21	Improved levels of confidence to use the Welsh we have (Outcome 5)	% of services within Stroke, Dementia and Adult MH with Level 3 Welsh speakers that have staff which have completed the Inspiring Confidence scheme	**WLDS** for: Promoting the offer Updating staff skills on completion where staff succeed
22		Fill rate of each cohort of Inspiring Confidence scheme	
23		Increase in number of Welsh speaking (Level 4 and 5) staff by Staff Group	
24		Welsh language course evaluation data (Kirkpatrick Model Levels 1-4)	
25	Managers who see learning Welsh as a benefit (Outcome 6)	Number of managers who have provided data as part of COM-B model survey around barriers to learning Welsh at work	**WLDS** for: Creating survey Administering survey Analysing feedback for action
26		% of learners who have came to learning Welsh via the PDR process	
27	Regular strategic planning with national and regional stakeholders for skills development (Outcome 7)	Number of staff learning Welsh by level (Mynediad and upwards)	**WLDS** for: Maintaining strong partnership with Learn Welsh Glamorgan and the National Centre for Welsh
28		Number of staff in More Than Just Words areas learning Welsh (Mynediad and upwards)	
29	Annual internal engagement grid (Outcome 8)	Number of comms pieces shared using extant framework	**WLDS** for: Creating content to be shared
30		Areas of contact with the Welsh Language Development Service	

KEY
WLDS: Welsh Language Development Service (within People Policy & Compliance)

31		Number of interactions with Welsh Language Development Service	Monitoring feedback **Communications & Engagement Team** for: Agreeing priorities and timescales for sharing of engagement material
32		Hits on SharePoint site	
33		Number of meetings with service leads held	
34	Increase in staff recognition for efforts to promote Welsh and patient care in Welsh (Outcome 9)	Number of attendees at Annual Learning Welsh celebration	**Communications & Engagement Team** for: Supporting WLDS to hold event
35		% of all invited attendees that attended	
36	Increased inclusion of Welsh in local inductions (Outcome 10)	Number of local inductions Welsh language is a part of	**WLDS** for: Attending inductions and providing written information that can be provided **Identified managers** for: Ensuring Welsh language is included in inductions
37	Improving understanding of workforce planning for Welsh language skills (Outcome 11)	Number of staff attending workforce planning training for Welsh language	**Strategic Workforce Planning Team** for: Providing data from Trac **Identified managers** for: Engaging with training **WLDS** for: Creating training Providing it and Evaluating it
38		Number of staff attending workforce planning training for Welsh language from More Than Just Words areas	
39		Number of Welsh Essential posts advertised	
40		Number of Welsh Desirable posts advertised	
41		Number of Welsh To Be Learnt On Appointment posts advertised	
42		Number of Welsh Essential posts advertised relation to Stroke services, Dementia, Adult Speech & Language Therapy and Mental Health	
43		Number of Welsh Desiable posts advertised relation to Stroke services, Dementia, Adult Speech & Language Therapy and Mental Health	
44		Number of Welsh To Be Learnt on Appointment posts advertised relation to Stroke services, Dementia, Adult Speech & Language Therapy and Mental Health	
45		Number of posts WE/WD or TBL posts advertised that also note the level of Welsh needed in the advert	

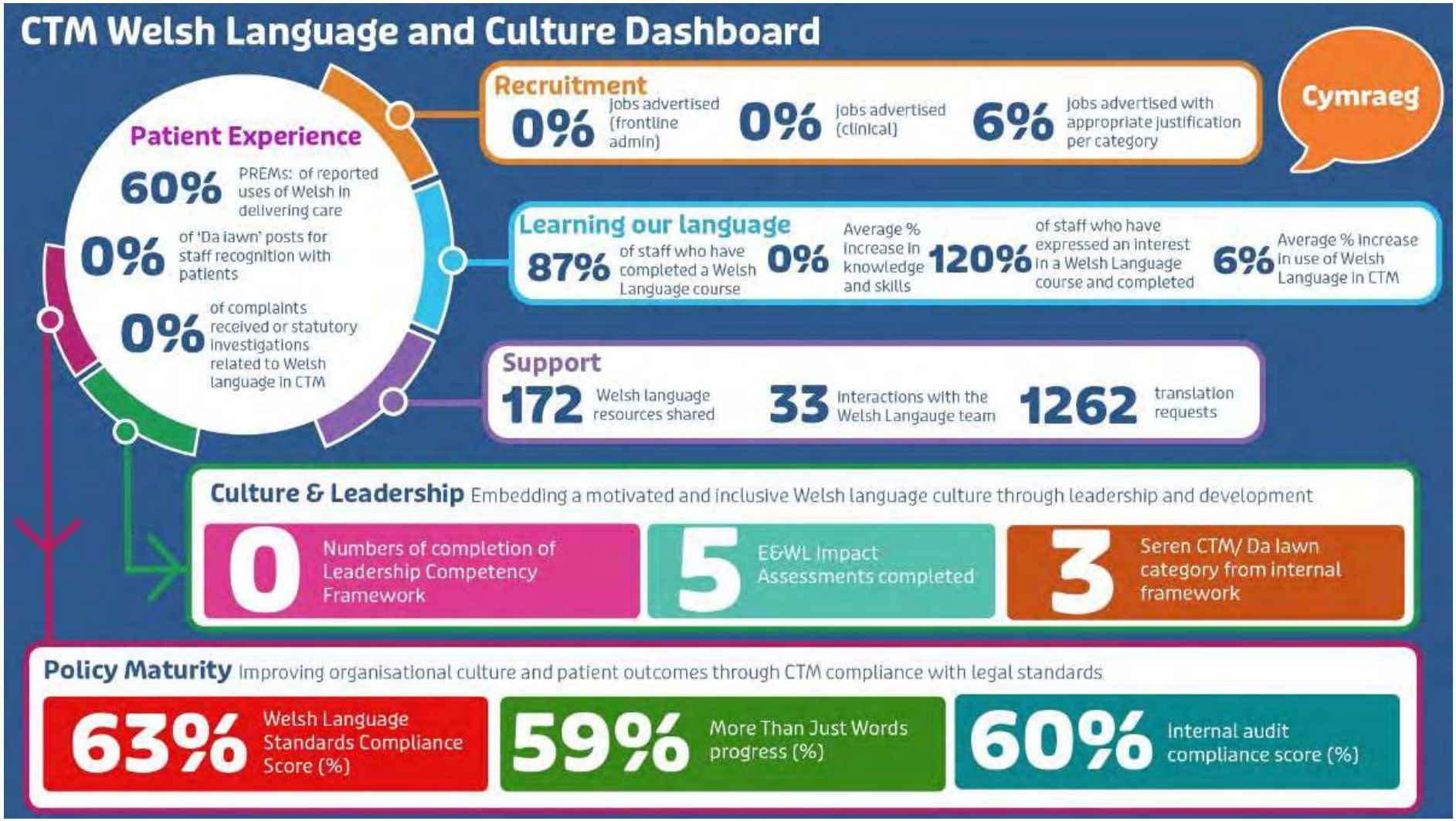
KEY
WLDS: Welsh Language Development Service (within People Policy & Compliance)

46		% of correct justifications of post categories in Trac	
47	Improving the image of CTM UHB as an organisation that values bilingual skills (Outcome 12)	Views of the guide for applicants	**Strategic Workforce Planning Team** for: Working with the WLDS on content for guides and Join CTM website Providing leaflet at relevant event **Medical Education Department** for: Ensuring equal engagement of both English & Welsh medium schools Pro-actively engaging with the WLDS to support bilingual activity in all schools in CTM Supporting students to have a bilingual ES
48		% of new starters with Welsh language skills	
49		Number of times leaflet on CTMUHB as a Welsh language employer of choice given out	
50		Number of adverts published bilingually	
51		Number of JDs published bilingually	
52		Views of guide on how to recruit for bilingual skills	
53		Instances of advert text to encourage applicants with Welsh skills being used	
54		Number of external advertising/recruitment agencies used	
55		Views of the page on the Join CTM site	
56		Reported number of Welsh medium schools engaged with	
57		Number of Welsh speaking students paired with a Welsh speaking Educational Supervisor	
58	An internal leadership development offer that encourages the leadership behaviours for Welsh to thrive (Outcome 13)	Number of staff having completed the Welsh language Leadership offer	**WLDS** for: Creating content **Learning & Development** for: Including provided content in relevant Leadership development materials Providing completion data to WLDS Providing any evaluation data to WLDS
59		Number of areas aligned to More Than Just Words priority areas that have staff that have completed the offer	
60	Improvement in staff awareness of the Welsh Language Development Service and its offer (Outcome 14)	'Starting Well' survey results for Welsh language question	**WLDS** for: Monitoring data **Strategic Workforce Planning Team for:** Providing data from the 'Starting Well' survey'
61		Number of requests to learn Welsh	
62		Number of requests for compliance advice	
63	Improvement in our patients' knowledge of their statutory language rights, and better engagement	Number of QR code hits from posters	**WLDS** for: Creating content
64		Number of views of online Welsh Language Rights page	
65		Number of events attended	

KEY
WLDS: Welsh Language Development Service (within People Policy & Compliance)

66	with core Welsh language community organisations (Outcome 15)	Number of publications with WL promotion included in them	Evaluating impact Responding to queries **Communications & Engagement Team** for: Supporting one annual campaign via the Strategic Engagement Forum
67		Number of queries on language rights from the public	
68		Number of complaints	
69		Evaluation of external campaigns using OASIS model	
70		Evaluation metrics of events	
71	Increase in workforce data in weak areas (Outcome 16)	% increase in compliance rates for recording Welsh skills	
72		Overall compliance rate for recording skills for CTMUHB	
73	Stronger link between staff development and staff data to inform planning (Outcome 17)	% of staff who have completed a course who have had their record changed on ESR	**WLDS** for: Updating records
74	Dynamic data dashboard of skills to inform continuous strategic planning (Outcome 18)	Number of instances (with description of how) the tool has been used to inform planning	**Strategic Workforce Planning Team for:** Supporting the WLDS to link current PowerBI tool to the ESR Data warehouse
75			
76	Screening changes and service development to ensure this plan stays relevant and that the Welsh Language Standards and More Than Just Words are woven into service change (Outcome 19)	Number of E&WLIAs completed	**Organisational Development & Inclusion Team** for: Sharing all relevant information with WLDS **Corporate Governance Team** for: Ensuring relevant papers have completed an E&WLIA
77			
78		Number of E&WLIAs completed that are related to More Than Just Words	

Appendix 2 to 5- Year Strategic Plan for Standard 110 (Part B and C): Example dashboard for core metrics



Agenda Item
8.1.5

CTM Health Board

Cwm Taf Morgannwg Healthy Travel Charter

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Dr Rob Green, Consultant in Public Health Sam Belcher, Senior Public Health Practitioner
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

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**
Population Health and Partnerships Committee	07/11/23	Endorsement of principal
Public Service Board	14/12/2023	Endorsement of proposal
Creating Health	2023	Endorsement of principal
Executive Leadership Group	07/01/25	Endorsement and nomination of executive lead for internal implementation
Strategic Development Committee	17/01/25	Endorsement for board approval
Executive Management Board	27/01/2025	Approved

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg (region)
CTMUHB	Cwm Taf Morgannwg University Health Board
PSB	Public Service Board

1. Situation /Background

1.1 Healthy Travel Charters are a tool for organisations to show their commitment to healthier and more sustainable forms of transport.

1.2 All regions in Wales have now adopted Healthy Travel Charters, with all six other Health Boards adopting their respective regional Charter.

1.3 These charters establish a framework for organisations to collaborate in promoting healthy travel within their regions, leveraging their roles as anchor organisations. Each Charter contains a series of commitments the organisation will make over 3 years to support their staff and visitors to walk and cycle more, take public transport, and switch to electric vehicles.

1.4 The Charter commitments support a range of a number of priority agendas for Cwm Taf Morgannwg University Health Board (CTMUHB), including working as a system to reduce overweight and obesity, the sustainability agenda, improving opportunities for travel and staff wellbeing.

1.5 A Cwm Taf Morgannwg (CTM) Healthy Travel Network has been established under the CTM Public Service Board (PSB) with representation from constituent organisations to progress the development, adoption and implementation of the regional Charter.

1.6 A Charter (Appendix A) has been co-produced with key stakeholders using the framework of charters adopted by other regions in Wales. Each constituent organisation of the CTM Healthy Travel Network is now progressing the Charter through their respective internal governance processes for adoption and establishing mechanisms for internal implementation.

1.7 The Charter is initially established with a three-year lifespan, starting with a baseline assessment against commitments. Progress will be shared annually and reviewed after three years, when the Healthy Travel Network will consider updating of the Charter.

1.8 CTMUHB has led the implementation of the Healthy Travel Charter for the CTM region, working closely with partner organisations to navigate governance processes. There is now a requirement to progress the charter through CTMUHBs internal governance structures in order to be a signatory of the Charter.

1.9 The Strategic Development Committee (17/01/2025) supported the adoption of the CTM Healthy Travel Charter by CTMUHB.

2. Specific Matters for Consideration

2.1 Update on regional progress of the CTM Healthy Travel Charter:

2.1.1 A Healthy Travel Network has been established as a subgroup of the PSB to support the Charter's adoption and implementation across the region. Participating organisations are requested to designate a lead officer responsible for leading implementation, reporting on progress and sharing insights with the Network. CTMUHB Public Health will chair the Network for the first year with PSB officers providing secretarial support.

2.1.2 The regional launch of the Charter is scheduled for spring 2025 with key PSB partners expected as signatories, and a communications plan in development.

2.2 Update on internal considerations for the adoption and implementation of the Healthy Travel Charter within CTMUHB:

2.2.1 The Executive Director of Strategy and Transformation has taken the executive lead for internal implementation of the Healthy Travel Charter with CTMUHB.

2.2.2 A lead officer to co-ordinate the implementation and governance routes will be identified in due course.

2.2.3 Charter commitments include communications, staff engagement, improvements to infrastructure and facilities, and development of staff incentives and support. Actions will fall across a number of portfolios, including:

- Communications and Engagement
- Finance - Estates
- Operations - Facilities
- Public Health
- Strategy and Transformation, and the Sustainability agenda
- Workforce and Organisational Development

3. Key Risks / Matters for Escalation

3.1 There are no significant risks.

3.2 Although CTMUHB has been instrumental in initiating and progressing this work on behalf of the PSB, failure to adopt and work towards implementation of the Charter internally would pose a reputational risk.

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: Sustaining Our Future

Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well If more than one applies please list below: All
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 Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Leadership If more than one applies please list below: Culture and Valuing People Whole-Systems Perspective
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Choose an item. Not Applicable 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 *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not applicable
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar 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 Outcome for Welsh Language (delete as appropriate): NEUTRAL	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	Yes (Include further detail below)	

	Signing up to, and implementing the Healthy Travel Charter has the potential to have a positive impact on CTMUHB's reputation with staff, patients, visitors and regional partners.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)
	All commitments within the healthy travel charter are voluntary, the intention is to provide a framework for organisations to move to enabling healthier travel. Resource intensity is therefore commensurate to resource availability. Implementing the healthy travel charter will require officer support, and may require e.g. facilities upgrades to better facilitate staff changing, or estates upgrades to better support electric vehicle charging.

5. Recommendation

5.1 The Board are asked to approve and endorse its commitment to implement the CTM regional Healthy Travel Charter for CTMUHB.

6. Next Steps

6.1 Mechanisms for the governance and implementation of Charter commitments at a CTMUHB level will be developed in February 2025.

6.2 The Strategic Development Committee will be updated on progress against the Charter on an annual basis.

6.3 Following adoption across constituent organisations of CTM PSB, the launch of the Charter will be formally announced.

Appendix

Appendix A: CTM Healthy Travel Charter

Healthy Travel Charter
Cwm Taf Morgannwg

We're taking steps to reduce carbon emissions, improve air quality and support staff health and well-being

Communications and leadership
Establish a healthy travel network Establish a network of healthy travel champions across our organisations who routinely promote and model active and sustainable travel behaviour
Use consistent communications messages Agree on and use consistent communication messages with the public, visitors and staff on healthy travel and reducing unnecessary travel
Consider healthy travel across our wider functions Promote and consider healthy travel options and benefits across wider functions such as procurement, conferences, planning of workplace and office accommodation, and when advertising roles in our organisations
Provide strategic leadership on healthy travel Collaborate with partners and provide strategic leadership and planning on healthy and sustainable travel, for example scoping the feasibility of partnership Park and Ride services
Involve our staff Regularly involve staff in discussing what measures would help them shift to sustainable modes of travel, through travel surveys (at least an initial baseline and annual survey) and other initiatives, e.g. staff competitions and awards to encourage healthy travel
Support staff driving fleet vehicles to be responsible road users Support staff driving fleet vehicles to be responsible and considerate road users (e.g. driving within speed limits and not parking in cycle lanes), to enable safe walking and cycling
Walking, cycling and public transport
Promote public transport discounts Explore discounts on public transport for staff with local transport providers
Contribute to the interactive healthy travel map Contribute to an interactive map showing, where relevant, our walking and cycling infrastructure and public transport links within our main sites in CTM
Provide staff with facilities and accessories to encourage active travel Assess and provide secure and accessible cycle storage, showers and lockers where possible at suitable sites
Promote an 'active wear for active travel' approach Promote an 'active wear for active travel' approach to work clothing and footwear, for example, allowing staff to wear trainers if their commute involves walking or cycling (where appropriate)
Enable staff to access bicycles more easily at work Improve access to bicycles at work e.g. Pool bikes or cycle hire (where appropriate)
Promote cycle training and maintenance sessions Explore and promote opportunities for offering cycle training and maintenance sessions
Engage with the cycle to work scheme Explore and promote opportunities for offering the cycle work to scheme to all staff (including e-bikes)
Working practices and agile working
Support flexible working Provide flexible working options where possible, including home and/or local hub working, and develop a culture of agile working
Explore options for hot-desking between organisations Explore opportunities to enable staff to hot-desk between partner organisations and facilities across CTM, where appropriate
Encourage sustainable travel through our expenses policies Review our travel expenses policies together, to encourage the uptake of sustainable travel
Ultra-low emission vehicles
Review the provision of electric vehicle charging facilities on our sites Review the current and future need for electric vehicle (EV) charging infrastructure on our sites, and explore the potential for making charging infrastructure available to other partners in the area
Review our fleet and procurement arrangements Review our fleet and procurement arrangements (where applicable) for introduction of ultra-low emission vehicles, including e-bikes and e-cargo bikes, where relevant

For signatories, more info and support visit: **healthytravel.wales/ctm**

Siarter Teithio Llesol
Cwm Taf Morgannwg

Rydym yn cymryd camau i leihau allyriadau carbon, gwella ansawdd yr aer a chefnogi iechyd a llesiant staff

Cyfathrebu ac arweinyddiaeth

Sefydlu rhwydwaith teithio iach
Sefydlu rhwydwaith o hyrwyddwyr teithio iach ar draws ein sefydliadau sy'n hyrwyddo ac yn modelu ymddygiad teithio llesol a chynaliadwy fel mater o drefn

Defnyddio negeseuon cyfathrebu cyson
Cytuno ar, a defnyddio negeseuon cyfathrebu cyson gyda'r cyhoedd, ymwelwyr a staff ar deithio iach a lleihau teithio diangen

Ystyried teithio iach ar draws ein swyddogaethau ehangach
Hyrwyddo ac ystyried opsiynau a buddion teithio iach ar draws swyddogaethau ehangach fel caffael, cynadleddau, cynllunio gweithleoedd a swyddfeydd, ac wrth hysbysebu rolau yn ein sefydliadau

Darparu arweiniad strategol ar deithio iach
Cydweithio â phartneriaid a darparu arweinyddiaeth strategol a chynllunio ar deithio iach a chynaliadwy, er enghraifft cwmpasu dichonoldeb gwasanaethau Parcio a Theithio partneriaeth

Cynnwys ein staff
Cynnwys staff yn rheolaidd wrth drafod pa fesurau fyddai'n eu helpu i symud i ddulliau teithio cynaliadwy, trwy arolygon teithio (arolwg gwaelodlin cychwynnol ac arolwg blynyddol o leiaf) a mentrau eraill, e.e. cystadlaethau a gwobrau staff i annog teithio iach

Cefnogi staff sy'n gyrru cerbydau fflyd i fod yn ddefnyddwyr ffyrdd cyfrifol
Cefnogi staff sy'n gyrru cerbydau fflyd i fod yn ddefnyddwyr ffyrdd cyfrifol ac ystyriol (e.e. gyrru o fewn terfynau cyflymder a pheidio â pharcio ar lonydd beicio), i alluogi cerdded a beicio diogel

Cerdded, beicio a thrafnidiaeth gyhoeddus

Hyrwyddo gostyngiadau trafnidiaeth gyhoeddus
Archwilio gostyngiadau ar drafnidiaeth gyhoeddus i staff gyda darparwyr trafnidiaeth lleol

Cyfrannu at y map teithio iach rhyngweithiol
Cyfrannu at fap rhyngweithiol sy'n dangos, lle bo'n berthnasol, ein seilwaith cerdded a beicio a chysylltiadau trafnidiaeth gyhoeddus o fewn ein prif safleoedd yn CTM

Darparu cyfleusterau ac ategolion i staff i annog teithio llesol
Asesu a darparu man storio beiciau diogel a hygyrch, cawodydd a loceri lle bo modd mewn safleoedd addas

Hyrwyddo dull 'gwisgo dillad ymarfer corff ar gyfer teithio llesol'
Hyrwyddo dull 'gwisgo dillad ymarfer corff ar gyfer teithio llesol' tuag at ddillad ac esgidiau gwaith, er enghraifft, caniatáu i staff wisgo esgidiau ymarfer os yw eu taith i waith yn golygu cerdded neu feicio (lle bo'n briodol)

Galluogi staff i gael mynediad haws at feiciau yn y gwaith
Gwella mynediad i feiciau yn y gwaith e.e. rhannu beiciau neu llogi beiciau (lle bo hynny'n briodol)

Hyrwyddo hyfforddiant beicio a sesiynau cynnal a chadw
Archwilio a hyrwyddo cyfleoedd ar gyfer cynnig sesiynau hyfforddiant beicio a sesiwn cynnal a chadw

Ymgysylltu â'r cynllun beicio i'r gwaith
Archwilio a hyrwyddo cyfleoedd ar gyfer cynnig y cynllun beicio i'r gwaith i'r holl staff (gan gynnwys e-feiciau)

Arferion Gweithio a Gweithio ystwyth

Cefnogi gweithio hyblyg
Darparu opsiynau gweithio hyblyg lle bo modd, gan gynnwys gweithio gartref a/neu ganolfan leol, a datblygu diwylliant o weithio ystwyth

Archwilio opsiynau ar gyfer desgiau poeth rhwng sefydliadau
Archwilio cyfleoedd i alluogi staff i ddesg boeth rhwng sefydliadau partner a chyfleusterau ar draws CTM, lle bo'n briodol

Annog teithio cynaliadwy drwy ein polisïau treuliau
Adolygu ein polisïau costau teithio gyda'n gilydd, i annog y defnydd o deithio cynaliadwy

Cerbydau allyriadau isel iawn

Adolygu'r ddarpariaeth o gyfleusterau gwefru cerbydau trydan ar ein safleoedd
Adolygu'r angen yn awr ac yn y dyfodol am seilwaith gwefru cerbydau trydan ar ein safleoedd, ac archwilio'r potensial ar gyfer sicrhau bod seilwaith gwefru ar gael i bartneriaid eraill yn yr ardal

Adolygu ein trefniadau fflyd a chaffael
Adolygu ein trefniadau fflyd a chaffael (lle bo'n berthnasol) ar gyfer cyflwyno cerbydau allyriadau isel iawn, gan gynnwys e-feiciau ac e-feiciau cargo, lle bo'n berthnasol

Ar gyfer llofnodwyr, rhagor o wybodaeth a chymorth, ewch i: **teithiollesol.cymru/ctm**

Agenda Item
8.1.6

CTM Health Board

Joint Commissioning Committee Governance Framework

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder, JCC Committee Secretary
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**
Joint Commissioning Committee	21/01/2025	The JCC endorsed the updated ToR.
Joint Commissioning Committee	12 November 2024	Agreed to amend ToR to reflect CEO members as members of sub-committees.

JCC Strategy Workshop	10 December 2024	CEOs discussed nominations for CEO members on sub-committees.
Sub Committee Structure NHS Wales Joint Commissioning Committee (JCC) Health Board Meeting	17 September 2024 September 2024	Endorsed Approved
Engagement Chair of the JCC Chief Commissioner JCC SLT Working Group of NHS Wales DoCG / Board Secretaries SLT Development Day JCC Development Day NHS Wales Directors of Corporate Governance (DoCG) peer group	August 2024	Feedback assisted in developing the drafts

Acronyms / Glossary of Terms	
HBs	Health Boards
JCC	NHS Wales Joint Commissioning Committee
MoA	Memorandum of Agreement
PP&F	Planning, Performance and Finance Sub-committee
QS&O	Quality, Safety and Outcomes Sub-committee
SoD	Scheme of Delegation
SOs	Standing Orders
ToR	Terms of Reference

1. Situation /Background

1.1 Further to the 7 x Health Boards (HBs) approving the final elements of the NHS Wales Joint Commissioning Committee's (JCC) *("Joint Committee")* governance framework at their September 2024 Board meetings, the purpose of this report is present updated Terms of reference (ToR) for the JCC's sub committees which have been updated to reflect that CEO's are designated as members of sub-committees.

1.2 In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to HBs. On the 17 September 2024 the Joint Committee reviewed and endorsed the proposed sub-committee structure, the accompanying terms of reference, the hosting agreement (HA) and the memorandum of agreement (MoA) for submission to individual HB Board meetings in September 2024 for final approval.

1.3 Since then following discussions with the JCC members at the JCC meeting on 12 November and at the JCC Strategy workshop on 10 December 2024 it was agreed to include CEOs as members of the sub committees.

1.4 The NHS Wales Directors of Corporate Governance (DoCG) peer group have been consulted on this change and are aware of the JCCs decision to include CEOS as members and not attendees.

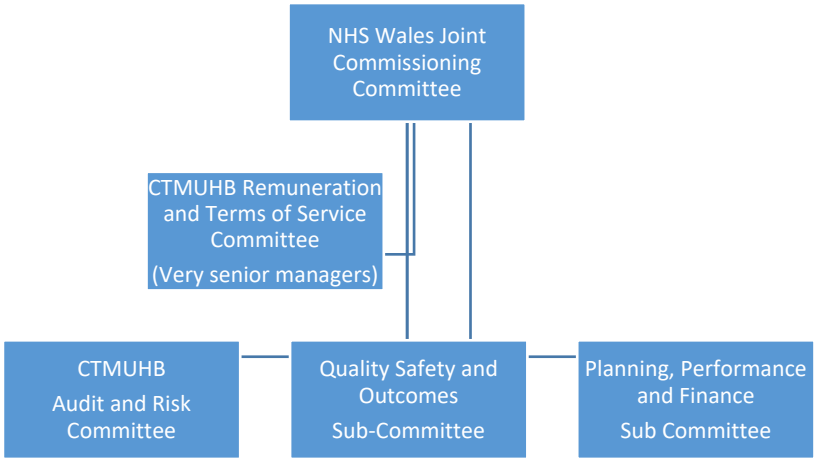
2. Specific Matters for Consideration

SUB COMMITTEE TERMS OF REFERENCE (TOR) AND MEMBERSHIP

In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to HBs.

On the 17 September 2024 the Joint Committee endorsed the proposed sub-committee structure for the JCC – see **Figure 1** and the 7 x individual HB Board meetings formally approved the structure and the documents at their Board meetings in September 2024.

Figure 1 – Approved JCC Sub-Committee Structure



Following a request from the JCC to update the Terms of Reference (ToR) for the Quality, Safety and outcomes (QS&O) Sub-Committee and the Planning, Performance and Finance (PP&F) Sub-Committee to reflect the designation of a CEO representative as a member and not attendee, the ToR have been updated and are presented ***Appendices 1*** and ***2 (available on request)*** for approval, following endorsement at the JCC meeting on 21 January 2025.

The first meetings of each Sub-Committee will be held in February 2025 and Sub-Committee highlight reports will be provided to the JCC meeting by way of assurance and escalation in March 2025. Sub-Committee cycles of business will also be presented to ensure JCC oversight.

The membership and attendance for the sub committees is outlined in **Tables 1 & 2** below:

Table 1 – Membership/Attendance Quality and Safety and Outcomes Sub-Committee

Quality and Safety and Outcomes Sub-Committee	
Designation	**Lay Member/Attendee**
Chair	Susan Elsmore
Vice Chair	Mandy Rayani
Member	Ian Green
One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)	tbc
Llais Representative	Angela Mutlow
Staff Side Representative	tbc

Table 2 –Membership/Attendance Planning, Performance and Finance Sub Committee

Planning, Performance and Finance Sub Committee	
Designation	**Lay Member/Attendee**
Chair	Paul Worthington
Vice Chair	Nia Roberts
Member	Shameem Nawaz
One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)	Abigail Harris, CEO SBUHB Deputy - Hayley Thomas, CEO PtHB
Staff Side Representative	tbc

Now that the sub-committees have been established each sub-committee will report formally into the JCC via highlight reports from the sub-committee chairs. In addition, discussions are ongoing with the NHS Wales Directors of Nursing peer group and the NHS Wales Directors of Corporate Governance peer group to consider the most appropriate assurance reporting to HB sub committees and Boards to ensure effective governance.

3. Key Risks / Matters for Escalation

3.1 Outline within the report

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: The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the September Joint Committee Meeting.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below: The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the September Joint Committee Meeting.
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:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	Consideration has been given to the Duty of Quality as set out in section 1A of the NHS (Wales) Act 2006 ("the 2006 Act") as it applies to the Welsh Ministers. The Duty of Quality places Ministers under an additional duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The establishment of the new JCC arrangements will support the delivery of the Duty of Quality requirements.
Cydraddoldeb a'r Gymraeg	Yes: ☐	No: ☒

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?*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework terms of reference is reserved to HBs. National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
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

5.1Board Members are asked to **Approve:**

- the updated terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee
- the updated terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee

6. Next Steps

6.1 Review

A formal review of the governance framework for the JCC will be undertaken in April 2025 in collaboration with the HB DoCGs following a full year of operation as the new JCC.

Agenda Item
8.1.7

CTM Health Board

Safeguarding Strategy 2024-2027

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Claire O'Keefe – Head of Safeguarding
Cyflwynydd yr Adroddiad / Report Presenter	Claire O'Keefe – Head of Safeguarding
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Safeguarding Executive Group	31/10/2024	Approved
Quality, Safety & Experience Committee	21/01/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	
CTMSB	Cwm Taf Morgannwg Safeguarding Board

1. Situation /Background

1.1 Cwm Taf Morgannwg University Health Board is committed to safeguarding all who work and access services. The Safeguarding Strategy sets out a strategic approach for CTMUHB to ensure a whole-organisational approach to strengthen the arrangements for safeguarding across the health board over the next three years.

2. Specific Matters for Consideration

2.1 This Safeguarding Strategy has been developed in line with the Cwm Taf Morgannwg Safeguarding Board strategic plan 2023-2026, National Safeguarding Service work plan and feedback from care groups, safeguarding practitioners and identified learning from reviews.

2.2 The Safeguarding Strategy seeks to foster a proactive safeguarding culture within our organisation, supported by robust digital integration, staff training, and multi-agency collaboration. Our mission is to empower all CTMUHB staff, equipping them with the knowledge and resources necessary to identify risks, respond appropriately, and ensure the highest standards of care and protection. Our strategic priorities include enhancing digital solutions for integrated care, fostering a reporting culture, and safeguarding training, all aimed at ensuring effective and timely interventions.

2.3 The strategy's rollout will be overseen by the corporate safeguarding team in partnership with care groups across our Health Board, steered by the Executive Director of Nursing. Through collaborative efforts, aim to embed safeguarding measures within every facet of our service delivery, providing a structured approach to continuous improvement and transparent reporting through the Quality, Safety & Experience Committee.

3. Key Risks / Matters for Escalation

3.1 To ensure that our strategic objectives and priority areas are actionable and achievable, in addition a detailed work plan that outlines key deliverables, outcome measures, and timescales will be developed. This work plan will be integrated into the annual reporting cycle, providing a structured approach to monitoring and achieving safeguarding goals.

3.2 The Safeguarding Executive Group will be responsible for overseeing the delivery of the work plan, regularly reviewing progress against the defined milestones. They will report directly to the Quality, Safety & Experience Committee, (a committee of the Health Board), to ensure transparency, accountability, and continuous improvement. This approach will enable CTMUHB to maintain a clear focus on safeguarding priorities, measure

progress effectively, and adjust strategies as needed to respond to emerging challenges and opportunities.

3.3 This document has been shared with all key stakeholders and partner agencies for comment.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	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))*	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))*	Safe
	This document sets out how it will achieve CTMUHB priorities using all domains of quality.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *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 strategic strategy report detailing a three year plan.

Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This is a strategic strategy report detailing a three year plan.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 Board members are asked to **APPROVE** the Safeguarding strategy for 2024-2027.

6. Next Steps

6.1 To disseminate the strategy across all services of Cwm Taf Morgannwg University Health Board.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Safeguarding Strategy

2024 - 2027

Our Vision

To be a trusted, safe organisation where all children, young people and adults at risk of harm, abuse or neglect are safeguarded by staff who feel empowered, valued and supported. Working collaboratively and innovatively with our patients and their families to ensure the best support and outcome is achieved. Cwm Taf Morgannwg University Health Board firmly believes that a whole organisational approach is required to safeguard and promote the welfare of children, young people and adults at risk using health board services.

Version
v1.04 - OCTOBER 2024

Created by
Claire O'Keefe

Review by
Quarter 2 / 2026



Introduction

Safeguarding is a fundamental responsibility in healthcare, essential for protecting vulnerable individuals from harm, abuse, and neglect. This strategy outlines our comprehensive approach to safeguarding, demonstrating our unwavering commitment to the safety and well-being of patients, staff, and the wider community. It provides a framework for identifying risks, responding to concerns, and promoting a culture of vigilance and responsibility throughout our organisation. By implementing this strategy, we aim to create a safe, supportive environment where all individuals receive the highest standard of care and protection. This document sets out clear guidelines, protocols, and responsibilities, ensuring that everyone involved in healthcare delivery understands their role in safeguarding and is equipped with the knowledge and tools to fulfil this crucial duty effectively.

Safeguarding in Wales is a legal framework provided by the Social Services and Well-being (Wales) Act 2014, the Children's Act 1989, and the Welsh Government statutory guidance on safeguarding under the 2014 Act. The Wales Safeguarding Procedures details the essential roles and responsibilities for practitioners to ensure they safeguard children and adults who are at risk of abuse and neglect.

Executive Summary

The Cwm Taf Morgannwg University Health Board (CTMUHB) aims to create a safe and inclusive environment by collaborating with partners to protect those at risk of harm, abuse, or neglect. The strategy focuses on evidence-based practices, digital integration for better care, and a strong safeguarding culture. Key priorities include staff training, prevention, and fostering a culture where concerns can be reported safely. The strategy will be guided by the Executive Director of Nursing and the Safeguarding Operational Board, with a focus on adapting to new challenges through transparent governance and collaboration.

VISION

To create a safe, inclusive environment by collaborating with internal and external partners to protect those at risk of harm, abuse, or neglect. We aim to balance individuals' rights with the Health Board's duty of care, ensuring safety and well-being for patients, staff, and the wider community.

MISSION STATEMENT

To implement evidence-based safeguarding practices across all levels of the organisation, promoting a culture of vigilance and continuous improvement. We are committed to preventing harm through timely interventions, digital integration, and creating an environment where concerns can be reported confidentially.

The Service	The CTMUHB Safeguarding Strategy 2024-2027 focuses on enhancing safeguarding through digital integration, embedding a robust safeguarding culture, and providing expert training to staff.
The Financial Status	Current resources are allocated towards implementing digital solutions and training. The goal is to maintain sustainable funding to support safeguarding activities and ensure continuous improvement.
Future Plans	Enhance digital solutions for integrated care, embed a robust culture of safeguarding, and adapt to emerging challenges in safeguarding through continuous learning and collaboration.





Our Priorities

2024/25: Providing Access to Expert Safeguarding Advice, Supervision, and Learning.

We recognise the critical importance of safeguarding expertise in ensuring the safety and protection of individuals across our services. To this end, we are dedicated to providing a wide range of safeguarding expertise within our teams, enabling all CTMUHB staff to access professional advice, supervision, and ongoing training as needed. This access to expert practitioners will empower our workforce to make informed safeguarding decisions, ensuring swift and appropriate responses to concerns. Furthermore, we are committed to promoting a culture of learning by providing facilitated feedback from complaints, reviews and incidents. By learning from incidents, we will continuously improve our services, creating a confident and resilient workforce capable of protecting communities from abuse, neglect, and exploitation.

2025/26: Embedding a Robust Safeguarding Culture to Prevent Abuse and Harassment.

Promoting an inclusive environment where every staff member and community member feels safe and empowered to report abuse, harassment, or any form of discrimination—whether based on gender, sex, religious beliefs, or cultural differences—confidentially and without fear of retaliation. We are committed to fostering a proactive culture that promotes open dialogue and supports individuals who are disadvantaged or marginalised. Our safeguarding framework will be underpinned by preventative measures against Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV), ensuring that we are vigilant to any evolving threats within our communities.

2026/27: Enhancing Digital Solutions for Holistic and Inclusive Safeguarding Across NHS Wales.

In collaboration with NHS Wales and partner agencies, we will drive the development of cutting-edge digital solutions aimed at creating a unified single care record. This integration will facilitate secure, efficient information sharing and enable early identification of safeguarding issues, ensuring swift, appropriate interventions.

Our focus on digital integration will allow us to provide comprehensive, holistic support to both children and adults, addressing their diverse care needs. The systems we implement will continually evolve, ensuring resilience to emerging threats and enabling us to enhance the protection and support of vulnerable populations.



Implementation

3 YEAR STRATEGY

The strategy will be implemented by the corporate safeguarding team in collaboration with Cwm Taf Morgannwg University Health Board care groups, led by the Executive Director of Nursing. The Safeguarding team will co-ordinate delivery plans in order to implement the strategy.

Members of the Safeguarding Operational Board, Executive Group, Care Group, Quality Safety Risk Experience and Quality and Safety Committee should ensure that actions to achieve this strategy are fully embedded within the Care Groups' delivery plans.

Safeguarding and Executive Group members will act as a conduit for information, so that improvement plans can be linked via Safeguarding to the annual Safeguarding Maturity Matrix. The Executive Director of Nursing will continue to have direct access to the Medical Director and / or Executive Lead if matters require immediate escalation and attention.

Multi-Agency Public Protection Arrangements	PREVENT / CONTEST	Female Genital Mutilation	Mental Capacity Act / Deprivation of Liberty Safeguards	Violence Prevention
Exploitation	Modern Slavery	Sexual Safety	Children Looked After	Violence Against Women Domestic Abuse and Sexual Violence (VAWDASV)

Delivery of Strategy



	Role	Responsibilities
SAFE	Ensure there is a high quality, highly reliable and safe systems that avoid preventable harm.	• Work collaboratively with partner agencies to identify best practice, share information and work in partnership. • We will support our staff to exercise 'professional curiosity', promoting a culture of safety where there are safeguarding concerns. • Initiating appropriate and decisive action where abuse or neglect has taken place while in a healthcare setting. • Ensure employee wellbeing is a priority in the management of safeguarding. • Ensure staff will feel psychologically safe to raise concerns and try out new ideas and approaches.
Timely	We will ensure a safe and competent workforce through access to high quality advice, training and supervision.	• Ensure robust learning takes place across the whole organisation. • Implementing and monitoring improvements from learning identified through incidents, reviews, concerns and feedback. • Ensure CTMUHB have access to safeguarding policies and procedures and are confident in their 'Duty to Report; safeguarding concerns. • We will promote a culture of safety where safeguarding concerns can be raised across all areas of the trust. • To deliver robust safeguarding arrangements and appropriate, timely and effective use of procedures to protect those who are most at risk.
Effective	We will demonstrate our accountability through transparent governance arrangements.	• Work collaboratively with partner agencies to identify best practice, share information and work in partnership to safeguard children and adults. • We will always work in partnership with patients, their families and other agencies to safeguard people at risk of harm. • We will learn from local, regional and national reviews to embed best practice standards. • Focus on developing evidence based approaches to safeguarding practice that balances the rights and choices of individuals.
Efficient	We will work in partnership with our statutory partners to improve outcomes for people at risk of abuse or neglect.	• CTMUHB will contribute to the development and implementation of regional safeguarding Policies. • In collaboration with the Regional Safeguarding Board and partner agencies, identify themes and trends to inform early intervention and preventative strategies. • The Health Board will provide robust leadership for safeguarding at every level and across the organisation. • Demonstrate that we are a 'learning organisation' which is informed by the best practice and learning from safeguarding reviews with the ethos of a 'Just Culture'.
Equitable	We will be open and honest when safeguarding concerns have arisen and take the time to explain those concerns clearly.	• We will involve patients in how we respond to their safeguarding concerns. • Training and education; the Safeguarding team to ensure provision of training for all new and existing staff. • All Health Board staff have a responsibility to adhere to Safeguarding policies and procedures. • We will ensure information is provided to individuals in their fist language to enable them to fully engage in processes.
Person Centred	To ensure the voice of children and adults are used to shape and improve services that safeguard them.	• Work alongside carers and young carers, to ensure they receive the support they need to experience good health and wellbeing. • We will ensure our staff have the confidence to routinely ask our service users if they feel safe, if anyone is harming them, and if they need our help. • We will always listen to the voices of children and adults at risk and always seek their views ensuring that any barriers to communication are addressed. • We will involve patients in how we respond to their safeguarding concerns. • We will ask for feedback and learn and improve from patient and staff safeguarding experiences. • Linking safeguarding to spiritual care.

The social services and well being (Wales) act 2014 core principles for protecting children and adults at risk

These core principles work together to create a person centred approach that respect individuals' autonomy while ensuring the safety and well-being of vulnerable children and adults.



VOICE AND CONTROL

Putting an individual and their needs at the centre of their care and support.



PREVENTION AND EARLY INTERVENTION

Emphasises taking proactive measures to identify and mitigate potential risks before harm occurs.



MULTI AGENCY

Strong partnership working between all agencies and organisations to improve the well-being of people in need of care and support.



CO-PRODUCTION

People will be more involved in the design and delivery of their support, working with them and their family, friends, and carers.



WELL BEING

Supporting people to achieve well-being in every part of their lives.



Roles and Responsibilities in Safeguarding

CTMUHB is committed to collaborating with the Regional Safeguarding Board and partner organisations to achieve the objectives of its 2023-2026 strategic plan. Our safeguarding priorities focus on both protection and prevention, ensuring the safety of those in need of care and support.

Protection	Safeguarding children and adults at risk from abuse, neglect, or other forms of harm. Responding effectively to safeguarding concerns to ensure a timely intervention.
Prevention	Implementing proactive measures to prevent children and adults from becoming at risk of harm. Promoting a culture of vigilance and early intervention within all services.
Training and Development	Ensuring that all staff have access to evidence-based training that reflects the latest learnings and best practices in safeguarding. Building a competent workforce that can confidently identify and address safeguarding concerns.
Collaborative Working	Fostering partnerships with national organisations and local agencies to enhance the effectiveness of safeguarding efforts. Sharing information and best practices to ensure a cohesive approach to safeguarding across the region.
Governance and Accountability	Demonstrating accountability through transparent governance structures and regular reporting. Embedding safeguarding practices into the culture of the organisation to ensure it is recognised as "everyone's business".



Ensuring Deliverability of Strategic Priorities

WE ARE WORKING TOWARDS A BETTER FUTURE

To ensure that our strategic objectives and priority areas are actionable and achievable, we will develop a detailed work plan that outlines key deliverables, outcome measures, and timescales. This work plan will be integrated into our annual reporting cycle, providing a structured approach to monitoring and achieving our safeguarding goals.

The Safeguarding Executive Group will be responsible for overseeing the delivery of the work plan, regularly reviewing progress against the defined milestones. They will report directly to the Quality and Safety Committee, (a subcommittee of the Health Board), to ensure transparency, accountability, and continuous improvement.

This approach will enable us to maintain a clear focus on our safeguarding priorities, measure progress effectively, and adjust our strategies as needed to respond to emerging challenges and opportunities.

2024

Q1: Refine resources to redesign training and supervision.
Q2: Assess training impact; align competencies.
Q3: Roll out workshops and supervision sessions.
Q4: Review outcomes and plan improvements.

2025

Q1: Evaluate reporting system effectiveness.
Q2: Promote confidential reporting.
Q3: Run awareness campaigns on VAWDASV blueprint workstreams.
Q4: Implement and evaluate protections against sexual harassment and abuse.

2026

Q1: Scope digital requirements with partners.
Q2: Pilot digital solutions in select departments.
Q3: Optimise data sharing.
Q4: Plan full roll-out based on feedback.

2027

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	**In progress** 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 **Will now be presented to 27 March 2025 Board Meeting**
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**
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	**In Progress** Will now be presented to **27 March 2025 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	**In progress** 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 added to the Board agenda	Director of Digital	Business Case for Connecting care	To be presented to Board for approval	Director of Digital	Director of Digital	28 November 2024	**In progress** Awaiting revised date for presentation
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 27 March 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	**In progress** 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 be presented to the Board meeting on 27 March 2025 for approval
19 December 2024	Request received by email from Assistant Director of Governance & Risk	Assistant Director of Governance & Risk	Stroke Services	To be presented to Board for update	Chief Operating Officer	Chief Operating Officer	30 January 2025	**On agenda** This item is on the agenda for discussion 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	**On agenda** This item is on the agenda for approval 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	**On agenda** This item is on the agenda for approval 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	**On agenda** This item is on the agenda for approval at the January 2025 Board meeting
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	**In progress** This item will be presented to the Board meeting on 27 March 2025 for approval
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	**On agenda** This item is on the agenda for approval 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	**On agenda** This item is on the agenda for information at the January 2025 Board meeting

Completed Items								
22 January 2024	Email request received from the Assistant Director of Transformation, Strategic and Operational Planning	Assistant Director of Transformation, Strategic and Operational Planning	Community Diagnostic Hub & Endoscopy Procurement Process and Business Case	To be presented to Board for approval	Assistant Director of Transformation, Strategic and Operational Planning	Executive Director of Strategy & Transformation	28 March 2024/30 May 2024	**Completed** Received and approved at the In Committee Board held on 28 November 2024
8 May 2024	Email request received from the Strategic Planning & Commissioning Manager	Strategic Planning & Commissioning Manager	CTM Baby & Toddler Voice	To be presented to the Board for information and awareness	Strategic Planning & Commissioning Manager	Executive Director of Strategy & Transformation	30 May 2024	**Completed** This has now been added to the topic list for discussion at future Board Development session
2 August 2024	Suggestion made at agenda planning that this item would need to be presented to Board	Chief Executive Officer	Integrated Medium Term Plan – Planning for next submission	To be presented to Board for awareness	Assistant Director of Transformation, Strategic and Operational Planning	Executive Director of Strategy & Transformation	28 November 2024	**Completed** Report presented to the November 2024 meeting
2 August 2024	Suggestion made at agenda planning session held in August that this item would need to be added to the agenda for November 2024	Chief Executive Officer	Primary Care & Community Services Shift	To be presented to Board for information	Deputy Chief Operating Officer	Chief Operating Officer	28 November 2024	**Completed** Item presented to the Board Development Session held on 12 December 2024
4 September 2024	Request received by email from the Assistant Director of Governance & Risk	Assistant Director of Governance & Risk	Planning maturity matrix Self Assessment	To be presented to Board for approval	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	28 November 2024	**Completed** Item presented to the Board meeting held on 28 November 2024
18 October 2024	Request made by Chair and Chief Executive at agenda planning session	Chair/Chief Executive Officer	Update report on the Princess of Wales Hospital	To be presented to Board for awareness and noting	Executive Director of Finance/Chief Operating Officer	Executive Director of Finance/Chief Operating Officer	28 November 2024	**Completed** Item presented to the Board meeting held on 28 November 2024

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:	**Board Vice Chair**	**Executive Leads for Agenda Planning**
• Jonathan Morgan, UHB Chair	• Kath Palmer, Vice Chair	• 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	⚑		⚑		⚑		⚑		⚑		⚑		⚑ If all actions are complete	⚑ 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	⚑		⚑		⚑		⚑		⚑		⚑		⚑	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑ Except for the annual review in November	⚑ Annual Review only
5. Annual Report (including Performance Report. Accountability Report and Remuneration Report)	Director of Corporate Governance / Board Secretary	Annually							⚑ **TBC**						X	⚑
6. Annual Statutory Accounts	Executive Director of Finance	Annually							⚑ **TBC**						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
7. Board Effectiveness Self-Assessment	Director of Corporate Governance / Board Secretary	Annually					⚑								X	⚑
8. Board Assurance Framework	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		X	⚑
9. Board Committee and Advisory Group Highlight Reports	Director of Corporate Governance/Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑ **(where there are no matters to escalate)**	⚑ **(where there are matters to escalate)**
10. Board Committee Annual Reports	Director of Corporate Governance & Board Business	Annually							⚑						⚑	X
11. Annual Review of Standing Orders	Director of Corporate Governance/Board Secretary	Annually									⚑				X	⚑
12. Amendments to Standing Orders	Director of Corporate Governance/Board Secretary	As and when required													⚑	X
13. Joint Committee Annual Update	Director of Corporate Governance/Board Secretary	Annually			⚑										X	⚑
14. Audit Wales Structured Assessment and Audit Letter	Audit Wales	Annually			⚑										X	⚑
15. Audit Wales Annual Audit Report	Audit Wales	Annually					⚑								X	⚑
16. Risk Management Strategy	Director of Corporate Governance/Board Secretary	Annually					⚑								X	⚑
17. Charitable Funds Annual Report and Annual Accounts	Executive Director of Finance	Annually	⚑												X	⚑
18. Internal Audit Annual Audit Plan	Head of Internal Audit	Annually			⚑										⚑	X
19. Executive Director of Public Health Annual Report	Executive Director of Public Health	Annually									⚑				X	⚑
20. Welsh Language Standards Annual Report	Executive Director for People	Annually									⚑				⚑	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														X
22. Safeguarding Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually														X
23. Carers Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually														X
24. Clinical Education Annual Report	Executive Medical Director	Annually														X
25. Infection Prevention & Control Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually														X
26. Ombudsman's Annual Letter and Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually														X
Staff and Service User Experience																
27. Shared Listening & Learning Story	Executive Director of Nursing / Deputy CEO	All Regular Meetings													X	
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													X	
29. Chief Executives Report (t include updates on Targeted Intervention – Programme of Continuous Improvement in response to Targeted Intervention)	Chief Executive	All Regular Meetings													X	
30. Executive Priorities Update	Chief Executive	Quarterly													X	
Delivering our Plan																
31. Integrated Performance Report (Quality, People & Operational Performance)	Executive Director of Strategy & Transformation	All Regular Meetings													X	
32. Financial Performance Report	Executive Director of Finance	All Regular Meetings													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
33. Annual Plan Quarterly Update	Executive Director of Strategy & Transformation	Quarterly	⚑				⚑		⚑				⚑		⚑	X
34. Capital Update	Executive Director of Finance	Quarterly			⚑		⚑		⚑				⚑		X	⚑
35. Nurse Staffing Levels (Wales) Act Reports	Executive Director of Nursing/Deputy Chief Executive	Bi-Annually					⚑						⚑		X	⚑
36. Working in Partnerships Updates	Executive Director of Strategy & Transformation	As and When Required													X	⚑
37. Regional Partnerships Board 6 Monthly Report	Executive Director of Strategy & Transformation	Bi-Annually					⚑						⚑		⚑	X
38. Public Services Board 6 Monthly Report	Executive Director of Public Health	Bi-Annually					⚑						⚑		⚑	X
Strategic Planning																
39. Integrated Medium Term Plan Approval	Executive Director of Strategy & Transformation	Annually			⚑										X	⚑
40. Acute Services Clinical Plan Progress Report	Executive Director of Strategy & Transformation	All Regular Meetings	⚑ (captured in SDC Highlight Report for January Board)		⚑		⚑		⚑		⚑		⚑		X	⚑
41. Winter Plan Update	Executive Director of Strategy & Transformation/ Chief Operating Officer	Annually											⚑		X	⚑
42. Civil Contingencies & Business Continuity Report	Executive Director of Strategy & Transformation	Annually					⚑						⚑		X	⚑
43. Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy & Transformation	Annually									⚑				⚑	X
44. Llantrisant Health Park Update	Chief Executive Officer	Bi-Annually					⚑						⚑		X	⚑

Agenda Item
8.2.3

CTM Health Board

Board Committee and Advisory Group Highlight Reports

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
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 November 2024.

3. Key Risks / Matters for Escalation

3.1 Key risks and any matters for escalation to the Board are set out in the appended Highlight Reports.

4. Assessment

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

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

Impact Assessment		
Ansawdd *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: ☒
	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 Board is being asked to **NOTE** the following Highlight Reports:

- Population Health & Partnerships Committee 13 November 2024 (Appendix 1)
- Planning, Performance & Finance Committee 14 November 2024 (Appendix 2)
- Quality & Safety Committee 19 November 2024 and 21 January 2025 (On main agenda)
- Digital & Data Committee 29 November 2024 (On main agenda)
- Mental Health Act Monitoring Committee 4 December 2024 (On main agenda)
- People & Culture Committee 5 December 2024 (On main agenda)
- Local Partnerships Forum 10 December 2024 (On main agenda)
- Audit & Risk Committee 17 December 2024 (Appendix 3)
- Hosted Bodies Audit & Risk Committee 17 December 2024 (Appendix 4)
- Stakeholder Reference Group 9 January 2025 (Appendix 5)
- Strategic Development Committee 16 January 2025 (On main agenda)
- Charitable Funds Committee 22 January 2025 (Appendix 6)

Agenda Item
8.2.3 Appendix 1

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE POPULATION HEALTH & PARTNERSHIPS COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Carolyn Donoghue, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Committee Chair and Executive Lead.	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
PSB	Public Service Board
PSRS	Population Segmentation and Risk Stratification
HW	Healthy Weights

1. Situation /Background

1.1 This paper has been prepared to provide the Board with details of the key issues considered by the Population Health & Partnerships Committee which took place on 13th November 2024.

1.2 Key highlights from the meeting are contained in section 3.

1.3 The Board are requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE POPULATION HEALTH & PARTNERSHIPS COMMITTEE

2.1 As a result of the Effective Management of Board Business Review approved by the Board in March and September 2024, the Population Health & Partnerships Committee has been disbanded and a new Committee structure implemented with effect from the 1 January 2025. The 'Population Health & Partnerships' business will form key elements of the new Committee structure, predominantly within the Strategic Development Committee and Operational Delivery Committee.

2.2 The purpose of this Committee was to provide advice and assurance to the Board to assist it in discharging its functions and responsibilities as they relate to **population health across primary and secondary care.** This will have been achieved through various initiatives including partnership arrangements. The Committee will also consider cross-cutting themes and how the organisation is delivering effective service integration and transformation agendas.

2.3 As outlined above this remit has been incorporated within the new Committee Structure, however, the remit has been referenced here to support this highlight report from the last meeting of Population Health & Partnerships Committee in November 2024.

3. HIGHLIGHT REPORT

ALERT / ESCALATE	There were no matters requiring escalation on this occasion.
ADVISE	• A report was received on **Learning From Past Shared Listening & Learning Stories.** The Committee noted the updated on progress and learning from the previous shared Listening and Learning Stories that the Committee had received at the March, May and August 2024 meetings.

	• A strategic update on **Primary Care** was received, noting the Health Board's delivery against Primary Care strategic priorities. • The Committee received a report on **University Health Board Status – University of South Wales Future Relationship Outline Proposals.** The Committee noted the update on University Health Board designation status and the proposed future relationship with the University of South Wales. • **The Director of Public Health Annual Report 2024 – Diabetes** was **ENDORSED FOR BOARD APPROVAL.** The Committee noted that a strategic plan for diabetes was in development which would have an associated delivery plan sitting alongside it which would identify the approach being taken over the next year, in regards to aligning investments and incentives and performance management. • A report was received and noted on the **Health Protection Service** and the **Overarching Strategic Plan** was **ENDORSED FOR BOARD APPROVAL.** • The Committee received a report on **Reducing Smoking Prevalence in CTM,** noting the work being undertaken by the Health Board to reduce harm from tobacco. • A presentation was received on the **CTMUHB CHOICE Service,** noting the work of the CHOICE service, funding arrangements and plans to integrate the service with the Integrated Sexual Health Service. • A report and presentation was received on the **Community Health & Wellbeing Workers – Overview.** The Committee noted the work being undertaken and supported the long-term consideration of this work. • The Committee received a report on the **Regional Partnership Board Further Faster Pathway – Implementation Plan,** noting the update on the work and actions being undertaken and in respect of the Further Faster priorities and the progress made.

ASSURE	• The Committee **received** the **Organisational Risk Register** and reviewed the assigned risks, **noting** the updates in terms of the mitigating actions identified within the report. • The Committee received the **Population Health & Partnerships Committee Final Close-down report for April – November 2024** which was **APPROVED,** noting that the actions proposed in section 2 of the report provided the required assurance that any legacy activity from the Committee had been managed effectively.
INFORM	• A report was **received** on the **Public Service Board** noting current activities of the Cwm Taf Morgannwg Public Service Board and an update of the Board's activities since the last meeting of the Committee. • The Committee **received** and **noted the Strategy Groups Update.** • The **Committee Annual Cycle of Business** for 2024-25 was noted. • The **Unconfirmed Minutes of the Meeting held on the 1 August 2024** were **APPROVED.** • A report on the **PPV End of Year Report 2023-24 (Primary Care Element)** was received and noted. • The **Regional Partnership Board Annual Report 2023-24** was received and noted.
APPENDICES	Not Applicable

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
	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))*	Person Centred	
	If more than one applies please list below:	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not applicable
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*	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

Language Impact Assessment Screening?		
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

4. Recommendation

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

Agenda Item
8.2.3 Appendix 2

CTM Health Board

Highlight Report from the Planning, Performance & Finance Committee

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation Gethin Hughes, Chief Operating Officer Sally May, Executive Director of Finance & Procurement

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
YTD	Year to Date
WG	Welsh Government

POW	Princess of Wales Hospital

1. Introduction

1.1 This report has been prepared to provide the Board with details of the key issues considered by the Planning, Performance & Finance Committee at its meeting held on the 14th November 2024.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 As a result of the Effective Management of Board Business Review approved by the Board in March and September 2024, the Planning, Performance & Finance Committee has been disbanded and a new Committee structure implemented with effect from the 1 January 2025. The 'Planning, Performance & Finance' business will form key elements of the new Committee structure, predominantly within the Strategic Development Committee and Operational Delivery Committee.

2.2 The purpose of the Planning, Performance & Finance Committee was to provide scrutiny and review to a level of depth and detail not possible in Board meetings in respect of planning performance and finance.

2.3 The Planning, Performance & Finance Committee ensured that evidence based and timely interventions are implemented to drive forward improved performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales, and as outlined within the Board's 3 Year Integrated Medium Term Plan.

2.4 As outlined above this remit has been incorporated within the new Committee Structure, however, the remit has been referenced here to support this highlight report from the last meeting of Planning, Performance & Finance Committee in November 2024

3. Highlight Report

Alert / Escalate	• There were no matters requiring escalation on this occasion.
Advise	• The **Month 6 Finance Report** and **Month 6 Finance Performance Report** was received. Members also received and noted a verbal update on the **Month 7 Finance Position** which was reporting the following: **Overall Revenue Position 2023-24:** • The M7 position was a £0.1m surplus in month.

- The M7 YTD position is now a £3.2m deficit. The main driver for the £3.2m YTD deficit is a £9.2m shortfall in savings delivery which is offset by other favourable variances of £(6.0)m.
- The forecast break-even position has been maintained at M7. This forecast assumes that the estimated costs associated with the POW critical incident plus additional support to recover planned care performance will be fully funded by WG (£16.4m funding requested).
- It is important to highlight that the financial risks that the Health Board is trying to manage remain high and there is a significant risk that the forecast break-even position could deteriorate in the coming months.

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 2024/25 was £(2.1)m.
- During M7 the underlying position has deteriorated to a forecast underlying deficit at the end of 2024/25 of £8.3m.
- It is important to highlight, that most of the risks to the In year break-even forecast also apply to the forecast underlying deficit and there is a significant risk that the recurrent forecast could deteriorate further in the coming months.

Savings

- Actual savings in M6 was £1.0m which was £1.2m below the M7 target of £2.2m. The M7 YTD savings is now £6.1m which is £9.2m below the M7 YTD target of £15.3m.
- The M7 forecast In year savings is £12.8m, which is £13.5m below the £26.3m target. This is consistent with M6. These savings plans have been risk assessed as £12.8m Green and £0.0m Amber.
- The M7 forecast Recurrent savings is £13.3m, which is £13.0m below the £26.3m target. This represents a £0.2m improvement from M6.

- The Committee received the **Capital Programme Update for 2024-25** and noted the following:
  - the funding position for 2024-25, commitments made against the allocation and the bid submitted to WG for additional year-end funding.
  - the spend to date, risks regarding delivery and plans in place to deliver a breakeven position.
  - The priority schemes submitted to WG as part of the all-Wales NHS prioritisation framework and work progressing on a number of these schemes.

	• A report was received on the **Integrated Medium Term Plan (IMTP) Setting out this Year's Framework and Commissioning Intentions.** The Committee noted the risks to delivery of a balanced financial plan alongside delivery of the Health Board's objectives. • The Committee received and noted a report on the **Taff Vale Practice Proposed Branch Closures.** • A Highlight Report was received and noted on the **Six Goals for Urgent and Emergency Care**. The Committee noted the work of the Six Goals Programme Board.
Assure	• The Committee **received** the **Organisational Risk Register** and reviewed the Planning, Performance & Finance assigned risks, **noting** the updates in terms of the mitigating action identified within the report. • A detailed review of the **Integrated Performance Dashboard** was undertaken with particular focus and scrutiny in the following areas: - Adult Mental Health Services - Flu Vaccination Uptake - Dermatology - Ophthalmology - Planned Care Recovery - Ambulance Red Calls • A report and Presentation was received and noted on **Ambulance Red Performance.** The Committee were updated on the performance related to red calls presenting to the Welsh Ambulance NHS Trust within the Cwm Taf Morgannwg area. • The Committee received and noted a report on the **Princess of Wales Hospital Phase 1 Roof Coverings.** The Committee noted the update on progress in relation to the building issues and the Accountable Officer letter that had been submitted by the Chief Executive to the NHS Wales Director General on the 25th October 2024. • The Committee received a 'CLOSED' report at it's In Committee Session on the **Regional Diagnostic Programme – Endoscopy and Radiology Business Cases.** The Committee sought further assurances on the associated business cases prior to them being received at the November Board meeting and agreed that any approval would have to be contingent on the Capital and Revenue being

	agreed first. A further update would be provided to the Committee following the Regional Diagnostic Board meeting taking place on the 19th November 2024.
Inform	• A report was received and noted on the **Multi Agency Event held at the Princess of Wales Hospital – April 2024.** • The Committee received the **Planning Performance & Finance Committee Final Close-down report for April – November 2024** which was **APPROVED,** noting that the actions proposed in section 2 of the report provided the required assurance that any legacy activity from the Committee had been managed effectively. • The Committee received for information the **Monthly Monitoring Returns to Welsh Government** for Months 5 & 6. • The **Committee Annual Cycle of Business 2024-25** was received and noted. • The **Minutes of the Meeting held on 27th August 2024** were **APPROVED.** • The **Minutes of the CLOSED In Committee Meeting held on 27th August 2024** were **APPROVED.** • The Committee noted the **Action Log, Forward Work Plan** and the **Outcome of the Committee Self Effectiveness & Improvement Plan** that had been presented as part of the **Legacy Matters.**
Appendices	•

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 /	Not Applicable
	If more than one applies please list below:

Link to CTMUHB Strategic Areas	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *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:
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:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb 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*	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:

Impact Assessment Screening?		
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

Agenda Item
8.2.3 Appendix 3

CTM Health Board

Highlight Report from the CTMUHB Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance/Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the CTMUHB Audit & Risk Committee at its meeting on 17th December 2024.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The Committee will function in accordance with the NHS Audit Committee Handbook as appropriate.

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. These are the Joint Commissioning Committee (JCC) and the National Imaging Academy Wales (NIAW). The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and hosted Committee business discussed and recorded separately.

The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place – through the design and operation of the Health Board system of risk and assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

Highlight Report

Alert / Escalate	There were no matters to alert or escalate on this occasion.
Advise	• The **Internal Audit Progress Report** was received. Members noted that four reports had been finalised, two were in draft and there was ongoing fieldwork in relation to eleven reviews which includes one review for the Joint Commissioning Committee (JCC). • The **Audit Recommendations Tracker report** was received and discussed. Members noted the progress they were making in transitioning to an automated system and suggested further areas of improvement that could be made to the report dashboard.

	• The **Audit Wales Audit & Risk Committee Update** was received and noted. • The Committee received and noted the **Audit Wales Report – Primary Care Follow Up Review.** • The **Audit Wales Report – Review of Cost Savings Arrangements – Final Management Response** was received and noted. • Committee Members received an update on **Cyber Security Risks, Medical Variable Pay** and **the Outcome of the Committee Referral to People & Culture Committee – Recruitment Process Risk Assurance** during the CLOSED In Committee session of the Committee. • The Committee discussed the outstanding finalisation of the Internal Audit Review on **Estates Condition** and were advised that the delays were due to queries regarding whether the agreed scope had been applied to the work. The Committee noted that the revised report was currently being reviewed and would be received at a future meeting of the Committee.
Assure	• The **Local Counter Fraud** report was received. Members noted the detail on the tasks and actions undertaken with the four strategic counter fraud work areas and the work currently being undertaken in relation to recruitment processes and the People Services on spot checks. • The **Organisational Risk Register** Report was received and noted. Members discussed Risk 5417 - Paediatric Dentistry and agreed that this would be reviewed outside of the meeting and a further update provided. • The **Procurement and Scheme of Delegation** report was received. The Committee **APPROVED** the updated FCPs, noted the position on procurement matters for the period 01.08.2024 to 30.11.2024 and the update regarding Purchase to Pay and achievement of PSPP target up to Month 7 of 2024-25. • The Committee received the **Losses and Special Payments Report,** noting the losses and special payments made for the period 1 July 2024 to 30 September 2024. • The Internal Audit Review - **PCH Management Actions Follow Up** was received. Members noted that the review had been allocated a 'Substantial' Assurance rating. • The Internal Audit Review – **Additional Medical Variable Pay** was received. Members noted that the review had been allocated a 'Limited' Assurance rating.

	• The Internal Audit Review – **Energy Management** was received. Members noted that the review had been allocated a 'Reasonable' Assurance rating. • The Internal Audit Review – **Charitable Funds** was received. Members noted that the review had been allocated a 'Reasonable' Assurance rating.
Inform	• The **Unconfirmed Minutes of the meeting held on 17 October 2024** were **APPROVED**; • The **Unconfirmed In Committee Minutes of the meeting held on 17 October 2024** were **APPROVED**; • The **Annual Cycle of Business for 2024-25** was received and noted; • The **Forward Work Programme** was received and noted.
Appendices	None identified.

3. Assessment

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

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

Impact Assessment		
Ansawdd *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 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 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.

Agenda Item
8.2.3 Appendix 4

CTM Health Board

Highlight Report from the Hosted Bodies Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance & Board Business

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
JCC	Joint Commissioning Committee
CTM	Cwm Taf Morgannwg
NIAW	National Imaging Academy Wales

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Hosted Bodies Audit & Risk Committee at its meeting on 17th December 2024.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 The Committee will function in accordance with the NHS Audit Committee Handbook as appropriate.

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. From 1 April 2024, this comprises the NHS Wales Joint Commissioning Committee (JCC) and the National Imaging Academy Wales (NIAW). The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and hosted Committee business discussed and recorded separately.

The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place – through the design and operation of the Health Board system of risk and assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

Highlight Report

Alert / Escalate	• There were no matters for alert or escalation on this occasion.
Advise	• The Committee received and noted an **Update on progress of the Joint Commissioning Committee (JCC)** noting the key issues that have arisen since the last ARC meeting. • The **Internal Audit Report – Mental Health Quality Commissioning Arrangements** was received. Members noted that the report had been given a 'Reasonable' assurance rating.
Assure	• The **JCC Organisational Risk Register** was received. Members noted the JCC risk register as at the 30 September 2024 and the continued work undertaken to date to produce

	a transitional amalgamated risk register and the further work planned to fully develop the CTM Risk Management Strategy and Risk Register for the JCC. The risk register was presented to the JCC at its meeting on the 12 November 2024 to review the risks, consider the controls and mitigating actions and approve the JCC risk register • Members were advised by the JCC Committee Secretary that at the request of the JCC, given the high scoring red risk concerning ambulance performance and capacity the Director of Commissioning for Ambulance Services and 111 had undertaken a review of the risks related to Emergency Ambulance Services commissioning, and that work had been undertaken to develop a consistent approach to risk development across the whole Ambulance Services and 111 commissioning portfolio. On the 12 November 2024 the JCC agreed that Risks 70, 71, 72, 73 and 74 related to ambulance performance and capacity should be closed and replaced with two new risks, specifically: Risk 77 - Commissioning of sufficient Emergency Ambulance Services Capacity Red 15 (replaced risks 70 and 74); and Risk 78 – Utilisation of Emergency Ambulance capacity – Red 25 (replaced risk 71, 72 and 73). The ambulance risks were further discussed at a JCC strategy workshop on 10 December 2024 which provoked very useful discussions on the ambulance performance and capacity risk profiles across the seven Health Boards. The discussions are informing the JCC's risk appetite. Committee members requested that sufficient time is dedicated to the JCC Risk Register's highest risk at future meetings and requested that the Director of Commissioning for Ambulance Services and 111 be invited to the next meeting to provide an assurance on how the ambulance risks were being managed. • The **JCC Audit Tracker** was received. Members noted on the planned audit programme for 2024/2025; and that Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report had now been completed and all actions were now closed. -
Inform	• The **Unconfirmed Minutes of the meeting held on 17th October 2024** were **APPROVED.** • The **Action Log** was received and noted.

Appendices	• Nil

3. Assessment

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Required

Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **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 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.

Agenda Item
8.2.3 Appendix 5

CTM Health Board

Highlight Report from the Stakeholder Reference Group

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Anne Morris Chair, Stakeholder Reference Group
Cyflwynydd yr Adroddiad / Report Presenter	Anne Morris Chair, Stakeholder Reference Group
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
IMTP	Integrated Medium Term Plan
SRG	Stakeholder Reference Group
POWH	Princess of Wales Hospital
PCH	Prince Charles Hospital

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Stakeholder Reference Group at its meeting on 9 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 CTMUHB Stakeholder Reference Group is to provide independent advice on any aspect of UHB business. This may include:

- Early engagement and involvement in the determination of the UHB's overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the UHB's operations on the communities it serves.

2.2 The CTUHB Stakeholder Reference Group will:-

- Provide a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the UHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the UHB's decision making.

3. Highlight Report

Alert / Escalate	• There were no matters requiring escalation to the Board on this occasion.
Advise	• **New Chair Expressions of Interest** A Morris shared that her tenure as Chair comes to end at the end of April 2025 and that the Stakeholder Reference Group would be seeking a new Chair from May 2025 onwards. Expressions of Interest for this role were requested by 31 January 2025.

Assure	• There were no matters for inclusion in this section on this occasion
Inform	• **Urgent Changes Princess of Wales Hospital** Members were updated on Urgent Changes at Princess of Wales Hospital noting that the Maternity and neonatal services building work is on track and will re-open in January 2025. • **IMTP Update** The Assistant Director of Transformation, Strategic & Operational Planning gave an update on IMTP. The update provided members with the context for the planning cycle for the 2025-2028 period. There was a commitment given to continue to update members throughout the process so that members have the opportunity to engage on CTM's planning for the next three years. • **Appreciative Inquiry Update** Members were updated as to the Appreciative Inquiry work which is being undertaken by Healthy Housing and Innovation Working Group led by the Programme Manager for Health, Housing and Innovation. • **National Obesity Week Update** Members were updated as to the very significant challenge around healthy weight in our population and the work which CTMUHB is currently undertaking to develop opportunities to promote and improve services around weight management without our population. • **Work Programme and Forward Planning** Members were asked to forward any additional topics to the Committee Secretariat. There were no topics requested for consideration at this meeting.
Appendices	•

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality**	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A

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

3. Recommendation

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

Agenda Item
8.2.3 Appendix 6

Charitable Funds Committee

Highlight Report from the Charitable Funds Committee

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
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	Dilys Jouvenat, Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Simon Blackburn, Director of Communications, Engagement & Fundraising

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
CCLA	Churches, Charities and Local Authorities (Investment Management Limited)

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Charitable Funds Committee at its meeting on 22.1.2025.

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 an update on the arrangements for the control and management of the CTMUHB's Charitable Funds.

2.2 The Charitable Funds Committee will:

Make and monitor arrangements for the control and management of CTMUHB's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with legislative framework.

Provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.

Oversee the strategic direction and development of the CTMUHB Charity.

3. Highlight Report

Alert / Escalate	There were no items identified for alert or escalation at Board.
Advise	**CTM NHS Charity Communication and Engagement Report** • 'Giving the *Gift of Kindness* – CTM NHS Charity Festive Campaign' – The Committee welcomed an update on the charity's activities from October to December 2024, focusing on the "Gift of Kindness" festive campaign. The campaign aimed to raise awareness and support for the charity, resulting in increased engagement and donations. The importance of focusing on areas with the most engagement for future campaigns and the value of in-person engagement opportunities was recognised. It was noted that overall, the campaign provided a strong platform for future efforts and increased the charity's visibility and support along with increase in donations and applications for charitable funding benchmarked with previous years. • 'Charity-Funded Community Partnership Scheme – Awarded Additional Funding' - The Committee sought assurance on exit strategies when the grant funding for the various projects cease, in terms of the sustainability of services and opportunities for exploring other potential funding routes.

	CTM NHS Charity Forward Look - A comprehensive report was received, and the following key areas were highlighted in the meeting: • A draft **Charity Vision** was shared with Committee Members who were invited to comment. There was detailed discussion around the framing of the vision to ensure clear language and inclusivity. The 'Strategic Pillars' were also discussed in detail and it was agreed that these will be further refined to ensure there is clear alignment to the Charity goals and CTMUHBs wider strategic objectives. • **Charity Brand Development** – the development of a unified brand was supported. The Committee sought clarity on costings of brand development and suggested that the team first explore the effectiveness of internal funding efforts prior to investing externally recognising that there is a balance that needs to be met, taking into consideration the capacity challenges if managed internally. The Committee sought assurance that any investments are accompanied by a clear measurement of success for evaluation purposes. • Noted the update with regards the proposed approach to the future **CTM staff/awards recognition event**. • **Housing Association Collaboration** – the Committee were made aware that there will be a partnership approach to this project incorporating a holistic and strategic view. It was acknowledged that further detail will follow once the activity is underway. **Charity Fundraising Lottery Report –** The Committee supported the recommendation to progress with implementing a charity fundraising lottery with the preferred approach being 'Option C' as recommended in the report, recognising the costs, key risks and mitigations that will be worked through as part of the project. The Committee were assured that there would be a robust framework of financial governance and controls in place to support the scheme.
Assure	**CTM NHS Charity Annual Reports and Accounts 2023-2024-** The Committee endorsed the Charity Annual Report and Accounts to be approved by Board at the end of January and submit to the Charity Commission by the 31 January 2025, subject to minor amendments. The Committee were assured that the accounts have been subject to independent examination by Audit Wales and an unqualified opinion is being proposed. **General Charitable Funds Update to 30 November 2024 -** The Committee noted the activity and balances on charitable funds as at 30 November 2024, and an analysis by both fund type and directorate. Assurance was received that an improvement had been recognised in terms of the Low Value and

	Low Use Funds. It was also noted that following approval of the new hierarchy structure for funds, the Head of Charity & Income Generation will be working on implementing new care group hierarchies, ensuring correct hierarchies are in the system to improve fund usage and to utilise funds effectively. The Committee also acknowledged the ongoing work to update the Investment Policy. **Update on the Expenditure Request Art Manager Role** – A verbal update was received noting the Charitable Fund expenditure request was withdrawn. An agreement had been reached with the Arts Council to advance a project without financial input from CTM or its Charitable Fund.
Inform	The Committee approved the following items on the **Consent Agenda:** • Unconfirmed Minutes of the meeting held on 23 October 2024 • Committee Annual Cycle of Business
Appendices	Nil.

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)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable If more than one applies please list below:

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Required
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **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 The Board is asked to **NOTE** the highlights outlined in section 3 of this report.

Agenda Item
8.2.4

CTM Health Board

IMTP 2024-2027 – Quarter Two Review

Dyddiad y Cyfarfod / Date of Meeting	30/01/2025
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 Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Strategic Development Committee	16/01/2025	Noted

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 Developing an intermediate medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014)

1.2 The board approved the 2024-2027 draft plan for submission to Welsh Government on 28th March 2024. The plan has been subject to review by Welsh Government and NHS Executive officials and a positive collective review meeting was held with officials on 26th June 2024.

1.3 Welsh Government formally approved the Health Board's three-year plan in the summer.

1.4 The 2024-2027 plan is presented as a balanced three-year financial plan, although risks to delivery were assessed and noted during the plan development process.

2. Specific Matters for Consideration

2.1 Following formal approval of the health board's IMTP in March 2024, work commenced on delivery of the agreed plans.

2.2 This report provides a summary of the progress in quarter two.

2.3 The primary measure of impact for the delivery of the IMTP is in the integrated performance report (IPR). This is not replicated here. The secondary measure of progress is in delivery of the actions as set out in the IMTP. Each care group has developed high level plans on a page, supported by more detailed service plans. In addition there are six ministerial templates which provide detail of actions and milestones for delivery, and are included as appendices to this report. These cover the five primary ministerial areas of focus as set out in the NHS Wales Planning Framework 2024-25:

2.3.1 Enhancing care in the community, with a focus on reducing delayed pathways of care
2.3.2 Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
2.3.3 Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
2.3.4 Planned Care and Cancer, with a focus on reducing the longest waits.
2.3.5 Mental Health, including CAMHS, with a focus on delivery of the national programme.

2.4 This report focuses on the delivery of actions as set out in the ministerial templates. However for diagnostic and therapies there was not a specific

template requirement for the IMTP, so a summary of key actions has been provided.

Pathways of care

2.5 The two key work programmes in this area are the further progress of the navigation hub and the development of a health board-wide model of integrated teams and focus on the development of Extended Community Care plus redesign of the community hospital model to improve flow and reduce package of care delays.

2.6 Key progress made in quarter two includes:

Scoping mandate for care homes to contact the Clinical Navigation Hub before 999 unless deemed a life threatening emergency

- Work has begun to train Care Homes.
- WAST are rolling out the LUSCII project which is a new initiative with the Welsh Ambulance service which will see staff in some care homes trained to apply wearable tech on patients so observations can be monitored remotely by the WAST clinical desk until a resources is deployed.

Service model for Allied Health Professionals to support people to stay well at home in conjunction with service provision delivered via Navigation Hub:

- The MDT is building with OTs and paramedics now complementing the team. This will be further developed as part of the Enhanced Community Care programme

7-day duty therapy support to the Primary Care Navigation Hub to support specialist AHP triage of referrals

- 5-day provision in place, referrals received out of hours or weekends are being picked up by team during the week. Additional cover for 7-day provision would require funding.

7-day rapid access to AHP intervention focusing on admission avoidance

- Current provision covers 5-day working model, investment required to extend to 7-day provision

The average 87% success rate for the Navigation Hub has been maintained in quarters two and three.

Primary Care Access

2.7 Progress continues to be made across a number of areas.

- Practices continue to be monitored on a monthly basis against revised targets for 24/25
- There is a high number of patients accessing urgent care via HB urgent dental hub, with a fill rate of appointments between 90-98% in quarter 2.

- Urgent additional orthodontic services commissioned due to immediate retirement of 2 specialists in Community Dental Services. 208 patients have been referred under the new contract to complete treatment.
- There are 14,300 patients on HB dental waiting list. A validation exercise commenced in quarter two to reduce backlog

Urgent and Emergency Care

2.8 E-Whiteboard is in place for Medical SDEC and capital works have been completed at Royal Glamorgan Hospital. Works planned for Princess of Wales Hospital in quarter three have been postponed to quarter four due to the critical incident.

2.9 Work is progressing on a WAST protocol for ambulance handover, for implementation across all acute sites.

Planned Care

2.10 Planned care progress for quarter two was not on trajectory for referral to treatment time targets, however there was improvement in cancer service target achievement. The critical incident has impacted planned care significantly in quarter three but there is an ongoing programme to recover through a range of mechanisms, including provision of replacement theatre capacity and additional outsourced activity.

2.11 The Productivity, Innovation and Transformation Board has been formally launched and a number of work streams had been progressing in advance of this formal launch.

Mental Health and CAMHS

2.12 Performance in Q2 was ahead of the planned trajectory with a compliance at the end of the quarter of 85%. Partnership working with Mental Health Matters is ongoing to facilitate group delivery across the health board region and referrals to the SilverCloud digital platform are increasing.

Diagnostics

2.13 Work has continued to progress on the regional diagnostic programme which is facilitated by the health board on behalf of the South East Wales region. Business cases for community diagnostic hubs for radiology services and regional endoscopy services were considered by the health board in November and the project is progressing the review of the endoscopy business case by Aneurin Bevan and Cardiff and Vale Health Boards.

2.14 The health board continues to make progress in reducing the number of patients waiting more than 8 weeks for a diagnostic test.

3. Key Risks / Matters for Escalation

3.1 While there has been progress made across all areas, there are a number of performance measures that are not currently on trajectory. These metrics will continue to be monitored closely and the actions associated with these metrics will continue to be reviewed and adjusted, where required.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Ageing Well If more than one applies please list below: All are applicable.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(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 quality domains apply.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item. If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☐
	Outcome:	If no, please include rationale below:
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:

Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	
	Resources for delivery of the IMTP are included in the financial plan.	

5. Recommendation

5.1 The board is requested to:

5.1.1 Note the progress of the IMTP actions as set out in the report and the appended documents.

5.1.2 Note the impact on performance and that those areas that are not on trajectory will continue to be monitored and adjustments to plans identified, where required.

6. Next Steps

6.1 The board will continue to receive quarterly updates on progress alongside formal reporting mechanisms in place for the requirements of the NHS Wales Performance Framework, via the Integrated Performance Report.

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25:				
Key focus should be on delivering	• **Enhancing care in the community, with a focus on reducing delayed pathways of care** • **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.** • **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**			
Ref 1:	Development of Urgent and Emergency Care pathways through the development of the Navigation Hub.			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 1:	• Development of a hub which is able to focus on urgent and emergency calls within the community and to sign post individuals to the right care • Implement and embed pathways with ED to reduce unnecessary conveyance to hospital	• Provide clinical support to Care Homes to ensure that the navigation hub as first point of access not WAST or GP • Implement and develop advice line for professionals working in the community • Role of the Hub into the redesign of community services	• Continue maintain delivery of services within the hub • Explore ways for additional resources to expand the hub • Develop confidence within the Hub between stakeholders to ensure the resource is being utilised • Further exploring the role of the Hub as single point of access for community service model	As quarter 3 • Produce a comprehensive vision for the Hub as the SPA and oversight of ECC.
Progress synopsis	Following pathways established • Recognition of Life Extinct for Unexpected Death - ROLE Pathway • Supply of emergency drugs to support EOL patients • Discussions with Emergency Department around redirection Pathways • Professional Advice Line established for health community nursing teams • Discussions around Occ Health through additional AHP funding • Urgent and Emergency Dental Triage & appointments	Established pathways continue to be delivered to support. • 111Press2 for Mental Health • Nursing Home Pathway has been introduced and tested for nursing homes. Focus on encouraging homes to utilise as confidence grows • C3 Radius PTAS - Pulling cases directly from ambulance stack (weekends Mon to Fri service only). • National antiviral scheme introduced for patients at highest risk of hospitalisation • Continue to monitor GDS waiting lists	All pathways introduced in Q1 and Q2 continue. Antiviral numbers significantly increasing putting pressure on the resource. • Discussions commence with LA colleagues around support for residential homes. • Appointment of Occ Health practitioners being undertaken • Hub GP to oversee stack secured over a number of weekends when pressures in ED and acute being escalated and • Continue to monitor GDS waiting lists	All pathways continue to be delivered • Antiviral activity starts to reduce • Continued to provide adhoc delivery of PTAS over the weekend where pressures reported as high and BC called. • OT now placed in Hub • Vision paper produced in draft. • Weekly reporting of activity and successful intervention by the hub on the PTAS service • Continue to monitor GDS waiting lists

Priority area(s) to deliver 24/25:				
Progress synopsis	As above. The Development of the Navigation Hub is progressing well. It is shaping into a centre which is able to divert patients who would otherwise be on route to ED to more appropriate alternative services who are able to support their needs in an alternative setting. The development of the Hub is not in isolation and is a key part of the development of the new integrated model for community services.			
Ref 1				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	• As above	•	•	•
Progress Synopsis	As above			
Outcomes of delivering Ministerial Priorities:				
Ref 1:				
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 1:	• Continue to deliver pathways already implemented • Review and refine pathways as is required to maximise outcomes • Commencement of Advanced Paramedic Practitioners (joint programme with WAST) • Seek funding from Regional Capital Fund for scoping exercise for alternative premises to support future development of the Hub	• Continue to deliver pathways already implemented • Report in progress and outcomes through internal governance structure • Review first Q deliver of Advanced Paramedic Practitioners • Review impact of Occupational Health input • Work to progress the Hub being the SPA for community services • Review of the respiratory ECC • Deliver the oversight for the residential home in	• Continue to deliver pathways already implemented • Report in progress and outcomes through internal governance structure • Explore more opportunities for • Evaluate the residential home pathways to collect learning and explore continuation	• If successful in bid, consider evaluation of the scoping exercise to seek alternative premises and IT infrastructure. • Evaluate all pathways to ensure value based delivery and outcomes

Priority area(s) to deliver 24/25:				
		one locality to test principle • Mandate all Care Homes to use Hub as a first contact before other routes for escalation		
Progress update 24-25	• Paramedics have been engaged within the Navigation Hub team since Jan 24. Working well and embedding into team • 2 x Occupational Therapist engaged within the Nav Hub Team • Respiratory Virtual Wards commenced Jan 2024. Positive outcomes and recurrent funding to continue service has been sought. • Navigation Hub continues to support Nursing Homes – exploring POCT to support rollout to Residential Homes.	<u>Scoping mandate for care homes to contact the CNH before 999 unless deemed a life threatening emergency:</u> • Work has begun to train Care Homes. • WAST are rolling out the LUSCII project which is a new initiative with the Welsh Ambulance service which will see staff in some care homes trained to apply wearable tech on patients so observations can be monitored remotely by the WAST clinical desk until a resources is deployed. <u>Service model for Allied Health Professionals to support people to stay well at home in conjunction with service provision delivered via Navigation Hub:</u> • The MDT is building with OTs and paramedics now complementing the team. This will be further developed as part of the Enhanced Community Care programme <u>7-day duty therapy support to the Primary Care Navigation Hub to</u>	•	•

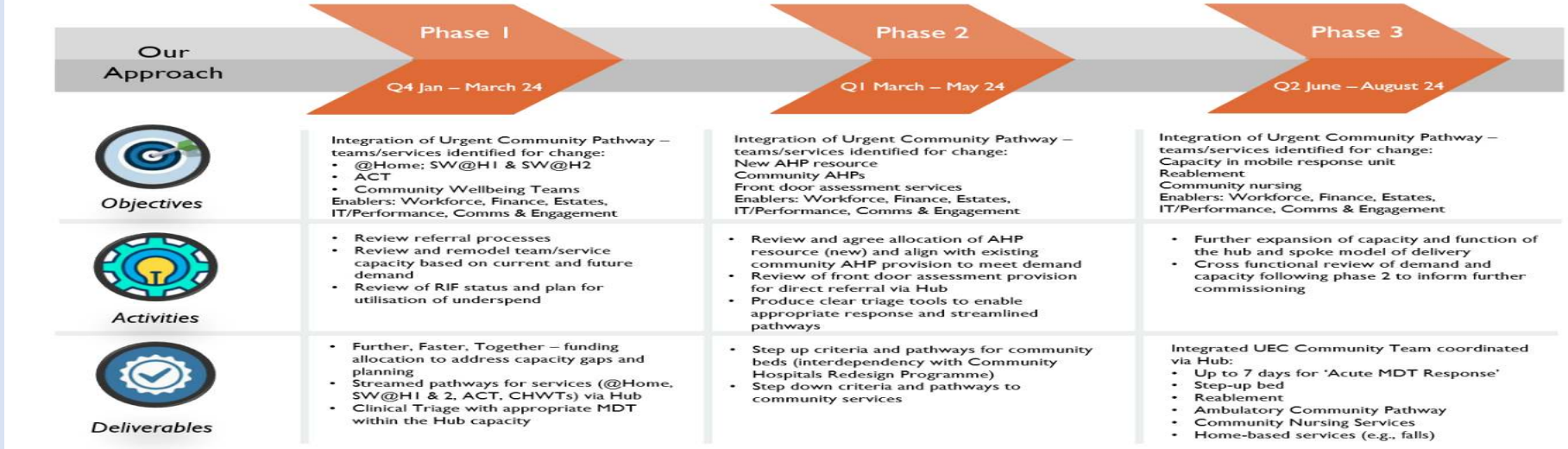
Priority area(s) to deliver 24/25:				
		<u>support specialist AHP triage of referrals</u> • 5-day provision in place, referrals received out of hours or weekends are being picked up by team during the week. Additional cover for 7-day provision would require funding. <u>7-day rapid access to AHP intervention focusing on admission avoidance</u> • Current provision covers 5-day working model, investment required to extend to 7-day provision		
Overarching outcome measures/ metrics:				
The Hub will have an impact on the whole system, taking pressure of primary and community and specifically avoiding unnecessary hospital admissions and keeping people safe at home. The measures are 1. Reduction in unnecessary conveyance by WAST to ED 2. Reduction in admissions into hospital **3.** Increased number of patients who have fallen being supported to get up and stay in own home (safely).				
Baseline position 23/24	**Quarter 1** **76% successful intervention rate**	**Quarter 2** **79% successful intervention rate**	**Quarter 3** **86% successful intervention rate**	**Quarter 4** **87% successful intervention rate**
Performance Trajectories 24/25	**Quarter 1** Maintain 87% average successful navigation hub Nav Hub to be first point of contact for 100% prior to WAST Appoint Nav Hub Lead	**Quarter 2** Maintain 87% average successful navigation hub Mandate all care homes (nursing and residential) to make the Nav Hub the first point of contact prior to other emergency calls	**Quarter 3** Maintain 87% average successful navigation hub Nav Hub to maintain first point of contact for 100% prior to WAST	**Quarter 4** Maintain 87% average successful navigation hub Nav Hub to maintain first point of contact for 100% prior to WAST

Priority area(s) to deliver 24/25:				
		Nav Hub to maintain point of contact for 100% prior to WAST		
Performance review	Average 87% successful intervention rate maintained in Q1. Deep dive being undertaken to review those not successful to understand reason Working with WAST colleagues to ensure the pathways is embedded as first point of contact			
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Impact on the wider system in terms of potential increased urgent care access elsewhere in the system.		Continues to work to develop pathways and see ways to fund the development of the hub. May involve shift in investment.	
	Risks to Delivery		**Mitigations**	
	Availability of clinical workforce Employment contract issues		Ensure that the working environment and support remains robust and Hub is an enjoyable place to work in Being cognisant of National Developments and align local policies and application	
Critical Enablers	**Finance**			
	Funding is made up from 6 goals, Further faster. Detail expenditure plan is currently being worked through as part of Q1 budget reviews.			
	Workforce			
	• The development of the Hub is not being undertaken in isolation and is forming part of the wider development of the integrated community model. It is likely to be the case that some resource will shift from other areas to support the Hub in the absence of any additional funding. Through a workforce planning change skill mix in key priority areas – increase workforce capacity and skill mix • Support and improve wellbeing of our teams • Strong & resilient inter-professional leadership & delivery			
	Digital			
	• Improve the availability of performance data for priority areas to inform service planning, monitoring and evaluation • Digital is key for the Hub to be successful and an increase use of new technology to support patients to live well in the community will be a focus for 24-27			

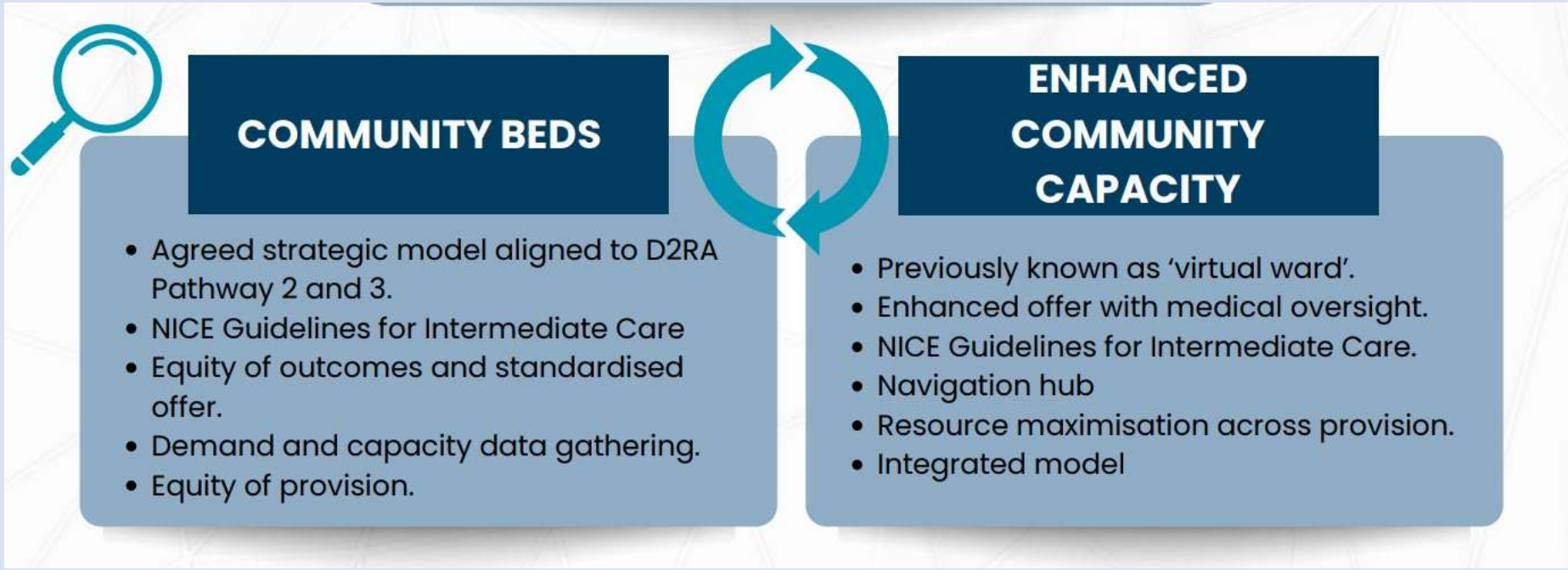
Priority area(s) to deliver 24/25:	
	Other (Specify)
	Estate & Facilities enablers: • The Hub is growing at a pace and with it comes a need for more appropriate premises which also has the infrastructure to support the integrated monitoring hub and also remote monitoring and create environments suitable for integrated teams and patients to access
Prevention & Population Health	**Opportunities identified:**
	There is an association between health literacy and deprivation. It is accepted that we have challenges with our population accessing health and wellbeing services and understanding the link between lifestyle and wellbeing/chronic conditions. A focus needs to be on finding different ways to engage and connect with patients and this requires different approaches to impact behavioural change. Evidence suggests a longer LoS for patients in areas of deprivation.

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
Key focus should be on delivering	• **Enhancing care in the community, with a focus on reducing delayed pathways of care** • **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.** **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme**			
Ref 2:	To transform the community services into a single CTM wide model of integrated teams and focus on the development of Extended Community Care and redesign of the community hospital model to improve flow and POCDs			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 2:	Urgent Care Response - an urgent, un-scheduled, community response for intensive, wrap around MDT support that is time-limited			



The Planning Milestones for the redesign of community integrated model is as detailed above. Alongside this work is another significant work programme to **Redesign our Community Hospitals.** Ensuring that the whole pathways for patients is reviewed and reprioritised and along with enhanced community care. The focus on will be on rehabilitation, complex and step up and step down beds.

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care	
	
Progress synopsis	In respect of redesign of community integrated teams a formal Commissioning Group between Health (PC&C and AHP) and LA colleagues is established and meet on a regular monthly basis to progress the work programme. 1. Integrated service model has been agreed at LLG and RPB. 2. Outline model for the integrated teams has been agreed at ILG and RPB. 3. Pathways for urgent and population health defined and agreed 4. Focus agreed for care homes, ACP, and falls 5. Mapping of workforce and associated work-streams completed across LA and Health have been mapped. 6. Workforce and financial plans will finalised for end Q3. 7. Workstream established and meeting regularly to align integrated services redesign with Navigation Hub as being first point of contact 8. Gap analysis for community nursing specification and principles has been completed. Details of funding gap have been shared with WG. 9. Regular meetings for nursing specification and principles taking place

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	10. Civica has been rolled out to District Nursing day services but not as yet to District Nurse night service but exploring options for the Navigation Hub. In respect of community hospital redesign a programme board has been established and is working alongside the wider Frailty Strategic Programme. Model has been agreed in principle and is waiting final sign off by the Design Authority.			
Outcomes of delivering Ministerial Priorities:				
Ref 2:				
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 2:	• To align the work programme with the Navigation Hub with the community service redesign • Implement community nursing principles • Implement community nursing specification • Implementation of Civica District Nurse Establish the work streams • Map the current workforce and the funding streams associated • Map the current gaps in workforce teams • Undertaken engagement sessions with other stakeholders • Undertake engagement sessions with teams to share and discuss the vision • sing scheduling system • Advertise posts required and identified as part of the Further fast funding • Additional community nursing to ensure that the District Nurse	• Integration of Urgent Community Pathway: @Home, SW@H 1 and 2, ACT, Community Wellbeing Teams • Further, Faster, Together funding allocation plan to address capacity gaps and planning • Streamed pathways for services: • @Home, SW@H 1 and 2, ACT, Community Wellbeing Teams • Establish capacity in mobile response units • Set up clinical triage with appropriate MDT within Navigation Hub capacity **Community Hospitals** • Operational embedding of new discharge policy and evaluation • Implementation of accredited training for trusted assessors • Discharge toolkit • Business case for Integrated	• Integration of Urgent Community Pathway: new AHP resource, community AHPs, front door assessment services • Establish step-up criteria and pathways for community beds • (interdependent) with Community Hospital bed modelling programme delivery) • Establish criteria for step down pathways to community services **Community Hospitals** • Sign-off for implementation • plan for Integrated Discharge Team • Full implementation • of Integrated Risk Escalation Framework	• Integration of Urgent Community Pathways. • Completion of • integration of UEC Community Team coordinated via Hub: for Up to 7 days for 'Acute MDT Response' Step-up bed Reablement • Further demand and capacity review plan for future modelling and commissioning **Community Hospitals** • Audit of D2RA pathways and MADE reviews implemented quarterly on each site • Demand and capacity modelling for all D2RA pathways with integrated commissioning plan for intermediate care.

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	Principles are met as well as focus on frailty nurses, ACP, clinical support for the Navigation Hub. To ensure the opportunity to enhance the AHCP workforce is maximised by shifting resource where it is required. Ongoing **Bed base - Community Hospitals** • New Discharge Policy and user-friendly Discharge Toolkit including choice protocol, • reluctant discharge and homelessness pathway • Data Dashboard to include key performance metrics with capacity for daily • reporting • Daily, weekly and monthly SitRep for each acute and community site containing data related to demand and capacity in patient flow: number of planned discharges • per day, number of patients awaiting beds, bed capacity, transport allocation, number of internal and external delays per ward and per site Operational embedding of re-developed eWhiteboards/eToC/SDN • Operational development and embedding of Discharge Hub as central coordination for flow and discharge activities and daily reporting via Virtual Network meetings	Discharge Team with Section 33 agreement • Monthly review and update of PoCD action plan Demand and capacity modelling for residential/ nursing placements	• Straight to service model for all Pathway 1 discharges for Trusted Assessors • Monthly review and update of PoCD • Integrated strategic commissioning place for residential care aligned to pooled fund.	• Monthly review and update of PoCD action plan

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	(acute, community hospitals, discharge teams and social care). • Continue delivery of Pathways of Care Delays Action Plan and activities supporting effective management of discharge Implementation of Trusted Assessor model across CTM by April 24 – including recruitment and role embedding with integrated site teams (Therapies, Discharge Liaison Nurses, hospital based social care staff)			
Overarching outcome measures/ metrics: 1. Implement a whole system approach to integrated care 2. More people to be cared for in their own homes or home of choice 3. Reduction in duplication 4. Reduction in silo working 5. Reduction in various 'hand offs' and referrals 6. Implementation of Seamless Care 7. Reduction in unnecessary admissions 8. Reduction in unnecessary bed days 9. Increase in the response offered to patients in urgent need 10. Supporting D2RA process 11. Improve flow across the whole system **12.** Increase amount of people receiving enhanced community care **13.** Reduce admission rates **14.** Reduce POCD **15.** Reduction in waits for social care in the community hospitals				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Progress Update 24/27	• New Community Hospital Model has been approved by Operational Management Board and Executive Team. • Implementation plan just being finalised • Workforce model complete			

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	• New JDs drafted for ANPs in Community Hospitals out on TRAC and being progressed • D2RA Process implemented • Discharge Hub in place, and further staff being recruited (band 6 and band 3) • All wards using EWTBs • POCD data being monitored on monthly basis and feeding into the action plan. • Scrutiny continues to take place at the Integrated Discharge Board • Discharge Policy approved and continues to be embedded in Q1. • Unscheduled Dashboard has been implemented • LOS and DPOC not yet reducing but analysis being undertaken to understand why			
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Appointment of the Diabetes Nurse Specialist in DN Improvement in outcome measures set out above.	Improvement in outcome measures set out above.	Improvement in outcome measures set out above.	Improvement in outcome measures set out above.
Risks	**Risks of Non-Delivery**		**Mitigations**	
	CTM will continue to have different models of community services across the CTM footprint		Concerted commitment and effort by all partners to drive the work forward. Monthly reporting and escalation into the governance structure.	
	Risks to Delivery		**Mitigations**	

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care		
	No dedicated resource to support either the redesign and the implementation could delay a 'go live'. Complex and intensive work is carried by those as well as existing role	Concerted effort and commitment by all partners to drive the work forward. Monthly reporting into the HB governance structure
Critical Enablers	**Finance**	
	The plan is for the model redesign to be cost neutral. A full financial analysis will be worked up as part of the plans	
	Workforce	
	A detailed workforce plan will be worked through as part of the programme board. Focus needs to be developing a wider MDT model of nursing and therapists for reablement.	
	Digital	
	Digital technology will be a key part of the programme in order to support patients at home and remotely but to also give them independence	
	Other (Specify)	
	Collaboration through partnerships is critical enabler	
Prevention & Population Health	**Opportunities identified: Development of robust community services which are linked to the hub will produce a system which can prevent individuals from going into hospital and early intervention should result in them being supported at home sooner. Population management for LTC will be a key pathways to follow the UEC pathways.**	

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25: Enhanced Community Services				
Key focus should be on delivering	• **Enhancing care in the community, with a focus on reducing delayed pathways of care** • **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.** • **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**			
Ref 3:	**Flow and Discharge: To reduce Pathway of Care Delays through the robust process for assessing and reviewing PoCD and redesign of community hospitals.**			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 3	▪ Design and delivery of D2RA, ▪ Roll out of 'Optimise' all community hospitals ▪ Structured board rounds and ▪ involvement of MDT ▪ Accurate data input and recording on eWhiteboards ▪ Implementation of ▪ SitRep for monitoring and scrutiny of flow and ▪ discharge processes ▪ SAFER, Red2Green ▪ and Preventing deconditioning Guidance ▪ Establishment of Board to overview redesign of community hospital bed and workforce profile	▪ Trusted Assessor role fully implemented and supporting appropriate ▪ discharge on all 3 sites ▪ Development of Training Modules to support new guidance – mandatory modules ▪ Development of 'Train the Trainer' type toolkit for ward managers, MDT representatives and social care colleagues to support scaling up of the improvement project ▪ Assessment of current Community Hospital Model	▪ End PJ Paralysis plan including educational material, staff coaching, resources for patients and families. ▪ Scaling up Functional Rehabilitation Programme across inpatient areas ▪ Drafting of optimum model for community hospitals with focus on medical model	• Work to embed the D2RA continued • Governance structure for oversight of POCD continues to embed and to report internally and nationally • Focus on embedding the understanding and need for quality of data on eWhiteboards across all teams. • Focus work taken place where data quality requires attention • Draft model for community hospitals and medical workforce model proposal considered by OMB.
Progress synopsis	• Integrated Discharge Delivery Board established with governance and assurance of PoCD delays • Integrated Discharge Policy approved March 2024 in line with national guidance • Revised PoCD reporting, validation and escalation process established • Stranded patient reviews established with MADE methodology with 1st MADE review in PoW 04/24 • Re-launch of redesigned Supported Discharge Notification form and electronic Transfer of Care • Re-launch of redesigned eWhiteboards system with internal and external delay codes aligned to Pathways of Care Delays and D2RA reporting.			

Priority area(s) to deliver 24/25: Enhanced Community Services	
	• Launch of Red2Green/SAFER in acute and community sites – phased and structured project implementation ongoing with anticipated completion date November 2024 • Use of standardised data across health and social care to manage/report on flow and discharge • D2RA/Discharge Hub established as an integrated model and management of discharge in acute and community services supporting implementation of trusted assessor model in place and operational Integrated Discharge Delivery Board (health & social care) overseeing discharge data and discharge delays and form action plans to address barriers to timely and effective discharge. • Draft model for community hospitals and medical modelling approved by Operational Management Board and now awaiting scrutiny and approval by Design Executive. • Opportunities being sought to enhance the Enhanced Community Services – Current delivery through community teams (CHWT & integrated network in Bridgend). Additional services commenced in Q1 for respiratory patients out of the Navigation Hub. • Greater evaluation around the current Enhanced Community Services and this will be taken into consideration for the community services redesign

Outcomes of delivering Ministerial Priorities:				
Ref 3:	Robust Pathways of Care Delays Data Collection and System Validation Process Robust governance and monitoring of delivery POCD improvement actions Downward trend in Average Length of Stay from Emergency Admission in Acute Hospitals Downward trend in Average Length of Stay – Community Hospitals Outcomes needs to be aligned with the Healthy Days at Home and the ECC agreed measures			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 3:	• New Discharge Policy and user-friendly Discharge Toolkit including choice protocol, • reluctant discharge and homelessness pathway • Data Dashboard to include key performance metrics with capacity for daily • reporting • Daily, weekly and monthly SitRep for each acute and community site containing data related to demand and capacity in patient flow: number of planned discharges • per day, number of patients awaiting beds, bed capacity, transport allocation, number of internal and external delays per ward and per site • Operational embedding of re-developed eWhiteboards/eToC/SDN • Operational development and embedding of Discharge Hub as central coordination for flow and discharge activities and daily reporting via Virtual Network meetings	• Operational embedding of new discharge policy and evaluation • Implementation of accredited training for trusted assessors • Discharge toolkit • Business case for Integrated Discharge Team with Section 33 agreement • Monthly review and update of PoCD action plan Demand and capacity modelling for residential/ nursing placements	• Sign-off for implementation • plan for Integrated Discharge Team • Full implementation • of Integrated Risk Escalation Framework • Straight to service model for all Pathway 1 discharges for Trusted Assessors • Monthly review and update of PoCD • Integrated strategic commissioning place for residential care aligned to pooled fund.	• Audit of D2RA pathways and MADE reviews implemented quarterly on each site • Demand and capacity modelling for all D2RA pathways with integrated commissioning plan for intermediate care. • Monthly review and update of PoCD action plan

	(acute, community hospitals, discharge teams and social care). • Continue delivery of Pathways of Care Delays Action Plan and activities supporting effective management of discharge • Implementation of Trusted Assessor model across CTM by April 24 – including recruitment and role embedding with integrated site teams (Therapies, Discharge Liaison Nurses, hospital based social care staff) Community Hospital • Focus on two D2RA bed-based pathways of care Effective discharge - reduction of 'Red' days during person's hospital stay			
Robust Pathways of Care Delays Data Collection and System Validation Process Robust governance and monitoring of delivery POCD improvement actions Downward trend in Average Length of Stay from Emergency Admission in Acute Hospitals Downward trend in Average Length of Stay – Community Hospitals				
Baseline 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Target improvement of LoS: 1) Reduce super stranded patients by 25% by end of Q2. 50% of patients within standard measures. POCD – reduction of	Increase home first pathways (0 and 1) to 95% to reduce delays associated with residential placements Further reduction in POCD by 15%	Increase home first pathways (0 and 1) to 95% to reduce delays associated with residential placements Further reduction in POCD by 15%	Further reduction in POCD by 15%

	assessment delays by 15% per quarter Reduction in red days Evaluate outcomes of Respiratory ECC			
Risks	**Risks of Non-Delivery**		**Mitigations**	
	May lead to patient harm as patients will either be admitted into hospital when it could be avoided or result in a longer stay in hospital		Escalation through governance routes if non delivery or delay is a reality	
	Risks to Delivery		**Mitigations**	
	Protected time and resource to focus on the programme. Non compliance by ward staff		Monitoring against milestones Working with key partners to make happen	
Critical Enablers	**Finance**			
	Redesign needs to be cost neutral and financial plans are in the process of being finalised			
	Workforce			
	Community Hospitals: Higher ratio of therapies to nursing / medical staff - Reduction in medical supervision - Pathway 2 bridging - Care will be delivered by roles similar to domiciliary care workers - Oversight from registrants will be a 'light touch - reablement approach - Pathway 3 - similar ratio to current community beds with allocated medical support and RNS. Clear interventions provided for - Pathway 2 (rehabilitation/reablement) with specified standards and workforce - Pathway 3 with specified standards and workforce			
	Digital			
	Improved information management, data sharing/ technology – enabling D2RA driven care provision i.e. utilisation of E-Whiteboards system			
	Other (Specify)			
	n/a			
	Opportunities identified:			

Prevention & Population Health	The whole redesign of community services (including bed based care) is focused on prevention. Early and timely intervention is the key factor underpinning the programmes.

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25:				
Key focus should be on delivering	• **Enhancing care in the community, with a focus on reducing delayed pathways of care** • **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.** • **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**			
Ref 4:	Further Faster – The specific areas of this programme is to further support the programmes of work identified for the Ministerial priorities, i.e. community nursing, EOL, making communities resilient through Navigation Hub and anticipatory for the top 5% of the population at risk of frailty			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 4:		• Through Commissioning Group development work with LA colleagues to identify what would make the greatest impact. • Care Homes identified as being the greatest need for both health and social care. Especially around falls. • Development and scoping of what would be needed • Additional eyes on clinician employed to support urgent and emergency pathway	• Testing concept with residential homes. • Further work to develop pathways and employ the resource for the respiratory ECC	• Focus was on supporting the Navigation Hub to develop the urgent and emergency response to Care Homes and professional teams. Additional 'eye on clinician' supporting the triaging doctor. Enabled a home visiting service.
Progress synopsis	The aim was not to utilise the funding for new and additional projects but to utilise it to enhance the existing work to develop capacity and capability within the community teams, further supporting frailty and also ECC.			
Outcomes of delivering Ministerial Priorities:				
Ref 4 :				
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Priority area(s) to deliver 24/25:				
Ref 4:	• Undertake recruitment of additional community staff required to increase capacity for 24/7 provision • Work with Palliative Care Consultant Development of plan to delivery ACP education and training • Work to gain demand and capacity information in respect of District Nursing Further development of the Navigation Hub to support professional teams focusing on Advanced Nurse Practitioner role especially around supporting care homes • Focus on Falls response in care homes and wider communities • Further progressing risk stratification work to enable Anticipatory care planning for 0.5% people most at risk of urgent care • Focus on EoL and especially around ACP. Work with Palliative Care Consultant Development of plan to delivery ACP education and training	▪ Continued recruitment of additional District Nursing staff ▪ Focus on frailty to support those in top 5% risk of frailty ▪ Focus on supporting care homes where need is identified by the Navigation Hub ▪ Validate data being identified from the risk stratification	▪ Review the first few months of delivery to assess outcomes and learning ▪ Review and assess impact on the District Nursing Principle	Review the first few months of delivery to assess outcomes and learning Review and assess impact on the District Nursing Principle
Overarching outcome measures/ metrics:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Baseline position 23/24	▪ 24/7 service being delivered ▪ Assessment of needs for District Nursing	As Q1 and in addition	As Q1&2	Identification of Further Faster funding to improve 24/7 provision to reflect

Priority area(s) to deliver 24/25:				
	Principles assessed. All teams are coterminous to general practice populations. Providing continuity for patients and professionals. ▪ All Team leaders in place with SPQ ▪ 12WTE achieved in all but 1 team but this is due to joining of 2 small teams. Team is now more resilient. ▪ Further work to be done around administration	• Recruitment of the band 4 role taken place and demonstrated that enhanced skill mix and career framework in place for HCSW.		demand largely influenced by deprivation.. Additional RGN posts to be recruited
Progress update 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	• Navigation Hub continues to deliver supporting Care Homes • Additional GP in the Navigation Hub to provide eyes on to patients has been engaged. • Finalising the recruitment process for the additional District Nursing Posts to enhance the weekend working. • Review of Marie Curie provision to ensure it is meeting the needs of EOL patients and is maximising capacity.			

Priority area(s) to deliver 24/25:				
	• 2 x Occupational Therapists in place in the Hub since January 24 to support patients who have fallen. Linking in with wider therapy falls team and @home team. • Respiratory Virtual Ward delivering since January to support patients at risk of escalation and supporting at home and avoiding admission • Workshop undertaken in June to develop enhanced Extended Community Care model			

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performance Trajectories 24/25	Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ 15% admin Increase number of RCN by 10WTE	Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ Have optimum administration support in place for DN teams Have a falls response team in place	Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ	Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ

Risks	**Risks of Non-Delivery**	**Mitigations**
	• Failure to recruit into the additional community nursing posts will lead to CTM not attaining the district nursing principles and standards set. • Failure to have appropriate ACP in place will lead to patients being admitted into hospital •	• Robust recruitment plan • Delivery programme of ACP training and advice. Raise awareness of the need for ACP
	Risks to Delivery	**Mitigations**

Priority area(s) to deliver 24/25:		
	• Failure to recruit will have a negative impact on our ability to delivery and therefore less resilience over the winter of 2024 and more patients accessing acute when it could be avoided.	Will need to put additional resource into acute which is what we are trying to avoid
Critical Enablers	**Finance**	
	The forecast to date is full spend of the £1.8million	
	Workforce	
	Final plans are being worked through as priority areas are tweaked and discussions continue with LA colleagues and clusters	
	Digital	
	At this point in time digital is not critical but will be a key enabler are the plans over the year progresses.	
	Other (Specify)	
	Costs for additional community equipment to support patients at home will also need to be prioritied.	
Prevention & Population Health	**Opportunities identified:**	
	Keeping patients safe at home will be key to our resilience as we approach winter. Promotion of the importance of lifestyle and the impact of this on peoples ability to manage LTCs will continue through WISE and other wellbeing and health promotion schemes. Delivery of the NIF programme will be key to keeping individuals protected	

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
- **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.**
- **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**
- **Planned Care and Cancer, with a focus on reducing the longest waits.**
- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

This template has been co-produced with Assistant Directors of Planning

MINISTERIAL TEMPLATE BLANK

All organisations are expected to complete the templates proportionate to their direct or supporting roles and functions.

The completed templates must be collated and submitted alongside the organisation's plan and the completed Minimum Data Set by 29 March 2023.

Send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 24/25:	
Key focus should be on delivering	**Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.** ***Support sustainability and development of robust primary care services through the commissioning of services which are value based and support system pathways and new models of care***
Ref:	New priority/ Continued from 23/24 **(Delete as appropriate)**
Ref:	

Resume of planning Milestones 23/24:

	Quarter 1		Quarter 2		Quarter 3	Quarter 4
Ref:	**Priority**	**Key actions**	**Metrics (performance indicator/ outcome/ output)**	**Timescale Qtr./ Year**	**Update – May 2023**	**Q4 Update**
	General Medical Services and Access	1. Continuing to support practices to find ways to improve access to GMS services 2. Ensure that each practice establishes a PPG 3. Undertake the sustainability desktop exercise on quarterly basis to identify practices at risk 4. Salaried GP Service re-design	1. Ensure 100% compliance of phase 1 & 2 GMS Access Standards 2. Monitor Concerns and complaint for trends, issues and hotspots	Q1-Q4 2023	• Self-assessments received. All 46 practices report 100% compliance. Evidence is being verified. Access forum due to meet on the 24th May. • Sustainability desktop exercise repeated. 4 practices identified at risk have been de-escalated to green following intervention by the PC Team. Continue to support those in	1. All contracts have been reviewed to reflect the unified contract variations. 2. Teams actively monitoring and supporting GP practices who are facing sustainability concerns and exploring options which can be pursued. 6 practices receiving direct support. 3. Rolling programme of Practice Development Visits (PDV) is now in place to ensure

Priority area(s) to deliver 24/25:						
					need with action plan. Review undertaken to ensure changes are embedded. • GMS Practice Development Visit completed and action plan is in the process of being produced for areas of improvement and trends and themes.	monitoring and assurance is gained 4. Health Inequalities programme continues to focus in the North Bridgend Cluster.
	Dental Services Contract Reform and Access	1. Robust commissioning of dental services in areas of need during the re-tender of dental contracts 2. Review of CDS / DTU services 3. Development of model and workforce plan 4. Engagement with teams and stakeholders 5. Encourage participation in the ACD programme	1. Monitor the urgent and emergency activity 2. Monitor the follow up activity 3. Monitor will be determined by the national dental contract measures 4. MOS activity 5. CDS activity 6. D2S & Gwen a Byth activity	Q1-Q4 2023	• Activity is being reported into the Heath Boards Performance and Improvement Board. • 3 contracts handed back. 1 tender completed and another tender for large contract in Bridgend due to take place. 3rd was taken on by neighbouring practice. Provides opportunity to redistribute dental contract to meet	• No further contract resignations have been received and all contracts have been re-tendered. • New contractor in Bridgend due to commenced in January 2024 and patients are being allocated centrally via the waiting list. • Urgent & Emergency Dental Service continues to manage calls and waiting list – demand is increasing.

Priority area(s) to deliver 24/25:							
						needs of population. • Practices have agreed to work with the HB to offer additional urgent access appointments. • Urgent and Emergency appointments now handled through Navigation Hub • Review of salaried Dental Services taking place to ensure in line with WHC and to maximise efficiencies and activity. Part of wider OCP process • HEIW workforce planning event due to take place 24th May • Regular meetings with LDS to ensure smooth transition for contract reform • Engagement with dentists regarding ACD regularly taking place.	• First dental collaborative has met and is being funded centrally in the absence of it being included in contract reform. • Regular reporting of Dental activity reported into the Care Group's Planning, performance and Finance Board and through to Operational Management Board. • Final end year and mitigations 2022/23 completed. • Mid-year reviews currently taking.	

Priority area(s) to deliver 24/25:						
	Optometry Services Contract Reform and Access	1. Preparation for the phasing of the new optometry contract 2. Engagement with contractors, WG and other contractors on an ongoing basis. 3. Development of team so it is in place to and ready to take on the additional workload 4. Once contract details finalised prepare a plan for the engagement and commissioning of the services from each contractor 5. Further support the shift of activity done traditionally in eye care services from hospital to community optometry, e.g. wet AMD, HCQ,	1. Monitoring will be determined by the national measures as agreed by the contract 2. Continue to monitor uptake of the specialist services such as glaucoma, cataract, diabetic retinopathy, IPOS and EHEW and low vision services	Q1-Q4	• Preparing for the implementation of the new contract. • A part of wider HB OCP ensuring the resources are in the team to enable them to manage this additional work. • Regular dialogue with SEWROC. • Optometry collaboratives established. • Delivery of specialist eye care services undertaken in conjunction with secondary are and activity/progress reported through to Care Group and Board governance process. • Joint meetings taking place to discuss the implementation of other specialist services, such as wet AMD and HCQ.	• Additional post is in the process of being recruited into as part of OCP • All practices participating in WGOS1-3. • WGOS4 services are in place and further refinement to comply with national pathways is taking place. Good engagement from the Clinical Director and teams in the Hospital Eye Care Service.

Priority area(s) to deliver 24/25:						
		glaucoma and cataract.				
Progress synopsis	Please see above		Please see above		Please see above	Please see above
Ref:						
Progress synopsis						
Outcomes of delivering Ministerial Priorities:						
Ref:	Outcome metrics comply with the national metrics agreed in the contracts and deliver accessibility for patients.					
Ref:						
Planned Milestones 24/25						
	Quarter 1		**Quarter 2**	**Quarter 3**		**Quarter 4**
Ref:	1.Implement the new independent contract changes and metrics for 25-26 as directed 2.Support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 3 scoping meeting to discuss workshop around new models of care 4, considerations of priorities from Acute Clinical Services Plan to formulate plan for shift in services		1. Assess and support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 2. Continue to explore and implement new models of care across PC through a workshop with LMC and clusters 3. Workshop/mtg to review ACSP and look at opportunities	1.Assess and support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 2.develop service specifications to support the ACSP priorities 3 Mid-Year review of contracts and delivery		1. Continue to maximise delivery of the out of hospital services for optometry, dental and GMS in line with the clinical services plan
Delivery update	Q1 update GMS • Monitoring of escalation levels at practice level continues weekly					

Priority area(s) to deliver 24/25:				
	• Continuing to supporting practices who are reporting level 3 and 4 • Exploring new models of Practice Model • Work to enhance resilience community teams wrapped around GMS Dental • New dental metrics implemented from 1st April, new CVN notices to be signed by contract holders for 24/25 • Practices on contract reform mandated to provide urgent access via Urgent up and take on 25% of New patients from waiting list • 1st June: new practice opened [Bridgend] to replace closed NHS contract • Reduced contracts from 23/24 remain reduced going into 24/25 in order to re-commission activity during 24/25 • Monthly monitoring of dental access / waiting lists	• Practices continue to be monitored on a monthly basis against revised targets for 24/25 • High utilisation of patients accessing urgent care via HB urgent dental hub, fill rate of appointments between 90-98% in Q2 • Urgent additional orthodontic services commissioned due to immediate retirement of 2 specialists in Community Dental. 208 patients referred under new contract to complete treatment. • 14,300 patients on HB dental wating list- validation exercise commenced in Q2 to reduce backlog	• Mid year review process undertaken: 74% practices on target, 26% under target- figures are not indicative to YE achievement • Following validation exercise of the dental waiting list, numbers reduced to 12,289 patients at end of Q3 • New practice established in Q1 has already accepted 2,348 patients from waiting list • EOI undertaken and HB approval given to invest £1m to improve access to dental services. Practices to deliver from Jan'24 creating access for additional 4,704	

Priority area(s) to deliver 24/25:				
	• New operational management structure commenced for salaried dental services • Discussions with Secondary Care Colleagues to reduce backlog waiting lists for Paediatric GA and Special Care GA • 24 June: 1st dental collaborative group established Optometry • Enhanced Optometry Contract implemented.	• SCD Dental: End of Q1, 47 patients in system for GA, Q2= 48 patients remain waiting for treatment under GA. Primary care invited to attend 642 to bid for ad-hoc lists for the service to increase no.paitents seen • Paeds GA: Backlog of 876 children waiting for dental treatment under GA. validation exercise commences in Q2 to reduce backlog.	patients who will be allocated solely from HB waiting list • Second orthodontic contract commissioned for CDS patients, 238 patients [previously waiting list 2.5 years] will be seen from Jan 2025 [Q4]. • Review of CDS structure continues, OCP to create new Band 5 nursing posts for specialist services/creation of central booking team to increase clinic utilisation figures, improving access to patients • SCD Adults -- due to additional GA lists via 642 process, 37 SCD patients remain in system in Q3 • Paeds GA: validation exercise and ad hoc lists have reduced backlog 746 children in system, 560 will convert to GA. The cancellation of all regular GA and ad hoc lists will increase backlog in Q4.	

Priority area(s) to deliver 24/25:				
	• Implementation plan for WGOS4 submitted. • Enhanced Services (Glaucoma Refinement/Diabetic Retinopathy/WetAMD progressed and brought in line with WGOS4	• Increase of WGOS 5 appointments provided 1278 [Q2] compared to 1,274 [Q1]. • Small increase in WGOS 2 in Q2 compared to Q1, however growth is significant compared to previous year 23/24[21%] • Local Urgent Wet AMD scheme transitioned to WGOS 4 [Sep] Q1-80 claims, compared to 34 claims in Q2 • Glaucoma Filtering WGOS 4 developed for implementation in Q3 [anticipated referral refinement for 134 patient p/m reduces flow into HES • Glaucoma monitoring [local pathway] Q2 45 claims, compared to 53 in Q1. • Diabetic Retinopathy local scheme continues. 339 claims in Q2 compared to 255 in Q1 [increase 25%]	• Glaucoma Filtering WGOS 4 implemented in Oct, claims will be seen in Q4. • Expression of Interest exercise completed for new optometrist provider in Parc Prison- new contract to start April 2025. • Development of Eye Care Needs Assessment commenced Q3, deadline for WG sign-off end Q4 WG sign off • Transformation monies approved by WG to identify patients on Opthalmology list suitable for WGOS pathways • Primary/secondary care developing HCQ screening pathway to enable screening in practices [1000 patients in HES]	

Priority area(s) to deliver 24/25:				
		• Implementation of M365/NHS email for optometrists- this improves improve quality and timely submission of referrals		
Overarching outcome measures/ metrics:				
Key metrics will be as per the NHS Wales Performance Framework 2024-2025 and will include access requirements: 11. Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours 13. Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Improvement trajectory			
Performance delivery 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	• 100% of practices achieved Access Standards • 95% of practices have achieved the GDS contract value			
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Impact on patient care in terms of primary care access Impact on the wider system in terms of potential increased urgent care access elsewhere in the system.			
	Risks to Delivery		**Mitigations**	
	Key risks for primary and community care are: • Levels of demand across all elements of primary care. • Ability to recruit key staff across all staff groups and to compete with other Health Board areas		Continue to monitor the current position of contractors and provide proactive support Continue to explore ways to monitor demand Direct resources where they will have maximum impact and positive outcomes	

Priority area(s) to deliver 24/25:		
	where deprivation and workload is less and therefore jobs are more attractive. • Delivery of recurrent cash releasing savings when service delivery is to shift into the community	Designing systems and process which mutually support all elements across the Care Group
Critical Enablers	**Finance**	
	Workforce	
	• Through a workforce planning change skill mix in key priority areas – increase workforce capacity and skill mix • Support and improve wellbeing of our teams • Strong & resilient inter-professional leadership & delivery	
	Digital	
	• Improve the availability of performance data for priority areas to inform service planning, monitoring and evaluation • Increase use of technology to support patients to live well in the community, e.g. remote monitoring through telehealth, virtual wards, and digital options to support more prudent delivery of care for example wound care. • IT and digital infrastructure to support the Navigation Hub which will be the single point of access for community services and remote monitoring	
	Other (Specify)	
	Estate & Facilities enablers: • Development of an integrated Primary Care and Community estates plan supporting out of hospital delivery aligned to clinical services strategy • Identification of premises which has the infrastructure to support the integrated monitoring hub • Create environments suitable for integrated teams and patients to access	
	Opportunities identified:	

Priority area(s) to deliver 24/25:	
Prevention & Population Health	There is an association between health literacy and deprivation. It is accepted that we have challenges with our population accessing health and wellbeing services and understanding the link between lifestyle and wellbeing/chronic conditions. A focus needs to be on finding different ways to engage and connect with patients and this requires different approaches to impact behavioural change.

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
- **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.**
- **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**
- **Planned Care and Cancer, with a focus on reducing the longest waits.**
- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

This template has been co-produced with Assistant Directors of Planning

MINISTERIAL TEMPLATE BLANK

All organisations are expected to complete the templates proportionate to their direct or supporting roles and functions.

The completed templates must be collated and submitted alongside the organisation's plan and the completed Minimum Data Set by 29 March 2023.

Send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 24/25:

Implementation of Same Day Emergency Care services that complies with Ministerial priorities:
· Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2
· Is accessible at key times evidenced by the emergency care demand profile in of each hospital
· Is direct access and bypasses Emergency depts
· Delivers a service for at least medical and surgical same day care
· Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.
· Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

Key focus should be on delivering	

Ref:	Continued from 23/24 **(Delete as appropriate)**
Ref:	

Resume of planning Milestones 23/24:

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services
Progress synopsis	No key milestones in Q1.	No key milestones in Q2.	The 3 acute sites are at different points of development. Prince Charles Hospital update; -There is a defined SDEC area however WAST will not have access to SDEC initially however this will follow at later phases. - Medical SDEC environments will be identified by end of year. - Staffing models will exist against defined environments, however for phase 2 onwards additional resource will be required to achieve full realisation of the plans. -SDEC opening hours may be phased starting 8-8. - Medical SDEC will pull from ED/Assessment Units of appropriate patients upon opening – ED will form part of phase 2	Prince Charles Hospital - the capital work is due to be handed over during Q4 with plan to officially implement SDEC during March 2024. The scheme was prioritised by the HB's Capital Board for delivery from its capital funding for 23/24. The delivery model has been developed for SDEC at PCH setting out the flows which will be phased with later phases contingent on additional nursing and medical staffing – over and above significant existing HB resource and an SDEC grant contribution.

Priority area(s) to deliver 24/25:

Implementation of Same Day Emergency Care services that complies with Ministerial priorities:
· Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2
· Is accessible at key times evidenced by the emergency care demand profile in of each hospital
· Is direct access and bypasses Emergency depts
· Delivers a service for at least medical and surgical same day care
· Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.
· Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

			however GP expectant patients will form part of Phase 1 and the Frailty development is already operating within the CDU/AMU. Royal Glamorgan Hospital update; - AECU in place in RGH. - Direct access to AECU for GP expected patients arriving by ambulance. - Appropriate patients are directed to AECU where possible. - Staffing establishment in place however not benchmarked against standards (Nurse Safe Staffing Act doesn't cover AECU/SDEC areas). - Defined opening hours, however during winter months AECU used overnight and on weekends as surge capacity. - Suitable patients from ED/Assessment Units are identified continually throughout the day and at PTWR and morning huddle.	
Outcomes of delivering Ministerial Priorities:				
Ref:				
Ref:				
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	-Establishment of a 24 hour Navigation Hub -Expanding and Defining Existing Services	- SDEC development phase 2/GP stream - Develop workforce model to support phase 2	- Scope development of WAST direct access -Implement phase 2	-Explore phase 3 for SDEC PCH Explore Virtual Wards utilising data

Priority area(s) to deliver 24/25:

Implementation of Same Day Emergency Care services that complies with Ministerial priorities:

· Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2
· Is accessible at key times evidenced by the emergency care demand profile in of each hospital
· Is direct access and bypasses Emergency depts
· Delivers a service for at least medical and surgical same day care
· Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.
· Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

	-Creation of a Directory of Services			-Direct to SDEC ED referrals
Ref:	-CTM Navigation Hub deployed fully and accessible by GP's, WAST and Nursing Homes to refer patients in to secondary care -Map existing services -Referral routes identified for Existing Services -Gap Analysis completed with opportunity to centralise if possible -Directory of Services to support patients on a pathway approach	-Navigation Hub to have ability to book pre-arranged slots for Medical SDEC on acute sites -Data to be captured to understand value of running seven day services against cost on all three acute sites -Second Phase E Whiteboard development to begin, incorporating an SDEC viewer to support patients and data collection	The Navigation Hub will be able to direct WAST to offload in a defined SDEC area - Medical SDEC environments will be identified - Staffing models will exist against defined environments - Medical SDEC will have defined opening hours, and organisational policy will be to not bed down in SDEC - Medical SDEC will pull from ED/Assessment Units of appropriate patients upon opening	-Consistent data reports in relation to Medical SDEC numbers -Clinically led review of data to understand if setting up of virtual wards would add value -Discussion to consider value from an individual site basis against having an organisational stance (a virtual ward for CTM) -Pilot of direct referrals in to Medical SDEC from ED Nurse Triage
Delivery update	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Updates on Navigation Hub in Pathways of care document.			

Overarching outcome measures/ metrics:

Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	-Navigation Hub to develop workforce model to support 24 hour implementation -Discussion with WAST/NCCU to increase utilisation of Navigation Hub -Navigation Hub to be expanded to take GP Calls from Primary Care to direct appropriately -Medical Same Day Emergency Care approach to be	-Booking system to be confirmed through work between Navigation Hub and Secondary Care -Data collection to be cleansed to support validity and accuracy of information -Process mapping to support the design of the second phase E Whiteboard development -Assumption that the Medical SDEC viewer for the E Whiteboard will be in a standalone unit	-Medical Same Day Emergency Care will be added as a disposition for the Navigation Hub for WAST -WAST will not be allowed to bypass the Navigation Hub, as the Hub will maintain system oversight -Discussion and formalisation around communication strategy for colleagues in WAST/NCCU	-ICT colleagues to collaborate in design of virtual ward -Business case to be designed and submitted to support virtual ward set up and working -Data to inform strategy against delivery of virtual ward -Acute Medical leads asked to design pilot of direct referrals from ED -Nurse triage in to Medical SDEC

Priority area(s) to deliver 24/25:

Implementation of Same Day Emergency Care services that complies with Ministerial priorities:
· Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2
· Is accessible at key times evidenced by the emergency care demand profile in of each hospital
· Is direct access and bypasses Emergency depts
· Delivers a service for at least medical and surgical same day care
· Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.
· Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

	standardised across Cwm Taf Morgannwg -Submission of Capital Estates request to improve environments -Continue against current recruitment plans -Process Map current pathways against data points with support from Performance and Information	-Build in a marker to support identification of patients who may be on an SDEC pathway but "overnight" – these may remain in Assessment Units -Review current demand data to understand any additional workforce requirements	-Areas defined specifically for Medical Same Day Emergency Care will exist on three acute sites -A CTM Standard Operating Procedure for Medical SDEC will be defined to demonstrate how the areas will function to support flow	-Data capture and reporting to be set up to monitor outcomes of patients to demonstrate value
Performance update	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	-Prince Charles Hospital - Capital work completed, Medical SDEC unit is open and taking direct referrals from ED and GPs. Further pathways are being mapped, to be implemented when Medical and Nursing workforce in place. -Recruitment of 2 x WTE consultants with one in post and the second to start mid-August 2024. Further medical and nursing recruitment ongoing. -Princess of Wales Hospital- Capital Estates plans in development. -SOPs in draft and development across all sites to standardise SDEC approach, including not bedding into Medical SDEC units.	E-whiteboard dashboard is in place for medical SDEC. Capital works completed at RGH.	Work planned for PoWH has been postrponed to Q4 due to the critical incident.	
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Current constraints within the medical workforce in order to deliver on all three sites. Financial risk to deploy workforce model seven day Current data demonstrates poor value where seven day services have been trialled within Cwm Taf Morgannwg, with increased cost for very little patient benefit		Getting the right patient to the right place on time leading to a reduced admission rate Decreased congestion in Emergency Departments Decreased bed waits within the Emergency Department by offering an agreed, safe alternative stream	

Priority area(s) to deliver 24/25:

Implementation of Same Day Emergency Care services that complies with Ministerial priorities:
· Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2
· Is accessible at key times evidenced by the emergency care demand profile in of each hospital
· Is direct access and bypasses Emergency depts
· Delivers a service for at least medical and surgical same day care
· Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.
· Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

	Capital works required in order to provide fit for purpose estates to allow the complete segregation of SDEC services on Prince Charles and Princess of Wales Hospital sites	
	Risks to Delivery	**Mitigations**
Critical Enablers	**Finance**	
	There is a capital requirement of £120,000 to support the development of an identified appropriate environment within Prince Charles Hospital footprint. There is a capital requirement of £20,000 to support the development of an identified appropriate environment within Princess of Wales footprint. Revenue requirements for staff recruitment are costed and within scope for therapies as described above. Revenue in place to recruit an additional 2 x WTE consultant posts, but would still leave a shortfall against aim of 7.4WTE on each acute site.	
	Workforce	
	As part of a standardised offering across Cwm Taf Morgannwg, we aim for a 7.4WTE consultant workforce aligned with Medical SDEC on each acute site - A therapy recruitment plan is in place to improve access within Medical SDEC to support early intervention with patients. This equates to the following across the organisation: o 2 x Band 6 OT o 1 x Band 6 Physio o 1 x Band 7 Physio o 1 x Band 7 Falls AHP Lead o 1 x Band 6 Speech and Language Therapist o 1 x Band 6 Dietician o 4 x Band 4 Health Care Support Workers	
	Digital	
	Other (Specify)	
Prevention & Population Health	**Opportunities identified:**	

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
- **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.**
- **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**
- **Planned Care and Cancer, with a focus on reducing the longest waits.**
- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

This template has been co-produced with Assistant Directors of Planning

MINISTERIAL TEMPLATE BLANK

All organisations are expected to complete the templates proportionate to their direct or supporting roles and functions.

The completed templates must be collated and submitted alongside the organisation's plan and the completed Minimum Data Set by 29 March 2023.

Send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 24/25:

Health boards must honour commitments that have been made to reduce handover waits.

This will be supported by:
The provision of equitable Emergency Pressure Escalation procedures

Key focus should be on delivering	

Ref:	Continued from 23/24
Ref:	

Resume of planning Milestones 23/24:

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	Implementation of CTM Emergency Pressures Escalation Procedure. Building existing plans to provide a pan CTM approach to the effective management of capacity and escalation across all areas within the Cwm Taff Morgannwg University Health Board. Review of workforce and Demand and Capacity modelling required for each site ED Digital Project Group to be established Support implementation of WPAS merger	Reduction in ambulance lost hours Roll out of >1 and 12 escalation hour action card Completion of Demand and Capacity modelling for all 3 sites Undertake patient profiling exercise to better understand ED demand Electronic tracker to support deep dive into patient pathway stages in ED to identify delays / barriers impacting on flow Heightened focus on exit blocks and hospital flow Realignment of workforce as part of an invest to save programme to secure a substantive and sustainable staffing model and reduce expensive agency spend Development of an Urgent Treatment Centre for GP referrals at PCH Relocation of Paediatric area in RGH to work towards compliance with national standards Implementation of RATs on PCH site Mapping of patient pathways and data capture across ED to standardise reporting	Emergency Pressures Escalation Plans ability to respond to seasonal variation Secure enhanced, timely support for non-emergency patient transfer service Work with WAST to facilitate transfer of patients to Radiology Continued engagement with GIRFT/SEDIT	Emergency Pressures Escalation Levels shared pan CTM

Priority area(s) to deliver 24/25: <u>Health boards must honour commitments that have been made to reduce handover waits.</u> This will be supported by: The provision of equitable Emergency Pressure Escalation procedures				
		Site wide engagement with Internal Professional Standards Engagement with GIRFT/SEDIT		
Progress synopsis	• Trajectories agreed; • Weekly performance meetings in place; • Ambulance Handover Escalation Card in place • Focused improvement programme to reduce Ambulance Handover delays "go live" at Royal Glamorgan Hospital. • Workforce reviews commenced • Demand and capacity modelling commenced in PCH • Digital Project Group commenced and programme of work agreed (Electronic huddle, cas card, GP discharge letters and live validation • Standardisation of coding and drop down list to support WPAs merger completed	• Review adherence to escalation procedure/action and outcomes; • Roll out of handover improvement plan at Prince Charles and Princess of Wales Hospitals; • RCA for any delay >4 hours; • Progress patient flow work streams through Six Goals Programme. • UTC Project Group commenced in July and programme of work agreed • Local engagement with a view to implementation of Internal Professional Standards commenced on PCH site specialties • GIRFT/SDEIT visits too plan in June. Continued engagement with National Programme to continue	• Review escalation level reporting across CTM by day; • Review ability/timeliness in de-escalation; • Review action cards and supporting documents; • Ensure plans resilient to respond to seasonal variation.	• Launch of WAST • ICT colleagues to collaborate in reporting escalation levels on the intranet
Ref:	**4 Hour Ambulance Handovers:** Q1 No more than 750 ambulances over 4 hours	**4 Hour Ambulance Handovers:** Q2 No more than 510 ambulances over 4 hours	**4 Hour Ambulance Handovers:** Q1 No more than 360 ambulances over 4 hours	**4 Hour Ambulance Handovers:** Q1 No more than 150 ambulances over 4 hours
Progress synopsis	Q1 – **452**	Q2 – **421**	Q3 – **619**	Q4 – 802
Outcomes of delivering Ministerial Priorities:				
Ref:	15 minute handover improved from 19.6% (2022) to 26.2% (2023)			
Ref:	1 hour handover improved from 51.8% (2022) to 63.8% (2023)			
Ref:	4 hours handover improved from 81.3% (2022) to 90.8% (2023)			
Planned Milestones 24/25				

Priority area(s) to deliver 24/25: <u>Health boards must honour commitments that have been made to reduce handover waits.</u> This will be supported by: The provision of equitable Emergency Pressure Escalation procedures				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	• 2024/25 trajectories to be reviewed and agreed. • Agree reporting and monitoring processes in line with new Directorate (following OCP process); • Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report; • Review the impact of the collaborative pilot between WAST and RGH to ensure clinically safe and dignified pathways for patients into ED following arrival by ambulance by reducing, where possible, handover delays and to deliver early diagnosis and treatment; • Explore test of change to introduce a Discharge Lounge into RGH to reduce crowding within the ED.	• Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report; • Possible roll out of WAST protocol across all CTM sites.	• Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report; • Emergency Pressures Escalation Plans ability to respond to seasonal variation.	• Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report;
Ref:	**4 Hour Ambulance Handovers:** 730	**4 Hour Ambulance Handovers:** **s** 660	**4 Hour Ambulance Handovers:** 666	**4 Hour Ambulance Handovers:** 674
Delivery review	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
		Review of D&C data completed in PCH, and ongoing in RGH and PoWH Operational processes: • Action card being developed for 4 hour breaches backed up		

Priority area(s) to deliver 24/25:

<u>Health boards must honour commitments that have been made to reduce handover waits.</u>

This will be supported by:
The provision of equitable Emergency Pressure Escalation procedures

		• by exception report data • Outcomes to be reviewed quarterly and reported through the board Work is progressing to explore the WAST protocol.		

Overarching outcome measures/ metrics:				
Ref:	15 minute handover rates			
Ref:	**1 hour handover rates – 24/25 performance trajectory**			
Ref:	**4 hours handover rates – 23/24 actual position**			
Ref:	Ambulance lost hours			
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Q1 – **452**	Q2 – **421**	Q3 – **619**	Q4 – **802**
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	730	660	666	674
Performance actual	978 over 1 hour			

Risks	**Risks of Non-Delivery**	**Mitigations**
	Right patient, right place, right time	Getting the right patient to the right place on time leading to a reduced admission rate
	Risks to Delivery	**Mitigations**
	In hour v out of hours response Inpatient hospital flow Intelligent diverts	Decreased congestion in Emergency Departments Decreased bed waits within the Emergency Department Shared risk across the organisation Timely de-escalation and return to “Steady State”

Critical Enablers	**Finance**
	Workforce
	Digital
	Other (Specify)

Prevention & Population Health	**Opportunities identified:**

Priority area(s) to deliver 24/25:				
Key focus should be on delivering	***104-week target for stage 4 RTT (all specialities)***			
Ref:	Continued priority from 2023/24			
Ref:	**Focus areas: ENT, Gynae, Ophthalmology, T&O and Urology (92% of target cohort)**			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	5,902	3,080	413	0
Progress synopsis	3,985 (Jun 23)	3,195 (Sep 23)	3,060 (Dec 23)	2,637 (Mar 24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: Focus on number of specialities, insufficient internal capacity to meet demand, added workforce pressures, service structures and strike action			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	1,949	1,148	75	0
Delivery	2,905	3,462		
Overarching outcome measures/ metrics: RTT performance				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	3,985 (Jun 23)	3,158 (Sep 23)	3,037 (Dec 23)	2,637 (Mar 24)
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	1,949	1,148	75	0
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Patient care, increased waiting times, additional complexity/deterioration of condition		Service-level plans to deliver target	
	Risks to Delivery		**Mitigations**	
	Continued impact of industrial action 92% of cohort in five areas with increasing demand and capacity challenges. Delays in key diagnostic areas and pathology		Increased theatre capacity, cross-cover and insourcing	
Critical Enablers	**Finance**			
	Delivery of the planned care recovery plan, reference full financial IMTP			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity and reduction in elective activity to cover unplanned sessions			
	Digital			
	Digital dictation, single WPAS system, TOMs development and text remind service			
	Other (Specify)			
	Increase theatre productivity, Maximise day case & GA opportunities, POA development			
	Opportunities identified:			

Priority area(s) to deliver 24/25:	
Prevention & Population Health	Continued development of transformation, innovation and digital opportunities in designing services and treatment pathways. Shifting resources and making sure that more patients can be seen, diagnosed and treated in Primary Care and the community. Develop longer term disease prevalence modelling aligned to clinical services plan. Maximise opportunities for regional working

Priority area(s) to deliver 24/25:				
Key focus should be on delivering	***52-week target for stage 1 RTT (all specialities)***			
Ref:	Continued priority from 2023/24			
Ref:	**Focus areas: Cardiology, Dermatology, ENT, Ophthalmology, T&O and Urology (79% of cohort)**			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	16,317	11,271	7,424	4,187
Progress synopsis	13,047 (Jun 23)	13,101 (Sep 23)	14,154 (Dec 23)	14,591 (Mar 24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: insufficient internal capacity to meet demand, added workforce pressures, service structures and strike action			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	10,774	7,433	3,487	0
Delivery	16,150	17,428		
Overarching outcome measures/ metrics: RTT performance				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	13,047 (Jun 23)	13,101 (Sep 23)	14,154 (Dec 23)	14,591 (Mar 24)
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	10,774	7,433	3,487	0
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Patient care		Service-level plans to deliver target	
	Risks to Delivery		**Mitigations**	
	Continued impact of industrial action 79% of cohort in five areas with increasing demand and capacity challenges		Capacity mapping and improvement initials through OP transformation prog.	
Critical Enablers	**Finance**			
	Delivery of the planned care recovery plan, reference full financial IMTP			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity			
	Digital			
	Digital dictation, single WPAS, full rollout of WPRS, Virtual outpatients, Consultant connect, text remind service			

Priority area(s) to deliver 24/25:	
	Other (Specify)
	Reducing PC referrals through Health pathways programme
Prevention & Population Health	**Opportunities identified:**
	Continued development of transformation, innovation and digital opportunities in designing services and treatment pathways. Shifting resources and making sure that more patients can be seen, diagnosed and treated in Primary Care and the community. Develop longer term disease prevalence modelling aligned to clinical services plan. Maximise opportunities for regional working

Priority area(s) to deliver 24/25:				
Key focus should be on delivering	***75% Cancer target, suspected to FDT (all specialities)***			
Ref:	Continued priority from 2023/24			
Ref:	**Focus areas: All areas**			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	60.3%	62.8%	67.2%	69.8%
Progress synopsis	47.6% (Jun 23)	50.6% (Sep 23)	53.4% (Dec 23)	56.5% (Mar 24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: Diagnostic & Pathology capacity, ongoing service redesign, increasing USC demand			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	67%	68%	69%	70%
Delivery	53.8%	56.0%		
Overarching outcome measures/ metrics: First definitive treatment ≤ 62 days from susp. cancer				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	47.6% (Jun 23)	50.6% (Sep 23)	53.4% (Dec 23)	56.5% (Mar 24)
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	67%	68%	69%	70%
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Patient care and timely diagnosis		Service-level plans to deliver target	
	Risks to Delivery		**Mitigations**	
	Diagnostic and pathology capacity, regional/tertiary service capacity constraints		Regional collaborative working	
Critical Enablers	**Finance**			
	Delivery of the planned care recovery plan, reference full financial IMTP			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity			
	Digital			

Priority area(s) to deliver 24/25:	
	Single WPAS, full rollout of WPRS, cancer tracker
	Other (Specify)
Prevention & Population Health	**Opportunities identified:**
	Continued development of transformation, innovation and digital opportunities in designing services and treatment pathways. Shifting resources and making sure that more patients can be seen, diagnosed and treated in Primary Care and the community. Develop longer term disease prevalence modelling aligned to clinical services plan. Maximise opportunities for regional working

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
- **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.**
- **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**
- **Planned Care and Cancer, with a focus on reducing the longest waits.**
- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

This template has been co-produced with Assistant Directors of Planning

MINISTERIAL TEMPLATE BLANK

All organisations are expected to complete the templates proportionate to their direct or supporting roles and functions.

The completed templates must be collated and submitted alongside the organisation's plan and the completed Minimum Data Set by 29 March 2023.

Send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 24/25:				
Key focus should be on delivering	**Mental Health, including CAMHS, with a focus on delivery of the national programme**			
Ref:	Continued from 23/24			
Ref:	Recover waiting time performance to performance framework standards for under 18 year olds waiting times for intervention (MHM Part 1 B)			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	By **June 2023** the MHM CAMHS target achievement is : • Part 1b 35%	By **September 2023** the MHM CAMHS target achievement is: • Part 1b 42%	By **December 2023** the MHM CAMHS target achievement is : • Part 1b 51%	By **March 2024** the MHM CAMHS target achievement is : • Part 1b 60%
Progress synopsis	At the end of June CAMHS Part 1b was ahead of the trajectory target at 51% due to increased activity to support interventions	At the end of September CAMHS Part 1b was below the trajectory target at 37%, this deterioration was linked to increased activity in Part 1a assessments which improved Part 1a compliance but increased the number of patients waiting for intervention	At the end of December CAMHS Part 1b was below the trajectory target at 37%, this deterioration was linked to a decrease in intervention activity during December due to increased DNAs and patient choice	At the end of March CAMHS Part 1b was below the trajectory target at 51%. this deterioration was linked to an increase in accepted referrals which was not matched by an increase in interventions.
Ref:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:	Reduction in the backlog of patients waiting more than 28 days for intervention Improvement in the waiting times for intervention Reviewed service model to ensure the service is offering a good quality service and options to meet the needs of young people presenting Evaluation of service development to reduce demand on specialist CAMH service			
Ref:				
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	Increase in intervention capacity via third sector agreement	Implementation of referral to silvercloud to increase intervention options and capacity	Monitoring and review of impact of third sector agreement and use of silvercloud to	Reflect on the learning from national meetings and support from NHS Executive to ensure maximum

Priority area(s) to deliver 24/25:				
	Ongoing performance management systems including weekly tracker shared with clinical leads; maximising attendance and usage of appointments via effective booking processes including text reminders (assumed in place throughout the year) Evaluation of Schools In-reach approach and impact via Whole Schools Approach in supporting prevention and management of demand	Monitor seasonal changes in demand and activity, expected to reduce in Q2, and maximise impact of additional capacity. Review of demand and capacity between assessment and intervention in preparation for increased demand over the winter period	support intervention activity and patient outcomes Monitor the referral demand to adjust or escalate risks through rising demand alongside implementation of further work to improve liaison with primary care Review outstanding vacancies following nursing streamlining and consider wider MDT opportunities and options where recruitment has been challenging.	impact and implementation. Demand and Capacity Modelling to be refreshed on data for 24/25 in order to identify any risks and opportunities for improvement/ongoing compliance with performance.
Delivery update	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Performance in Q1 is ahead of the trajectory with 80% compliance at the end of June. The partnership working with Mental Health Matters to deliver groups, implementation of the referral based SilverCloud initiative and close monitoring of one-to-one interventions by the nursing team have all helped. Representatives from the service will be attending the NHS executive workshop on LPMHSS planned for 9th July.	Performance in Q2 is ahead of the trajectory with a compliance at the end of the quarter of 85%. Partnership working with Mental Health matters is ongoing to facilitate group delivery across CTM Region and referrals to the SilverCloud digital platform are increasing. The directorate participated in the NHS Wales Executive All Wales workshop on 9th July to share ideas and best practice.		

Priority area(s) to deliver 24/25:				
Overarching outcome measures/ metrics:				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	51%	37%	37%	51%
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	By June 2024 the MHM Part 1b CAMHS target achievement is : - 65%	By September 2024 the MHM Part 1b CAMHS target achievement is : - 70%	By December 2024 the MHM Part 1b CAMHS target achievement is : - 75%	By March 2025 the MHM Part 1b CAMHS target achievement is : - 80%
Actual	80%	85%		
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Ongoing increased waiting times for children and young people following assessment for intervention. This could impact on the deterioration of the mental health and increase the risk of children and young people requiring access to crisis services		Signposting support from assessment to support during the waiting time Contact number to discuss any concerns with the CAMHS team whilst waiting Access to online platforms like Kooth to support whilst waiting The actions described above to improve waiting times and reduce the overall risk of increased waiting times	
	Risks to Delivery		**Mitigations**	
	Effective use of the third sector agreement to provide group intervention capacity to meet demand and in a timely way Governance structures and pathways in place to support implementation of silvercloud and clinicians to refer/make use of the service Recruitment into the service vacancies to embed and sustain the service model and core capacity required to meet demand Increasing demand to the service exceeding capacity with a growing backlog of patients waiting to be seen		Regular operational meetings with third sector organisation to monitor activity and timetable and ensure effective working between CAMHS and service Senior nurse taking the lead on embedding clear governance structure and pathways. Implementation being monitored and reported in CAMHS Senior Leadership Group Proactive approach to recruitment and support to new employees. Focused wellbeing activities to support employees in the teams Ongoing implementation and development of whole school approach providing preventative/level 0/1 support	
Critical Enablers	**Finance**			
	Maintain use of investment via the Mental Health Service Improvement Funds in 22/23 and 23/24			
	Workforce			

Priority area(s) to deliver 24/25:	
	Recruitment via streamlining Review of alternative roles within therapies and non-registered workforce Closer working with 3rd sector to explore the use and impact of non-health traditional roles
	Digital
	Use of online platforms like Silvercloud to provide interventions Use of electronic scheduling tools to maximise full use of capacity Use of text reminders to reduce impact of DNAs/last minute CNAs
	Other (Specify)
Prevention & Population Health	**Opportunities identified:**
	Focused programme with CAMHS Schools In reach and Whole School Approach to provide a systematic preventative programme for all children and young people. Promotion of use of third sector organisations and online services which also support parents and carers and teachers, sharing and supporting understanding and knowledge to support the 'team around the child'

ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Services Partnership Committee**
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	21 November 2024

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:

- The most recent Welsh Risk Pool Committee meeting which took place on 24 September 2024, with the next meeting taking place on 26 November 2024.
- The Autumn Development Day hosted on 11 October 2024 was positive and provided valuable feedback and insights as regards Committee management, including the induction process for members and highlighting the importance of ensuring Executives are representing organisations to ensure quoracy for meetings. Presentations included Risk Appetite, Transforming Access to Medicines and the refresh of the Customer Charter. Welsh Risk Pool delivered a session covering the life cycle of a claim, opportunities to minimise the length of claims and exploring the impact on people in processes, sharing examples of learning programmes, such as PROMPT. Going forward, the Welsh Risk Pool Team would ensure, where possible, that the useful data collated was made available to NHS Wales to inform organisational planning and decision-making.
- Discussions were held at the Chair's Peer Group on 29 September 2024, regarding Clinical Associates in Applied Psychology, the Aspiring Board Member Programme run by the Public Bodies Unit to increase diversity in Board membership across Wales, the Care Action Committee and productivity and performance. Further, the Group received an update from Paul Mears from the Chief Executives. The Llais Strategic Plan and the disciplinary processes for Chairs and Independent Members were also discussed. There was also an update from the Welsh Confederation and Welsh Confederation Conference on 6 November 2024.
- NWSSP would be hosting an All-Wales Planning Programme for Learning Autumn Event on 22 November 2024.

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 Committee recently highlighted slight delays in terms of deferred cases, potentially due to additional pressures in Health Board Claims

Teams, but was positive in terms of 209 cases reviewed with £15 million of reimbursements.

- In terms of finance, NWSSP put forward 22 schemes for capital funding and are working through the approvals.
- Positive progress has been made on the South East RadioPharmacy project and subject to Welsh Government (WG) approval and planning permission, works would be looking to commence in January 2025. Notwithstanding there was a current issue regarding the stack diffusion assessment and HEPA filters, which would be discussed with Natural Resources Wales. The Newport Council planners have requested a formal Section 106 Agreement together with a small contribution to the adjoining roadway scheme as part of the planning approval process.
- There was great work being undertaken around lessons learned and organisational learning being taken forward as part of the Welsh Risk Pool programme.
- NWSSP have confirmed the proposed £2 million declaration for distribution to NHS and WG.
- The internal process for the Integrated Medium Term Plan (IMTP) is on-track and we would bring a further update of the plan to the January Committee meeting, for approval.
- The Medical Examiner Service became statutory in September 2024 and we have been working through delays experienced regarding records being returned to us. As such, there had been some press interest in North Wales and we have been working with Betsi Cadwaladr University Health Board (BCUHB) around this.
- As regards accommodation, the Companies House and HQ accommodation position had changed with negotiations ending for the NG2 site which we understand has now been sold. Therefore we are looking to extend our lease of the current HQ site and to downsize Companies House to a smaller footprint.
- In terms of international recruitment, there had been a positive recent visit to Kerala and the Medical Director reported a significant number of doctors and nurses were appointable to positions. In terms of going forward for future visits, it would be helpful for Health Boards to be clear on their available vacancies.
- Laundry Services' achieved the BS14065 accreditation for decontamination of linen at their North Wales and Swansea sites and are progressing on other sites. As expected, there had been a number of challenges in terms, operationally, due to the ageing estate and laundry equipment, which has been as a direct result of the lack of investment in previous years.

The Committee **NOTED** the Managing Director's Report.

Deep Dive

Single Lead Employer Model

A comprehensive deep dive into the Single Lead Employer (SLE) Model was presented to the Committee by the Deputy Director of People and Organisational Development, Sarah Evans.

The SLE model is now fully embedded as part of NWSSP's organisational set up with a Tripartite Agreement in place for NWSSP to work in partnership with Health Education and Improvement Wales (HEIW) and any host organisations. This complex model of working is further underpinned by an Employment Management Agreement. In terms of scope, SLE covers all Medical, Dental and Pharmacy trainees across Wales; the current headcount exceeds 3,700 trainees. The initial implementation began with GP trainees in 2015 and expanded to include Foundation Doctors during the pandemic. The remaining trainees were then transferred between 2020-2022.

Benefits of the SLE model include a simplified employment process, encompassing one pre-employment check, one contract of employment and one payroll form. Further, it ensures easier access to salary sacrifice schemes, mortgages and more effective support for trainees with disabilities. A further benefit includes streamlined payments; for example, ad-hoc duties are paid via one SLE assignment.

The Committee **NOTED** the Deep Dive.

Items Requiring SSPC Approval/Endorsement

Price Increase – Alder House Lease

The report sought the Committee's endorsement for the annual increase of rent at Alder House, prior to obtaining approval of Velindre University NHS Trust Board.

The Committee resolved to **ENDORSE** the proposal.

Charnwood Court Lease Extension

The report sought the Committee's endorsement in order for the Velindre University NHS Trust Board to formally sign and seal the extension of the lease at NWSSP Headquarters at Units 4/5 Charnwood Court, Nantgarw, in accordance with the Standing Orders for the operation of the Committee.

The Committee resolved to **ENDORSE** the proposal.

Purchase to Pay (P2P) Governance Update

The All-Wales P2P Governance Group progress update sought the Committee's approval to cease the auto-release of invoices process from 1 January 2025. The Committee was informed of the progress made against the priorities which were identified in order to achieve the maximum impact and target the greatest improvements across the P2P process.

The Committee **APPROVED** the recommendation to cease the auto-release process from 1 January 2025 and **NOTED** the progress made by the Group.

Risk Appetite Statement

The Statement was brought to the Committee for approval and was last presented at the January 2023 meeting, following significant amendment. It is periodically reviewed by the Senior Leadership Group (SLG) and was discussed at the Autumn Development Day on 11 October 2024.

The Statement reflects guidance from the Good Governance Institute and a bolder approach to taking risk, which was reaffirmed at the Autumn Development Day when the application of the appetite levels for financial, regulatory, quality, reputational and people was discussed. In particular, the balance and interaction between value for money and quality generated a lot of discussion and was something that would need to continue to be monitored closely, and for the Committee to challenge itself as part of decision making and considerations in future.

The Committee **APPROVED** the Risk Appetite Statement.

Items for Noting

NWSSP Decarbonisation Update

SD presented an update on decarbonisation, following the commitment to provide a bi-annual update to the Committee.

The Decarbonisation Action Plan (2024-2026) had been reviewed by Welsh Government and was rated as amber assurance, with NWSSP having since addressed the areas identified regarding monitoring on a National level. All of the findings in the 2023-24 Internal Audit Report relating to staff training, operational impacts of risks and preparation of a fully costed implementation plan have been addressed.

The update provided assurance to the Committee of NWSSP's ongoing efforts and progress in reducing carbon emissions and promoting sustainability within NHS Wales and the Committee **NOTED** the Decarbonisation Update.

Duty of Quality Update

The report outlined steps made to ensure improving quality remains at the heart of the wide variety of services provided by NWSSP, on behalf of NHS Wales and sets out the positive actions taken to meet the Duty.

Progress included the establishment of a good practice network across all divisions, which focuses on sharing learning and quality improvement programmes and development of an All-Wales ESR e-learning module. Further, NWSSP's Business Quality Manager had delivered bespoke training sessions and was happy to engage with wider NHS Wales landscape as regards progressing the non-clinical side of quality. It was recognised that the National Group was unable to focus on the non-clinical measures due to clinical pressures, demands and the attendees being largely clinicians.

The Committee **NOTED** the Duty of Quality Update as provided by the NWSSP Medical Director.

Finance, Performance, People, Programme and Governance Updates

Finance - The financial position as at 31 October 2024 with a year-to-date surplus of £2.422m. This was reported as a surplus of £1.899m within our core operational budgets and £0.523m against the recurrent covid allocation. The £1.899m surplus against core budgets is primarily due to ongoing turnover and delays with targeted recruitment to vacancies. Therefore, NWSSP gave a provisional recommendation of a £2.000m distribution to partners, subject to pay award funding allocations.

Personal Protective Equipment (PPE) stock, which remains an area of uncertainty requiring WG direction, would be discussed at the meeting with WG on 29 November 2024. Budgets would also be explored as part of our IMTP process and we are identifying particular schemes that NWSSP will need to make investment into in the near future that will require NWSSP to generate internal resource savings or secure investment from WG or partners. In terms of capital schemes, we have submitted an ambitious list of potential capital schemes should additional funding become available and NWSSP is on-track with use of the allocation for the year.

The Welsh Risk Pool is forecasting £140m for the current year, which would require invoking of the risk sharing agreement with Welsh Government, confirming at the end of December the allocations from organisations and continue to manage the risk for the remainder of quarter four.

Audit Wales Management Letter 2023-24 - A very positive position was reported and no recommendations were raised. The Director of Finance and Corporate Services noted that she had met with Richard Harris, Engagement Lead for Audit Wales, to consider the year ahead in terms of the key risks being managed as an organisation and any improvements that can be made to working arrangements in the spirit of continuous improvement.

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 by 0.3%, to 3.24%, compared to 2.90% for the same period last year (October 2023 to September 2024), but remained under the NHS target of 3.30%.
- PADR compliance remained above target, at 85.74%.
- Statutory and mandatory e-learning compliance remained very high at 93.16%, excluding the SLE Division.
- Turnover was reported at 22.11%, which had decreased by 1.61%, compared to the same period last year. When excluding the SLE Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 10.15%.
- Agency spend increased to £18,188 in September 2024, from £12,247 in August 2024. However, we had received no new agency requests in October 2024, 3 staff were engaged via agency in September 2024 and the Resource Bank were recruiting for roles for Laundry, Clerical and Drivers.

Performance - Key Performance Indicators (KPIs) from June to September 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 38 of 40 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £198m, as at the end of September 2024 and the Time to Hire target within Recruitment continued to be achieved over recent months.

Outcome Measures 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 strong performance across divisions, especially customer satisfaction and employee well-being, noting that there was further progress to be made in demonstrating progress against our Decarbonisation Plan to Welsh Government. There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Integrated Medium Term Plan (IMTP) Update – The progress report for Quarter 2 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. Going forward, the focus would be on targeted actions as we moved into Quarter 3. Additional scrutiny would be applied to objectives identified as off track or at risk. Updates regarding Decarbonisation, Foundational Economy and People & Organisational Development were provided. The Director of Planning, Performance and Informatics also updated the Committee that the 2025-28 IMTP development is well under way and confirmed that it would come to the next SSPC meeting, following further development

with the NWSSP SLG in order to ensure it is submitted to Welsh Government within the required timescales.

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. It was noted that four projects had been closed since the last report: Medical Examiners; Procurement of Implementation of Wales Healthcare Student Hub; Wales General Ophthalmic Service – Primary Care Contract Return; and Charnwood and Companies House Accommodation.

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 accommodation risk and the Primary Care Workforce Intelligence System risk, which was escalated by the SLG at its last meeting. It is expected that focus by the SLG and very recent management action will see these risks reduced in the next report. The remainder of the Corporate Risk Register position remained stable.

Papers for Information

The following items were provided for information only and the Committee **NOTED** the reports:

- Finance Monitoring Returns (Months 6 and 7 of 2024/25).
- Personal Protective Equipment (PPE) Report.
- Shared Services Partnership Committee Forward Plan.
- NWSSP Audit Committee Assurance Report for October 2024.

Part B (Private Session)

Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960

NHS Wales Energy Source Decision November 2024

The Wales Energy Group's (WEG) proposal in respect of All Wales supply of electricity for the financial year 2025-26 was brought to the Committee's attention, for approval. Challenging discussions were had regarding the energy sourcing options available and a unanimous recommendation was made to stay with the current zero carbon for businesses option.

The Committee **APPROVED** the proposal to remain with the current energy provider, Zero Carbon for Business.

Any Other Business (AOB)

TM further thanked the Committee for their contributions and support during 2024.

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	Monday 3 February 2025 at 9.30am to 11.30am