

# Operational Delivery Committee

Tue 29 April 2025, 13:30 - 16:30

Virtual Via Teams



## Agenda

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13:30 - 13:35

5 min

### 1. PRELIMINARY MATTERS

#### 1.1.

#### Welcome and Introductions

*Rachel Rowlands, Committee Chair*

#### 1.2.

#### Apologies for Absence

*Information Rachel Rowlands, Committee Chair*

#### 1.3.

#### Declarations of Interest

*Information Rachel Rowlands, Committee Chair*

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13:35 - 13:40

5 min

### 2. CONSENT AGENDA BUSINESS

*Rachel Rowlands, Committee Chair*

The Committee Chair will ask if there are any items from the Consent Agenda (Item 11) that Committee members wish to bring forward to the main agenda for discussion.

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13:40 - 13:45

5 min

### 3. MATTERS ARISING

#### 3.1.

#### Action Log

*Discussion Rachel Rowlands, Committee Chair*

 3.1 Action Log OD Committee 29 April 2025 v1.pdf (3 pages)

#### 3.2.

#### Matters Arising not Captured on the Action Log

*Discussion Rachel Rowlands, Committee Chair*

#### 3.3.

#### Committee Forward Work Plan

*Discussion Rachel Rowlands, Committee Chair*

 3.3 Forward Work Plan - ODC 29 April 2025.pdf (2 pages)

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13:45 - 14:05

20 min

## 4. PEOPLE ACTIVITY

### 4.1.

#### Spotlight Presentation -Diagnostics, Therapies, Pharmacies and Sciences Care Group Staff Survey Journey (2024)

*Discussion* Sali Curtis, Head of Adult Speech & Language Therapy

 4.1 DTPS Staff Survey Journey Spotlight Presentation ODC 29 April 2025.pdf (19 pages)

### 4.2.

#### Employee Relations Report

*Discussion* Hywel Daniel, Director for People

 4.2 Employee Relations Report - ODC April 2025.pdf (8 pages)

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14:05 - 14:20

15 min

## 5. DIGITAL AND DATA ACTIVITY

### 5.1.

#### Digital & Data Delivery Report

*Discussion* Stuart Morris, Director of Digital

 5.1 Digital and Data Update ODC 29 April 2025.pdf (16 pages)

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14:20 - 14:30


10 min

## 6. RISK MANAGEMENT

### 6.1.

#### Organisational Risk Register

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

 6.1a Org RR - March 2025 - ODC 29 April 2025.pdf (8 pages)

 6.1b App 1 - Org RR March 2025 - ODC.pdf (9 pages)

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14:30 - 14:50

20 min

## 7. FINANCIAL MANAGEMENT / PERFORMANCE

### 7.1.

#### Month 12 Finance Report

*Discussion* Sally May, Director of Finance & Procurement

 7.1 M12 Finance Report ODC 29 April 2025.pdf (11 pages)

### 7.2.

#### Month 12 Finance Performance Report

*Discussion* Sally May, Director of Finance & Procurement

 7.2 M12 Finance Performance Report ODC 29 April 2025.pdf (27 pages)

14:50 - 15:00

8.






10 min

## PLANNING FRAMEWORK

8.1.

### Integrated Medium Term Plan IMTP Quarterly Update

*Discussion Elizabeth Beadle, Assistant Director of Transformation/ Dale Stolzenburg*

-  8.1 IMTP 24-25 Q4 Review 2024 ODC 290 April 2025.pdf (6 pages)
-  8.1a Appendix 1 Ministerial Template 24-25 - Pathways of Care Q3 4 update.pdf (24 pages)
-  8.1b Appendix 2 Ministerial Template 24-25 Primary Community Care Access Q4.pdf (12 pages)
-  8.1c Appendix 3.1 IMTP USC SDEC Q3 4.pdf (7 pages)
-  8.1d Appendix 3.2 IMTP USC Ambulance Handover Q3 4.pdf (6 pages)

15:00 - 16:10

9.

70 min

## INTEGRATED PERFORMANCE MANAGEMENT

9.1.

### Integrated Performance Dashboard

*Discussion Gethin Hughes, Chief Operating Officer*

-  9.1 Integrated Performance Dashboard ODC 29 April 2025v2.pdf (34 pages)

9.1.1.

#### Workforce Metrics Report


*Discussion Hywel Daniel, Director People*

-  9.1.1 Workforce Metrics Report ODC April 2025.pdf (12 pages)

9.2.

### Estates Performance Report


*Discussion Sally May, Director of Finance & Procurement*

-  9.2 Estates Performance Report ODC 29 April 2025.pdf (20 pages)

9.3.

### Urgent & Emergency Care Six Goals Programme Update


*Discussion Gethin Hughes, Chief Operating Officer/Anthony Gibson, Deputy Medical Director Acute Services*

-  9.3 Six Goals Highlight Report ODC 29 April 2025.pdf (10 pages)

9.4.

### Outpatients Programme Activity Update

*Discussion Gethin Hughes, Chief Operating Officer/Sarah James, Deputy Chief Operating Officer*

-  9.4 Outpatient Activity Update ODC 29th April 2025.pdf (5 pages)

9.5.

### Primary Care & Community Services Update - Verbal Update on the Dental Waiting List Position

*Discussion Gethin Hughes, Chief Operating Officer/Julie Denley Deputy Chief Operating Officer*

16:10 - 16:20

10.

# CONSENT AGENDA

## 10.1.

### Items for Approval

#### 10.1.1.

##### Unconfirmed Minutes of the Meeting held on the 28 January 2025

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

📄 10.1.1 Unconfirmed Minutes 28.1.25 ODC 29 April 2025.pdf (16 pages)

#### 10.1.2.

##### Unconfirmed In Committee Minutes of the Meeting held on the 28 January 2025

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

📄 10.1.2 Unconfirmed IC Minutes 28.01.25 ODC 29 April 2025.pdf (3 pages)

#### 10.1.3.

##### Ratification of Chairs Urgent Action - Approval of the Annual Equality Plan 2023-24

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

📄 10.1.3a Ratification of Chairs Urgent Action Annual Equality Report ODC 29.04.25.pdf (4 pages)

📄 10.1.3b Appendix 1 Annual Equality Report 2023 2024.pdf (16 pages)

#### 10.1.4.

##### Ratification of Chairs Urgent Action - Approval of the Charter for Families Bereaved by Public Tragedy

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

📄 10.1.4 Ratification of Chairs Urgent Action Charter for Families Bereaved by Public Tragedy ODC 29.04.pdf (4 pages)

📄 10.1.4b Charter for Bereaved Families - Single Agency.pdf (1 pages)

📄 10.1.4c Charter for Bereaved Families - Single Agency WEL.pdf (1 pages)

## 10.2.

### Items for Noting

#### 10.2.1.

##### Months 10 & 11 Monitoring Returns to Welsh Government

*Information* Sally May, Director of Finance & Procurement

📄 10.2.1a M10 Monitoring Return Report ODC 29 April 2025.pdf (4 pages)

📄 10.2.1b Annex A - Month 10 - CTM ULHB - Monitoring Narrative 2024-25 FINAL.pdf (25 pages)

📄 10.2.1c Annex A - Month 10 - CTM ULHB - Monitoring Tables 2024-25 FINAL.pdf (4 pages)

📄 10.2.1d M11 Monitoring Return Report ODC 29 April 2025.pdf (4 pages)

📄 10.2.1e Annex A - Month 11 - CTM ULHB - Monitoring Narrative 2024-25 FINAL.pdf (24 pages)

📄 10.2.1f Annex A - Month 11 - CTM ULHB - Monitoring Tables 2024-25 FINAL.pdf (3 pages)

#### 10.2.2.

##### JCC PPF Committee Highlight Report

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

📄 10.2.2 JCC PPF Highlight Report ODC 29 April 2025.pdf (5 pages)

#### 10.2.3.

##### Committee Annual Cycle of Business 2025

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

📄 10.2.3a Annual Cycle of Business Cover Report OD Committee 29 april 2025.pdf (3 pages)

16:20 - 16:25

**11.**

5 min

## **OTHER MATTERS**

**11.1.**

### **Any Other Urgent Business**

*Discussion Rachel Rowlands, Committee Chair*

**11.1.1.**

#### **Extra-Ordinary ODC Meeting in May - Nurse Shift Patterns**

*Hayleigh Jones, Deputy Director for People*

For the Committee to note the rationale for establishing an extra-ordinary meeting in May.

**11.1.2.**

#### **Committee Highlight Report to Board**

*Discussion Rachel Rowlands Committee Chair*

**11.1.3.**

#### **How did we do in this meeting?**

*Discussion Rachel Rowlands, Committee Chair*

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16:25 - 16:25

**12.**

0 min

## **CLOSED/IN COMMITTEE SESSION**

*Information Rachel Rowlands, Committee Chair*

- Organisational Risk Register - Business Sensitive Risks
  - Capital Quarterly Update
- 

16:25 - 16:30

**13.**

5 min

## **CLOSE OF MEETING**

*Rachel Rowlands, Committee Chair*

**13.1.**

### **Date and Time of Next Meeting**

*Rachel Rowlands, Committee Chair*

29 July 2025 at 9:30 am

the action originated from	Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update	
Planning, Performance & Finance Committee - November 2024	5,1	4	Integrated Performance Dashboard	To review the validation of the dermatology waiting list referred to on page 29 of the report	Chief Operating Officer	Chief Operating Officer	jan-25	Propose to close	Update and reassurance was provided at the January 2025 ODC meeting. The Committee were advised that the validation process was in place for dermatology as part of the health board wide policy and was being following through in the dermatology service.
Planning, Performance & Finance Committee - August 2024	5,1	4	Integrated Performance Dashboard	To bring a more detailed presentation on outpatients and the work that was going on back to the Committee at a future meeting.	Chief Operating Officer	Chief Operating Officer	apr-25	Open	On Agenda for April 2025 ODC Meeting
Operational Delivery Committee January 2025	3,1	2	Action Log	Suspension of the National Digital Maternity Programme - Committee to received an update on the discussions of a local system at a future meeting	Director of Digital	Director of Digital	jul-25	Open	On Forward Plan for July 2025 Meeting
Operational Delivery Committee January 2025	5,1	4	Digital & Data Delivery Highlight Report	To report any cyber-attacks to the Committee at the 'CLOSED' In Committee meeting and to consider adding to the Major Incident Plan	Director of Digital	Director of Digital	apr-25	Propose to close	Added to the Annual Cycle of Business and on Agenda for 'CLOSED' In Committee Meetings moving forward.
Operational Delivery Committee January 2025	6,1	7	Organisational Risk Register	To provide a more robust risk register without caveats on mitigations to risks at the next meeting of the Committee	Director of Corporate Governance/ Board Secretary	Director of Corporate Governance/ Board Secretary	apr-25	Propose to close	March iteration of the Organisational Risk Register has updates against all risks.
Operational Delivery Committee January 2025	6,1	7	Organisational Risk Register	Referring to the Agenda Item IMTP on page 4, the Chair raised concern on the reference to the urgent hub as the preferred route for accessing dental care. A request would be provided outside of the meeting.	Deputy Chief Operating Officer/Director of Primary, Community, MH & LD	Chief Operating Officer	apr-25	Propose to close	The language in the IMTP reflects national language and work but it is recognised that success will be when demand for urgent care reduces as more people access regularised dental care. For anyone who accesses urgent dental care work takes place to discuss routine dental access and any capacity across our out practices. Work has taken place on a national dental portal to have a once for Wales approach on collection of information on people seeking a regular dental practice, CTM already held a waiting list and allocate people from that to any capacity identified with contractors.

Operational Delivery Committee January 2025	7,1	8	Integrated Medium Term Plan Quarter 2 Update	To provide further detail and updates on the dental waiting lists to future meetings of the Committee.	Deputy Chief Operating Officer/Director of Primary, Community, MH & LD	Chief Operating Officer	apr-25	Propose to close	Verbal update to be provided at April 2025 meeting
	8,1	11	Integrated Performance Dashboard	To bring the revised Dashboard to the next meeting of the Committee	Director of Strategy & Transformation	Director of Strategy & Transformation	apr-25	Propose to close	Dashboard has been revised and on agenda for April 2025 meeting.
<b>CLOSED ACTIONS</b>									
Planning, Performance & Finance Committee - August 2024									
Planning, Performance & Finance Committee - August 2024	4,1	3	Organisational Risk Register	To bring an update on the STAMP Programme to a future meeting of the Committee.	Chief Operating Officer	Chief Operating Officer	jan-25	Closed	Received at the January 28th 2025 Meeting
Digital & Data Committee - August 2024	3,2	3	Spotlight Topic - Progress on Digital and Data Programmees	To research and conduct a comprehensive analysis of the figures/funding around the Digital Maternity Programme	Director of Digital	Director of Digital	apr-25	Closed	National Digital Maternity Programme suspended. Health Board to proceed with local procurement. Committee to receive an update on the discussions of a local system at a future meeting.
Planning, Performance & Finance Committee - November 2024	4,1	3	Organisational Risk Register	To feedback the comments in relation to Risk 5755 regarding the change of consequence description.	Head of Corporate Governance & Board Business	Director of Corporate Governance/Board Secretary	jan-25	Closed	Since the risk was added the Care Group have looked at their contingency plans which currently now would lessen the consequence and impact of the risk as well as the likelihood of occurrence. The Care Group did not have confirmation of these points when the risk was first assessed. On this basis they would reduce the consequence score to 4 from a 5 in terms of the target score
Planning, Performance & Finance Committee - November 2024	5,1	4	Integrated Performance Dashboard	To review the validation of the dermatology waiting list referred to on page 29 of the report	Chief Operating Officer	Chief Operating Officer	jan-25	Closed	Update and reassurance was provided at the January 2025 meeting. The Committee were advised that the validation process was in place for dermatology as part of the health board wide policy and was being following through in the dermatology service.
Planning, Performance & Finance Committee - November 2024	5,3	Pages 5 & 6	Red Performance	To review the latest WAST roster outside of the meeting and feedback on the outcome.	Director of Commissioning, 111 and Ambulance	Director of Commissioning, 111 and Ambulance	jan-25	Closed	The latest information that will go to the JCC in January 25. Pages 22 and 23 provides the compliance against the roster fill for the last 12 months. The closure report for the EMS Transformation programme which included the roster review is also being received by the Committee. Both reports have been circulated to the P. Roseblade, Chair of the former PFC who raised the query on the 17.01.25

Planning, Performance & Finance Committee - November 2024	5,3	Pages 5 & 6	Red Performance	To provide further information on the 25% of delays caused by WAST to a future meeting of the Committee.	Director of Commissioning, 111 and Ambulance	Director of Commissioning, 111 and Ambulance	jan-25	Closed	The Red calls that are missed (i.e. a vehicle not arriving in 8 mins) in CTM around 25% of these misses are due to operational issues in WAST (i.e. delay in dispatch, delay in mobilisation etc) for these there are a number of parallel pieces of work that will impact how we deliver improvement in this moving forward including – Rapid Clinical Screening (endorsed by the JCC in November and being rolled out in a phased approach throughout the remainder of 24/25), the outcome of the Cabinet Secretaries Task and Finish Group (due to report in February) on ambulance measurement, and a broader piece of work the JCC needs to undertake on emergency ambulance productivity across each step of the ambulance patient journey.
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### Operational Delivery Committee – Non-Routine Committee Business Forward Plan

(1<sup>st</sup> January 2025 to the 31<sup>st</sup> December 2025)

This forward plan is only to be used for one-off Ad-hoc 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
February 2025	Email	Head of Corporate Governance & Board Business	Charter for Families Bereaved by Public Tragedy	Ratification of Chairs Urgent Action	Director of Corporate Governance/Board Secretary	Director of Strategy & Transformation	April 2025	This item was approved by the Board at the March 2025 meeting and is on the consent agenda for Ratification of Chairs Urgent Action.
February 2025	Email	Head of Corporate Governance & Board Business	Annual Equality Report 2023-24	Ratification of Chairs Urgent Action	Director of Corporate Governance/Board Secretary	Director for People	April 2025	This item was approved by the Board at the March 2025 meeting and is on the consent agenda for Ratification of Chairs Urgent Action.
February 2025	Email	Health Board Chair	GP Cluster Activity Update	Chair requested an update to captured at ODC	Deputy Chief Operating Officer/Director of Primary Community, MH & LD	Chief Operating Officer	April 2025	This item will be discussed at the April 2025 Committee Meeting under the Primary Care & Community Services Verbal Update
January 2025	Email	Audit Wales	Draft Accountability Report, Remuneration and Performance report	For comment and to Endorse first draft for submission to Welsh Government	Audit Wales	Executive Director of finance/Director of Corporate Governance/Board Secretary	April 2025	The draft Annual Report was shared for consultation via email (22.4.2025) instead of being received at a formal Committee meeting in its draft status. <b>Completed.</b>
August 2024	Planning, Performance & Finance Committee	Committee	Estates Performance Report	Deferred from August and November 24 meetings	Assistant Director of Planning (Capital and Estates)	Executive Director of Finance	April 2025	This item will be discussed at the April 2025 Committee Meeting.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
November 2024	Planning, Performance & Finance Committee	Committee	Capital Quarterly Update	Deferred from January meeting.	Capital Finance Manager	Executive Director of Strategy & Transformation	April 2025	This item will be discussed at the April 2025 CLOSED in Committee Meeting.
March 2025	Email	Head of Corporate Governance	Joint Commissioning Committee, Planning Performance & Finance Committee Highlight Report	For noting on the Consent Agenda	JCC Committee Secretary	Director of Corporate Governance/Board Secretary	April 2025	This item will be noted at the April 2025 meeting.
January 2025	Operational Delivery Committee	Committee	Suspension of National Digital Maternity Programme – update on local system discussions	Action agreed at the January 25 meeting	Director of Digital	Director of Digital	July 2025	This item will be discussed at the July 2025 meeting.
September 2024	Planning, Performance & Finance Committee	Requested via Email Deferred from April meeting.	Maesteg Community Hospital Development	Outline Business Case for Maesteg Community Hospital Development	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	January 2026	This item will be discussed at the January 2026 Committee Meeting.

#### COMPLETED ITEMS

October 2023	Planning, Performance & Finance Committee	Committee	Brainomix Presentation	Provide the Committee statistics and outcomes	Stroke Physician/Regional clinical lead for Stroke	Chief Operating Officer	January 2025	On Agenda for ODC 28 January 2025 - <b>Completed</b>
August 2024	Planning, Performance & Finance Committee	Committee	Strategic Transformation of Acute Medicine (STAMP) Programme	Provide an update on the Programme.	Chief Operating Officer	Chief Operating Officer	January 2025	On Agenda for ODC 28 January 2025 (Provided within 6 Goals Report) – <b>Completed</b>
December 2024 Agenda Planning Meeting	Operational Delivery Committee	Requested at Agenda Planning	Urgent Changes to acute Stroke Services	Provide a Briefing on the changes to stroke services	Service Director, Unscheduled Care	Chief Operating Officer	January 2025	On Agenda for ODC January 2025 – <b>Completed</b>

**(Agenda Item 4.1) (29 April 2025) Operational Delivery Committee Therapies Staff Survey Workstream**

**Report Details:**

FOI Status:	Please select: Public
If closed please indicate reason:	Not applicable
Prepared By:	Sali Curtis, Head of Adult SLT, Staff Survey Lead for DTSPS
Presented By:	Sali Curtis, Head of Adult SLT, Staff Survey Lead for DTSPS
Approving Executive Sponsor:	Lauren Edwards, Executive Director of AHP and Health Science
Report Purpose	Please Select: <b>For Discussion</b>
Engagement undertaken to date:	Engagement with Clinical Director of AHPs (interim) Gary Howells, HOS for Therapies, & Rebecca Watkins

**Impact Assessment:**

Indicate the Quality / Safety / Patient Experience Implications:	Staff experience implications which impact on patient safety
Related Health and Care Standard	Leadership
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No (time constraints)
Are there any Legal Implications /Impact.	No
Link to Strategic Goals	<b>Applicable to all:</b> Sustaining Our Future Inspiring People Improving Care Creating Health

# NHS Staff Survey DTTPS Therapies Engagement & Latest NHS 2024 Survey Reflections & Actions

[Sali.Curtis@wales.nhs.uk](mailto:Sali.Curtis@wales.nhs.uk)

## Therapy leads assigned to the work stream:

Sali Curtis (Head of Adult SLT, Wellbeing Activist/Lead for Therapies DTPS)  
Joy Lewis Middleton (Deputy Head of People, DTPS/Planned Care)



- All HOS invited Sali/Joy to every calendared team meeting from July to October 2024 – ALL staff groups captured- admin all levels, unregistered and registered workforce, management staff
- Most meetings face to face, some MS Teams but still engaged well
- Most sessions 60-45 minutes

### Session plan:

- Brief intro of 2023 Staff Survey findings/ The 3 broad themes
- 10 minutes given to complete MS pulse survey (segregated data per profession)
- Anonymised results shared live
- Group discussion – either break out groups or all shouting out ideas collectively
- Key areas of strength
- Key areas of focus

What is working well  
(continue):

Top areas to focus on:

**DTPS**

**Approx. 500 staff  
participated**

# Therapies **STRENGTHS**

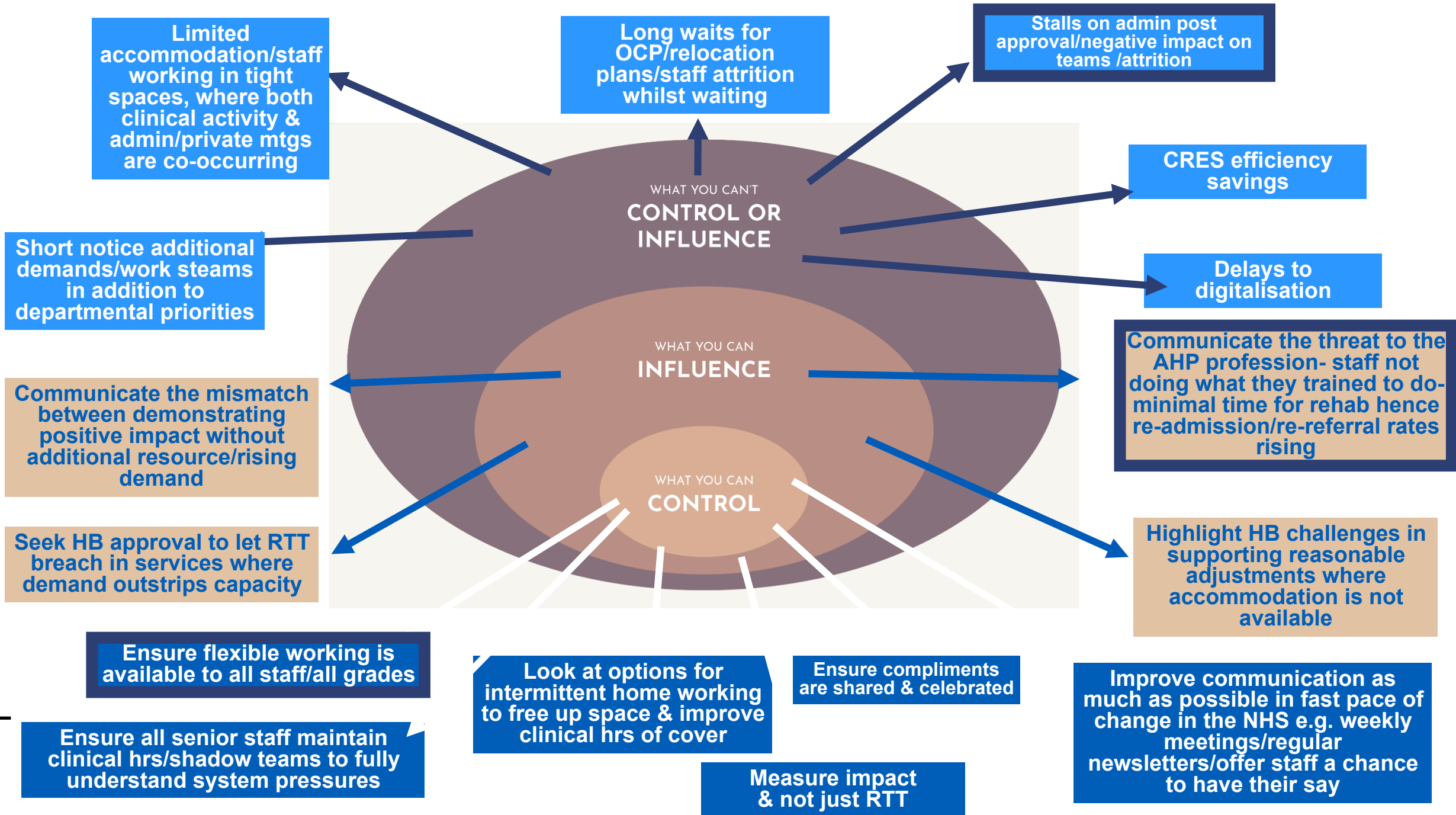
## Leadership

## Excellent Relationships

## Employee Wellness

Supportive managers	Great team work	Wellbeing support
Open & transparent	Sharing of workload	Wellbeing Activist roles
Good oversight of service/ability to cross cover	Socialising out of work	WB focus in 1:1
Access to supervision	MDT relationships	Lunchtime walks
Education opportunities	Peer support sessions	Encouragement to go home on time

# Therapies **Top areas of Focus**



# What happene d Next



Sali/Joy met with each service management team to share full data set & agree action plans/support needed to achieve



CD sent acknowledgement email to the therapies workforce to thank staff for their engagement & to outline the next steps



Each service to understand their data and set key priorities for improvement & formulate plan of how they will cascade these updates to their team regularly

# EXAMPLE: YOU SAID - WE DID

*“Clearer emails/communication of deadlines”*



Admin team removed from clinical content emails to reduce email volumes

Reminder to staff- if cc'd then this is 'for information only'

Add date of deadline to email title.

Managers to arrange short meetings to verbally explain new task rather than email

See summary slides for each therapy group in appendices



# NHS 2024 Staff survey success

DTPS highest clinical team **45.6%** (21.9%  
**NHS Wales)**

SLT top team **72.5%** response rate

# Therapies Summary by sub theme

## 3. Summary of responses by theme and sub-theme

**Table 2:** Positivity scores by theme in 2024 for CTM Diagnostics, Therapies, Pharmacy & Sciences (with bars highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations.)

Theme	Positivity score	NHS Wales average
Morale	53.8%	54.8%
Patient safety	64.2%	58.7%
Staff engagement	58.6%	59.6%
We are all able to speak up	68.7%	66.3%
We are compassionate and inclusive	72.0%	70.1%
We are continuously learning and improving	68.5%	66.8%
We are stronger together	70.4%	69.4%
We champion flexible working	58.2%	61.8%
We nurture healthy working environments	57.3%	57.7%
We recognise everyone's contribution	63.1%	62.4%

# Snapshot overview for SLT (higher than Wales average for **ALL** aspects! 😊)

## 3. Summary of responses by theme and sub-theme

**Table 2:** Positivity scores by theme in 2024 for CTM Speech & Language Therapy (with bars highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Positivity score	NHS Wales average
Morale	66.8%	54.8%
Patient safety	75.1%	58.7%
Staff engagement	75.1%	59.6%
We are all able to speak up	83.0%	66.3%
We are compassionate and inclusive	87.1%	70.1%
We are continuously learning and improving	78.7%	64.5%
We are stronger together	92.8%	69.4%
We champion flexible working	76.7%	61.8%
We nurture healthy working environments	63.3%	58.0%
We recognise everyone's contribution	86.2%	62.4%

# SLT Infographics Poster to use in recruitment based on 2024 data

## Work well *Live better*

@CTMUHBspeech

Here in Cwm Taf Morgannwg **Speech and Language Therapy department** we put **staff wellbeing** at the heart of our approach to leadership... but don't take our word for it take a look at our responses to the **Annual NHS Wales staff survey** below.

If you're **ready for a change** and want to work in a department that shares your values then come join the team!

"I would recommend my organisation as a place to work"



"I am proud I tell people I work for my organisation"



"I am able to make improvements in my area of work"



"I am involved in decisions that affect me/my team"



"My line manager listens to me when I describe challenges I face"



"I feel valued by my team"



# Top Tips for Staff engagement



# Next Targets based on 2024 data



## WELLBEING

Flexible working approval- collect baseline data and compare in 12/12, reduce rejection rates  
 Increase wellbeing activists in teams where any gaps identified- aim for no gaps by Oct 25  
 Update all LM supervision templates with WB as 1st prompt for discussion  
 Spot check audit of stay well plan discussion in annual PADRs- 50 staff per service by Oct 25



## VALUE STAFF

Collecting and sharing/celebrating of patient outcomes to improve staff morale  
 Plan for an All- AHP recognition event  
 Increase sharing of compliments and share evidence of departmental celebration of this by end of 2025- examples in monthly P&P



## TACKLE BURNOUT

Monitor TOIL; Ensure all staff have an up to date job plan/protected SPA - add to supervision checklist. Leaders model finishing work on time, protecting lunchbreak & time health for wellbeing



## WORKING ENVIRONMENT

Implement 5 min improvement cycle; Explore wider usage of shared space across therapies.  
 Regular DSE assessments & implementing changes needed.

# Any Questions?



*Please do not delete this slide...*

### Specific Matters for Consideration:

N/A

### Key Risks / Matters for Escalation:

No specific matters for escalation (Showcase presentation)



## Recommendation

Committee are being asked to NOTE the presentation

## Next Steps

DTPS to agree KPIs and dates for achievement (ideally prior to the 2025 NHS Staff Survey)

# Appendices- High Level Themes from 2024 Survey Data

# DTPS Our overall engagement score **71.4%** (72% Wales average)

## Areas we do well in

Questions / themes where we scored more positively

1. I am able to make improvements in my area of work. **63.8%** (60.6% Wales average)
2. I am involved in deciding on changes introduced that affect my work/ area/team/department. **50.4%** (47.9% Wales average)
3. I would recommend my organisation as a place to work. **58.4%** (56.4% Wales average)

## Areas we can improve

Questions / themes where we scored less positively

1. I look forward to going to work **43.8%** (51.2% Wales average)
2. I am enthusiastic about my job. **60.7%** (65.7% Wales average)
3. I am happy to go the extra mile at work when required. **75.9%** (78.7% Wales average)



**Agenda Item**

4.2

**Operational Delivery Committee**

**Employee Relations Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Charlotte Clarke, Head of People Services
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Charlotte Clarke, Head of People Services
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Hywel Daniel, Executive Director for People

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

<b>Acronyms / Glossary of Terms</b>	
ER	Employee Relations
IA	Initial Assessment






**1. Situation /Background**

- 1.1 Employee Relations (ER) refers to the strategic and operational management of the employment relationship between the organisation and its workforce, encompassing the frameworks, processes and practices that govern how employment matters are to be addressed. It includes the handling of individual and collective workplace issues such as conduct, grievance, attendance and capability to ensure workforce engagement, organisational integrity and legal compliance.
- 1.2 The Health Board mitigates employment-related risk through the application of comprehensive, evidence-based employment policies and procedures agreed via national and local consultation frameworks and developed in accordance with relevant employment legislation. Consistent and transparent application of these policies supports legal and regulatory compliance, promotes fairness and equity and reduces the risk of litigation, operational disruption and reputational harm.
- 1.3 Operational accountability for managing people issues rests with the line managers who are responsible for identifying and addressing concerns under these procedures in a timely and proportionate manner. The People Services team are responsible for providing expert advice and guidance to managers on informal and formal casework, supporting complex or high-risk matters and working in partnership with trade union colleagues to bring about fair and balanced outcomes.
- 1.4 This report provides an overview of the current volume of live ER cases.

**2. Specific Matters for Consideration**

**2.1 Employee Relations data**

Case work numbers were last reported to People and Culture committee on a quarterly basis up until end of quarter two 2024. Due to the fluctuating nature of the ER case numbers it was not possible to accurately provide retrospective information on case status as at the end of quarter three, therefore comparison data is available between quarter two and quarter four 2024-2025. The data provided shows the number of live cases as at the end of quarter four to allow for comparison with the reported quarter two figures.

Case Type	Open cases as at end Q2 2024-2025	Open cases as at end Q4 2024-2025
Fast track disciplinary	15	3 
Formal disciplinary	21	17 
Respect and Resolution	17	8 



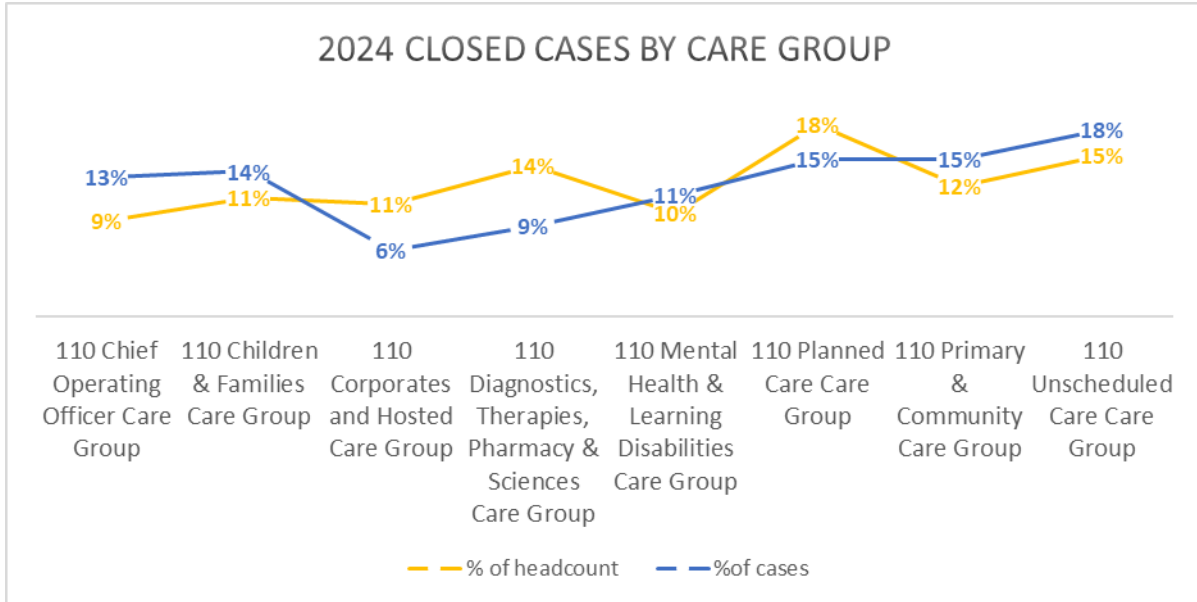
Appeals	8	5 ↓
Suspensions	3	1 ↓
Police / Safeguarding referrals	15	8 ↓

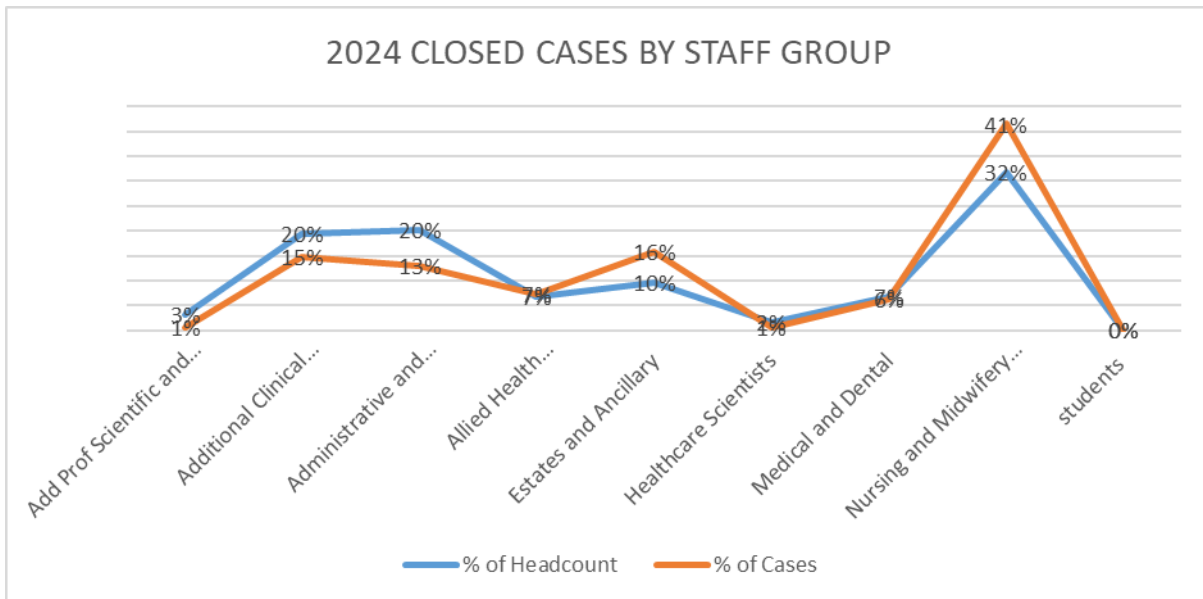
- 2.2 There has been a notable overall reduction in formal ER case activity live at the end of the quarter across all categories with no discernible trends in open case work data by staff group or care group. This suggests the reduction is not localised to one group but represents formal case reduction across the health board.
- 2.3 Although this is the first time such wholesale reduction has been reported it could be an encouraging indicator of increased early resolution in case management stage and/or shorter case timeframes with more in-month case conclusions. This is supported by the fact that there has been no reduction in the requests for people management advice from the people services team with 307 requests received in March 2024, and 397 received in March 2025.
- 2.4 If we look to the total volume of activity within quarter four, we can see that there were an additional nine disciplinary cases opened and closed within the period, six at fast track level, and three closed with informal action from initial assessment stage. This again supports the indication of reduced case resolution time frames. This is repeated across the reported case types with two additional Respect and Resolution cases and one formal appeal initiated and concluded within the three-month period.
- 2.5 Of the live formal disciplinary cases 14 are at investigation stage and three have a scheduled hearing date. Of the 14 being investigated, all were subject to an initial assessment of facts to determine the nature of the misconduct including an assessment as to whether the fast track process was more appropriate. In each case, it was determined that a full investigation was required. This will be due to one or more of the following factors:
- The employee has not admitted misconduct
  - No undisputed evidence exists
  - The nature of the misconduct may warrant a final written warning or above
  - The employee did not agree to the fast track process.
- 2.6 Current patterns in the types of allegations under investigation include four cases related to Alcohol and Substance misuse. In each case the People Services Advisor has ensured that misconduct concerns are considered

alongside the requirements of our Alcohol and Substance Misuse policy, to provide the necessary wellbeing support and signposting to specialist services. In addition, the team have built wellbeing concerns into our employee relations tracker to allow indicators to be shared either to local management or CTM Wellbeing level for proactive interventions or awareness campaigns such as the 'Are We Drinking Well' preventative course aimed at helping staff have a healthy relationship with alcohol (due to be offered on the Wellbeing YouTube channel from the end of April 2025).

2.7 Previous reporting in November 2024 highlighted an increase in cases related to sexual harassment and whilst current open cases do not replicate this pattern it is important that both short term and longer-term indicators are captured for discussion. For instance, whilst quarter two and quarter four case reporting suggested no identifiable trend between case numbers and staff or care group, when viewed over a longer reporting period, as seen in the 2024 case work review, the annual case trend showed:

- Largest over representation by care group of 4% variance for COO group (mainly attributable to Estates and Ancillary and reflected in this staff group accounting for 10% of headcount but 16% of cases)
- Largest over representation by staff group of 9% variance for nursing and midwifery.





- 2.8 From this indicator a deep dive into nursing and midwifery cases showed that of the 73 cases recorded for advice by the People Services Team in 2024, 30 resulted in no formal action, 24 of which were due to initial assessments or safeguarding and police referrals being resolved without recourse to formal case management. This approach may be a reflection of ongoing shifts towards restorative, just and learning principles which promote early and informal resolution to reinforce a values-based working environment.
- 2.9 Given that 33% of the cases for this staff group reflected informal management approaches the People Services Team designed, tested and implemented a new approach to employee relations case recording from April 2025 and launched an easier service access point with an improved triage and matrix process to separate and record informal advice requests. This will improve ER insight analysis and data-led improvement interventions allowing the team to respond to the needs of our managers across the Health Board.
- 2.10 Reporting ER case numbers on a quarterly basis can therefore be seen to allow for the identification of short-term spikes in case types however makes it harder to establish longer term trends which may build over time or show repeated peaks and troughs in numbers. To respond to this potential data gap the People Services Team are proposing to redefine the reporting structure to the Operational Delivery Committee to generate an improved insight led discussion on employee relations data, as well as reporting on interventions put into place to respond to short term needs.



2.11 Initial dashboard design planning includes:

- Advice requests and case flow; requests by care group and subject matter, funnelled by informal/formal and complex case status
- Case trends and case conclusion timeframes
- Formal and complex case deep dives; by care group, staff group, subject matter, outcomes, and resolution timeframes.
- Building trends over time for deeper employee relations culture insights.

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

3.1 No identified risks in employee relations activity requiring escalation.

**4. Assessment**

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



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not Applicable
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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 as equality data is collated as part of the ER data sets. There is no impact on Welsh Language, staff members can have their ER communication and the process conducted in Welsh.
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	Legal advice is sought on a case-by-case basis as required. In some instances, cases result in litigation via Employment Tribunal.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Potential for reputational damage if cases are not handled appropriately and are subject to litigation	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 To generate improved insight based discussion on ER case work at Operational Delivery Committee it is recommended that the Committee endorse the use of a new Employee Relations Dashboard reported on a bi-annual basis from October 2025 to include clearer analysis of longer term casework trends as well as early indicators from live cases.

5.2 The dashboard design is based on the points noted earlier in this report:



Recommended data point	Rationale
Expanded case-flow data to capture and track case resolution timeframes from initiation to conclusion.	Open cases at the end of quarter four 2024-2025 highlighted a positive early indicator in reduced case resolution times across all reported case types.
Case data by allegation type both live and building closed trends over time.	Current open cases have highlighted a potential spike in misconduct cases related to Alcohol and Substance misuse but does not maintain the previous indicator of increased cases due to sexual harassment.
Casework by staff group and care group	The 2024 casework review identified that the COO group accounted for the highest variance in case work compared to headcount with Estates and Ancillary Staff and Nursing and Midwifery Staff having the highest over representation by staff group with variances of 6% and 9% respectively.
Separation of case type, by informal/ formal/ complex status, and subsequent case outcomes by level of sanction	Further review of the 2024 data concluded that much of this variance by staff group could be accounted for by informal requests for advice, rather than formal or complex casework issues.

5.3 Inclusion of these data points will therefore allow the People Services Team to build trend analysis, rather than only identify short term spikes, track progress on positive case management indicators such as increased use of informal resolution options and decreased case resolution times and turn such insights into line manager capability interventions.

**6. Next Steps**

6.1 Design and population of the new employee relations dashboard to be presented from October 2025 and commence the biannual ER data reporting structure.



**Agenda Item**

5.1

**Operational Delivery Committee**

**Digital & Data Delivery Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Steve Macdonald Assistant Director of Digital Delivery
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stuart Morris, Director of Digital & Data
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris, Director of Digital & Data

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A	N/A	N/A



## Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
SBUHB	Swansea Bay University Health Board
DHCW	Digital Health Care Wales
DR	Disaster Recovery
ETR	Electronic Test Requesting
GFDC	Ground Floor Data Centre
HEPMA	Hospital Electronic Prescribing & Medicine Administration
MECM	Microsoft End Point Configuration Manager
MFD	Multi-Functional (Print) Device
PCH	Prince Charles Hospital
POW	Princess of Wales
RGH	Royal Glamorgan Hospital
WCP	Welsh Clinical Portal
WG	Welsh Government
WPAS	Welsh Patient Administration System
YCR	Ysbyty Cwm Rhondda
VPN	Virtual Private Network
DPIA	Data Protection Impact Assessment



### Acronyms / Glossary of Terms

CSIA	Cyber Security Impact Assessment
PSTN	Public Switched Telephone Network
ISDN	Integrated Services Digital Network
AWCP	All Wales Capital Programme
DPIF	Digital Prioritisation Investment Fund
PSBA	Public Sector Broadband Aggregation
NDR	National Data Resource



## 1. Situation /Background

1.1 The Digital & Data Operational Delivery Programme is complex and multi-faceted. In addition to supporting existing programmes of work, the directorate continues to improve and develop its core Business as Usual services.

1.2 The Digital & Data directorate consists of the following delivery pillars:



1.3 Existing operational programmes of work are reported through the Executive Management Board and / or the Operational Management Board.

1.4 As the Health Board governance structures develop, consideration will be given to a Digital & Data Delivery Board and a Technical Design Authority.

## **2. Specific Matters for Consideration**

### **2.1 Digital Systems**

#### **2.1.1 Bridgend PAS Disaggregation**

In the first quarter of 2025/2026, the priority of the Digital and Data team is the Welsh Patient Administration System (WPAS) merger.

The “dry run” prior to go-live is arranged for the weekend of 25 April to 28 April 2025.

The “go live” weekend is planned for Friday 16 May to Monday 19 May 2025.

The transition will commence at 17:00 on each of the Fridays, with a series of “Go/No-Go” checkpoint meetings planned in the lead up to the weekend.

During these weekends there will be significant disruption to the digital systems provision at the Princess of Wales, Bridgend, with most clinical services reverting to paper.

Milestones during the weekend will be continuously monitored.

To minimise impact, the Emergency Department at the Princess of Wales will have access to WPAS following approximately 8 hours of downtime from 17:00 on the Fridays.

The boundary change between CTMUHB and SBUHB posed a new challenge for the digital and data teams. In previous organisational change situations, the requirement on the clinical and non-clinical systems had been to support the merger of 2 Health Boards into a single Board. However, in this case the boundary change did not result in the merger of two health boards, but the realignment of part of one organisation into another. This has been technically a more challenging proposal for operational delivery and support.

There were over 60 clinical systems in use by the clinical teams in POW that required consolidation to single solutions across CTMUHB to allow service design. Currently there are 3 remaining which will be completed prior to go live.

For both the dry run and go live weekends, the organisation will be working within a Gold Command management structure, with a Silver

Command set up onsite at Bridgend, and the Executive on call rota extended to have two executives for each of the weekend days.

In the event of a major incident, or an urgent need to return service, systems can be reverted on within 15 minutes of a request being made.

These activities are the culmination of 3 years of work from digital teams across CTMUHB, Swansea Bay University Health Board and Digital Health & Care Wales.

While funding had been secured from Welsh Government for the WPAS merger, the additional system work has been managed from within existing Digital and Data discretionary budgets.

## **2.1.2 National Systems**

### **Pathology & Radiology**

The team are working closely with DHCW, Health Boards across Wales and the service on the replacement of the departmental systems in Pathology and Radiology.

Both diagnostic system replacements have challenging timescales, with Pathology due to be completed by October 2025 and Radiology completed by January 2026.

The Radiology date has been brought forward at the request of the national programme and to support a service continuity requirement from Velindre University NHS Trust. There is a potential cost impact for the Health Board of £86,000 which we are looking to be compensated for from the national programme.

### **Critical Care**

Welsh Government have requested a review of the national requirements for a Welsh Critical Care System. Workshops are being planned for the first quarter of 2025/2026.

The Health Board continues to improve its existing provision via its Phillips solution.

### **Connecting Care**

A further redrafting of the business case for the health elements of the Connecting Care programme is underway. Commitment is being sought for each organisation regarding the level to which they wish to be included in any procurement.

### **2.1.3 Regional Systems**

#### **Mental Health System Procurement**

The team are working with Local Authorities and Betsi Cadwaladr University Health Board on the procurement of a Mental Health solution. This procurement is due to commence on the w/c 28 April 2025.

Welsh Government have provided full funding for this work for the next 4 years.

#### **Maternity**

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

### **2.1.4 Business as Usual (BAU)**

The Digital systems team ensures that the various systems, 180+, used daily by both clinical and non-clinical staff are supported both from a hardware and application level to provide the best possible service to the users and the patients.

## **2.2 Digital Delivery**

### **2.2.1 Windows 10**

The version of Microsoft Windows operating system which is mostly used within CTMUHB is Windows 10. Windows 10 will no longer be supported by Microsoft after October 2025 and if not addressed, may present a Cyber Security risk to the organisation.

A programme of work is being undertaken to upgrade or replace devices running on Windows 10 to the newer, in support, Windows 11 platform. This is a significant undertaking. There are options to purchase an extended security support agreement for the Windows 10 devices that have not been upgraded to protect against cyber threat, which will have an associated cost. All Wales work, led by DHCW is taking place across Health Boards and Trusts to ensure as many devices as possible are upgraded and to consider the mitigating actions and cost implications for those that are not.

### **2.2.2 Citrix**

Citrix provides CTMUHB with 'thin client' technology, which historically was seen as a more cost-effective way of managing our desktops.

A strategic decision was made by CTMUHB to significantly reduce 'thin client' technology, replacing iGel devices with PCs.

However, Citrix, in alignment with many technology companies, has significantly raised its costs over recent years. This has led to a significant cost increase in the most recent 1-year contract extension which runs until December 2025.

To mitigate the cost rises, CTMUHB are reducing the need for 'thin client' technologies, reducing our concurrent users down from 3,000 users to 1,800 users. CTMUHB are now working with other Health Boards and Trusts, including DHCW, to procure similar services for after the December 2025 deadline.

### 2.2.3 Capital Spend 24/25

In 2024/25, the Digital and Data team directly managed and processed c£9.2m of capital, comprising of £2.8m of discretionary capital and £6.4m of All Wales Capital Programme (AWCP) / Digital Prioritisation Investment Fund (DPIF) capital.

Discretionary capital focussed on a rolling replacement of hardware, statements of need (i.e. staff equipment, both general plus ringfenced investment in therapies, community and mental health), Welsh Nursing Care Record (WNCR), continued delivery of the Infrastructure Review, Bridgend specific investments to enable disaggregation, Jayex patient calling system refresh, devices in readiness for the BadgerNet maternity system, and investment in a server access security authentication system (DuoMFA) and replacement/supplementary web filtering and access system (iBoss.)

The AWCP/DPIF funding enabled the formal commencement of the Electronic Prescribing programme in line with the original programme of work (digital medicine management portfolio, including significant investment in devices and also network improvements by replacing wireless LAN controllers and small site legacy core switches), ARMIS (Security Monitoring solution) and ISE security appliance/software to identify and securely manage devices accessing the network, end user devices patch management solution, VxRail server upgrades to support the National Data Resource (NDR) and the production environment, cyber vault expansion, network improvements (start of NEXUS switches replacement), significant investment in replacement user devices (including laptops purchased during COVID, legacy Windows 10 devices, and iGel thin client devices), and additional devices to support the implementation of the mental health system.

The majority of the investment, particularly AWCP/DPIF, was released to CTMUHB in the final months of 2024/2025, requiring significant effort on the part of technical teams to validate requirements, the Business Administration team, and the Capital and Procurement teams in Finance, in order to deliver on time and to budget.

#### **2.2.4 Public Switched Telephone Network (PSTN)**

UK's Public Switched Telephone Network (PSTN) and Integrated Services Digital Network (ISDN) is scheduled to be ceased on 31 December 2025. While the UK government has confirmed the final date is January 2027, our vendor, Maintel, advised that the latest date for CTMUHB is the end of 2025 (subject to review of emergency numbers). Cwm Taf Morgannwg has 376 'lines' which are affected (does not include the Bridgend area, where details are being collated). 111 lines are suggested for removal with 244 under review with appropriate departments. PSTN are mostly estate services for alarm/Building Management Systems (BMS)/fire connections). Our ISDN services are predominantly an additional failover to our network lines and planning work is underway to migrate these lines to SIP technology or remove from service.

#### **2.2.5 PCH Ground & First Floor Project**

Phase 2 of the building work is continuing with the next area due for handover week commencing 7 April 2025. Wi-Fi installation to commence over the Easter period ready for commissioning. Radiology is still outstanding with funding expected in 20225/2026.

Phase 3 planning is not yet finalised, network budgetary costs have been provided to Major Projects team. Expected to start around quarter 3 subject to funding. IT1 datacentre still a concern, with a temporary move being considered by end of 2025.

#### **2.2.6 Llantrisant Health Park (LHP) – Regional Diagnostic Hub**

Digital and Data activities progress in support of the development of Llantrisant Health Park (LHP).

The team have been developing their understanding of major building projects in South Wales by engaging with colleagues at the Velindre Cancer Centre and The Grange Hospital in Aneurin Bevan UHB. The team have undertaken a lesson learnt session with both organisations to understand some of the technical infrastructure challenges they experienced. The team have also been reviewing trends in modern technology infrastructure, especially regarding cellular / mobile phone services.

## 2.2.7 Electronic Prescribing & Medicines Administration (ePMA)

A technical Wi-Fi survey for ePMA locations is being carried. All ePMA site surveys have been complete (except for inaccessible building areas) for the primary acute sites and other priority locations.

The ePMA Programme team undertook additional checks with ePMA enabled devices at PoW, these checks were successful building confidence with the Wi-Fi service. Remediation and improvement activities are being prioritised for RGH & PCH with other sites to follow. Wi-Fi survey and remediation will be extended to the additional CTMUHB locations to ensure all areas are covered appropriately.

A technical challenge has arisen in the way the ePMA software connects to the Health Board and DHCW services.

It was originally envisaged that a Virtual Private Network (VPN) be setup between DHCW and NerveCentre networks to allow the correct flow of traffic in a secured way. While implementing the VPN DHCW determined that the design is not feasible with respect to high availability.

Working in collaboration with DHCW and NerveCentre a new secure proposal has been designed using additional services from the Public Sector Broadband Aggregation (PSBA).

## 2.3 Digital Transformation

### 2.3.1 Electronic Prescribing & Medicines Administration (ePMA)

The ePMA Project held their first round of roadshows to start engaging with staff and raise awareness of the upcoming roll out of electronic prescribing and medicines administration (ePMA). They were held at each of the main DGH sites, PoW, RGH and PCH with over 150 staff dropping in to see what the new system looks like and what it will mean for them going forward.

### 2.3.2 Patient Self Checking

Phase 1 of the project has procured 25 replacement media players and 3 replacement kiosks (hardware) which are due to be delivered by 25 April 2025.

Due to current usage in core outpatient services, Royal Glamorgan Hospital has been determined as priority for replacement of the Enlighten (Jayex system) with the new Flow Manager (VitalVub Ltd system). Other sites included in phase 1 are Prince Charles Hospital, Ysbyty Cwm Rhondda, Ysbyty Cwm Cynon, and Dewi Sant.

It is anticipated that all sites will be live with the new system by the end of May 2025. The system is currently under development and a demo will be held to stakeholders alongside the eOutcomes form on 29 April 2025.

Application of CTMUHB server build is in progress and anticipated to be completed by the end April 2025. Draft Data Protection Impact Assessment (DPIA) and Cyber Security Impact Assessment (CSIA) have been sent to the supplier with expected return by beginning of next week. Rolling plan for installation will be determined on receipt of hardware with the RGH as priority site. Project working groups are held weekly and the first Project Implementation Group is scheduled for 1 May 2025.

### 2.3.3 Medical Records – Document Scanning (Cito)

There are **164,567** patients with digital notes in Cito as at the end of March 2025; 32,543 with scanned legacy notes; 49,076 with day forward notes and 82,498 with legacy and day forward.

Between January and March 2025:

- **916,463** documents were prepped, scanned and quality checked by the Records Hub scanning team, creating 131,485 images in Cito.
- Contents of **60,799** day forward folders were destroyed instead of being permanently stored.
- **131,485** digital tasks were carried out by this team; preparation of day forward folders, scanning, quality checks and destruction of checked records.
- **2,774** instances of documents were discovered that had been filed in the wrong patient's case notes at the point of care. Corrective work was required to move these paper documents and digital images according to approved processes, to reduce the clinical risk. This is the highest number recorded since April 2021.

The team have continued to sustain the target to scan day forward records into Cito within 2 working days of receipt at the Records Hub.

### 2.3.4 Medical Records Performance

Between January and March 2025, Medical Records Library staff have had the busiest 3 months in the last 3 years.

- Williamstown Records Hub staff moved 140,169 paper records.

- Princess of Wales (POW) Library staff moved 122,990 paper records.
- Jointly, the teams validated and destroyed 18,548 records and redistributed library contents across sites to rectify challenging working conditions at POW. This work continues – approximately 305 is complete to date.

On hospital sites, Medical Records staff prepared 60,799 day forward folders for outpatients and admissions.

Referral and activity data is not available at the time of writing.

Short-notice cancellation and changes to Outpatient clinics continue to be received, creating very high levels of re-work required to cancel patients and re-book them; this has adverse effects on the entire department and on patients. Notably, cancelling patients at short notice causes them to be re-booked out of turn, as subsequent clinics are already booked some weeks ahead, with available capacity only on later dates. This re-work has an impact the ability to support additional clinics to reduce waiting times.

Between January and March 2025:

- **174** requests were made with **under 1 weeks' notice**
- **524** requests were made with **under 6 week's notice**
- **4** requests were recorded that contained insufficient or incorrect information and could not be actioned.

## 2.4 Data & Compliance

### 2.4.1 Software Development

Electronic Whiteboards: The specification for the 3<sup>rd</sup> phase of developments is being reviewed, with a view to the agreed functionality being available in July 2025.

The current Emergency Department Flow solution has been extended to capture and present, as a dashboard, all the information required to undertake the ED safely huddles. This is being demonstrated on the 16 April 2025.

School vaccination consent capture system has been completed and school nurses are now being trained with a view to the system going live at the end of April 2025.

The UHB is taking a lead development role for Wales on the integration of the National PROMs system and the new Capsule sponge results, which it is anticipated may replace 40% of gastroscopies in the medium term.

Primary Care API Testing has re-commenced, this is critical to enable CTMUHB 2030 and integrated seamless service provision for our residents.

Following agreement and securing funding for a workplan with the DSPP project to enable patient-facing forms for self-referral through the NHS Wales App, the programme advised that after phase 1, instead of phase 2 having zero cost, the UHB would need to fund development costs of £150,000. Consequently, the work has been paused.

With over a month to go until the deadline, coding completeness for the financial year 2024/2025 stands at 88.2%. We anticipate that with the use of the autocoder we will again achieve the 95% target.

#### **2.4.2 Business Intelligence**

The Business Intelligence team successfully completed the migration from Qlik to PowerBI –by the end of March 2025 deadline (the date the Qlik contract expired). New BI dashboards continued to be released including those underpinning the organisation’s work on productivity, innovation and transformation.

The data migration which underpins the Bridgend WPAS disaggregation has continued at pace, and although significant risks have been identified, as of now, all partners have indicated that they remain on track to meet the mid-May 2025 deadline.

Analysis and Modelling to support the UHB’s Integrated Medium Term Plan (IMTP) and Acute Clinical Services Plan (ACSP) continued at pace throughout the period.

#### **2.4.3 Information Governance**

##### **Data Sharing**

Detailed, contractual and legal based data protection discussions and assessments are underway across WG and the NHS in Wales to enable data sharing across NHS providing organisations and the creating of a shared care record for our population.



### Freedom of Information

Between December 2024 – February 2025, 143 requests were received with a compliance rate of 98% for this reporting period:

FOI requests for 2024/2025			
Freedom of Information CTMUHB	Dec 24	Jan 25	Feb 25
Number of Requests	29	60	54
Number of Requests withdrawn	0	0	0
No responded within timescales	29	60	51
% responded within timescales	100%	100%	94%
Number of exemptions applied	9	23	12
Actual number of questions	124	290	331
ICO appeals	0	0	0
Number of requests still outstanding (Unanswered)	0	0	1
Number of JCC requests included in the total above	0	4	0

### Information Governance Training

A key requirement of the ICO's office has been to increase our mandatory training compliance to 85%. Our current compliance as of March 2025 is 81.63%.

Training 2025	Jan	Feb	March
% staff completed IG e-learning	81.95%	82.40%	81.63%
Competencies required	12964	12992	13035
In-date competencies	10624	10706	10641
Out of date competencies	<b>2340</b>	<b>2286</b>	<b>2394</b>

### 3. Key Risks / Matters for Escalation

- 3.1 **Escalation:** Committee are requested to note Service disruption for the WPAS Merger.
- 3.2 **Risk:** Committee are requested to note the cost implications for Microsoft, Citrix and Radiology System implementation.



- 3.3 **Risk:** The forthcoming WPAS merge presents a risk, as circa 66,000 patients are currently registered in both WPAS systems. A team is being formed to address this as a priority, with funding received via the WPAS disaggregation project.
- 3.4 **Risk:** The increasing volume of misfiled clinical documents is a significant concern. This has been raised at the highest clinical levels, but the problem remains, with associated clinical and governance risks.
- 3.5 **Risk:** The roof leaks at the Williamstown Records Library have recently been repaired via the solar project; a sustained period without leaks is anticipated. This would enable this risk to be reduced significantly and therefore removed from the Corporate Risk Register.

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Sustaining Our Future
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	Linked to all Strategic Areas
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Resilient Wales
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Equitable
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) /</b>	No - Not Applicable



**Objectives / Strategy**

**Environmental /Sustainability Impact (5Rs)**

**Impact Assessment**

<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Undertaken for work programmes as required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): NEUTRAL  Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below:  Undertaken for work programmes as required
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	Note issue with Mental Health Subject Access Requests	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Staff, Revenue & Capital required to deliver the full ambition of the digital programme	

**5. Recommendation**

5.1 The Committee are requested to **NOTE** the contents of the report



**Agenda Item**

6.1

**Operational Delivery Committee**

**Organisational Risk Register**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29 April 2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gareth Watts, Director of Corporate Governance & Risk
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	FOR REVIEW
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Service, Function and Executive Formal Review	February / March	RISKS REVIEWED
Operational Management Board	February 2025	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	17 March 2025	MANAGEMENT SIGN OFF RECEIVED
Quality, Safety & Experience Committee	25 March 2025	REVIEW OF ASSIGNED RISKS

<b>Acronyms / Glossary of Terms</b>	



## 1. Situation /Background

- 1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.

## 2. Specific Matters for Consideration

### Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 7 March 2025.

### Training

- 2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.
- 2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
- Risk Management Approach
  - Practical Approach to Managing Risk
  - Risk Assessment and Scoring
  - Datix Risk Management Module
- 2.8 To date **771** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2.
- 2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.



- 2.10 108 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.80 out of a maximum score of 5.
- 2.11 100% of the 108 attendees providing formal feedback found that:
- The session provided the right amount of information.
  - They gained more confidence and knowledge in risk management having attended.
  - They would recommend this training to a colleague.
- 2.12 98% of the 108 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.13 Some of the recent comments from the session in June, received through evaluation, have been included below:
- *"This course was extremely useful being new to risk assessments in CTM it was the right amount of content/information and well delivered".*
  - *"yes, would like all qualified nurses be aware how to do this. ... training, well rounded, concise and very informative*

### 3. Key Risks / Matters for Escalation

#### 3.1 NEW RISKS

##### Digital & Data Directorate

- Datix Risk ID 6102 - Patient pathways - working in two WPAS instances. Risk score of 20.
- Datix Risk ID 5226 - Risk of damage to records and equipment due to leaking roof in the Williamstown Records Hub. New risk escalated March 2025. Risk Score of 20.
- Datix Risk ID 2795 - EUC: Unsupported Windows 10 Desktop Operating Systems. New risk escalated March 2025 due to increase in risk score. Risk Score of 16.
- Datix Risk ID 6039 - Increased cost of VMWare Licensing New risk escalated March 2025. Risk Score of 16.
- Datix Risk ID 5669 - Increased cost of Citrix Subscription. This risk has been re-escalated to the Organisational Risk Register as the risk score increased from a 12 to a 16.

##### Medical Directorate

- Datix Risk ID 6111 -Medical Examiner Delays. New risk escalated March 2025 due to increase in risk score. Risk Score of 20.

##### Children & Family Care Group

- Datix Risk ID 5903 - Unfunded Continuing Care Packages / unfilled packages. New risk escalated March 2025 due to increase in risk score. Risk Score of 20.
- Datix Risk ID 5753 - Inadequate Special School Nurse Provision. New risk escalated March 2025 due to increase in risk score. Risk Score of 20.



### **Mental Health and Learning Disabilities Care Group**

- Datix Risk ID 4973- Clinical Medical Cover within CTM Adult Mental Health Services. New risk escalated March 2025. Risk Score of 16.

### **Primary Care and Community Care Group**

- Datix Risk ID 5576 - Palliative Medicine Staffing. New risk escalated March 2025. Risk Score of 16.
- Datix Risk ID 6053 - Failure to secure an alternative Clinical System for GP practices on Vision. New risk escalated March 2025. Risk Score of 20.

### **Unscheduled Care – Care Group**

- Datix ID 5045 - Access to Neurology Inpatient and Outpatient Services for CTM Residents. New risk escalated March 2025. Risk Score of 16.

## **3.2 CHANGES TO RISKS**

### **Risk Score Increased**

Nil with regards to those risks currently escalated to the Organisational Risk Register.

### **Risk Score Decreased**

#### **Strategy and Transformation**

- Datix ID 5821 - Provision of secondary care immunology services by external provider (this is a service that is not provided by CTM UHB). Risk score reduced from a 20 to a 16 as triage has commenced. Risk score will be further reviewed once a service has been commissioned for follow up appointments and CTM have converted enough urgent referrals to the 40 outpatient contacts.

#### **Planned Care – Care Group**

- Datix ID 4071 - Failure to sustain services as currently configured to meet cancer targets. Service Director for Planned Care has reviewed the risk and reduced the score from a 20 to a 12 in March 2025. The rationale for the decrease in score is that whilst not achieving SCP target there is a sustained improvement in cancer performance and backlog position. Full workforce review being conducted, process mapping of the optimal cancer pathways taking place, interviews have taken place with staff to gain insight into opportunities for improvement, meeting matrix established with a weekly cancer focus with service groups to support collaborative working. These then feed into the established weekly performance meeting with Service Director.
- Datix ID 4103 - Sustainability of a safe and effective Ophthalmology service. Service Director for Planned Care has reviewed the risk and reduced the score from a 20 to a 12 in March 2025. Continuing with above (95% macular patients meeting target date). Consultant ophthalmologist has undertaken validation exercise on Follow Ups Not Booked. Pathway now in place where every patient has their next appt agreed before leaving clinic.



### **Diagnostics, Therapies, Pharmacy & Specialties Care Group**

- Datix ID 5590 - Radiopharmaceutical Business Interruption. Service Director for DTSP Care Group has reviewed this risk and due to a new Service Level Agreement being established with Swansea Bay University Health Board the likelihood of this risk has significantly reduced. Risk score decreased from a 20 to a 4.
- Datix ID 5462 - Adult weight management service - Insufficient capacity to meet demand. Risk reviewed by Service Director In the absence of incidents where moderate or high level of harm is occurring then the mitigating actions are holding the risk at Care Group Level while longer term solutions and controls are put in place. The risk of target achievement is highly likely and will require further conversations through 2025. Risk score decreased from a 20 to a 12.
- Datix ID 5658 - Lack of Dietetic service provision to Princess of Wales (POW) Critical Care. Service Director reviewed. No incidents have been reported and the mitigating action of the critical care Multi-Disciplinary Team is managing the risk and is helping to manage the patients. Risk score decreased from a 16 to a 12.

### **3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER**

#### **Finance Directorate**

- Datix ID 5764 - Failure to achieve the planned break-even position in 2024/25. This risk has been reduced from a score of 16 to a 12 in March 2025 as during Month 10, a number of material anticipated allocations have been confirmed resulting in a reduction in the risks to the forecast breakeven position. By reducing the risk to a score of 12 the target score has been reached and this risk is proposed for closure.

#### **Patient Care & Safety Directorate**

- Datix ID 4907 – Failure to manage Redress cases efficiently and effectively. This risk has been closed as it has been merged with Datix Risk ID 4908 – Failure to manage Legal cases efficiently and effectively which has a risk score of 16.



### 3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)

Consequence	5	Likelihood	1	2	3	4	5	3337	4664	5276	5932	6053	6102
	4							4337	5761	4491			
								4671	5691	3826			
								4908	5961	4632			
								4885	2795	5417			
								6039	5793	5765			
								5576	5045	6111			
								5903	4973	5226			
								5753	5669				
								5821					
	3									4672			
										4691			
										5040			
2													
1													
CxL													




### 3.5 EMERGING RISKS

None as assigned to the Operational Delivery Committee.

### 3.6 Board Assurance Framework – Principal/Strategic risks assigned to this Committee

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score
1a	<b>Sufficient capacity to meet elective demand</b>	<b>Improving Care</b> 	Chief Operating Officer	Quality, Safety & Experience Committee Operational Delivery Committee	<b>16</b> (C4xL5)
1b	<b>Sufficient capacity to meet emergency demand</b>	<b>Improving Care</b> 	Chief Operating Officer	Quality, Safety & Experience Committee Operational Delivery Committee	<b>20</b> (C4xL5)



Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score
3.	<b>Sufficient workforce to deliver the activity and quality ambitions of the organisation</b>	<b>Sustaining our Future</b> 	Executive Director of People	Operational Delivery Committee Strategic Development Committee	<b>16</b> (C4xL4)
5.	<b>Delivery of a digital and information infrastructure to support organisational transformation</b>	<b>Improving Care</b> 	Director of Digital	Operational Delivery Committee Strategic Development Committee	<b>16</b> (C4xL4)
10	<b>Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government</b>	<b>Sustaining our Future</b> 	Executive Director of Finance	Operational Delivery Committee	<b>12</b>

#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Resilient Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Learning, Improvement & Research
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b>	Safe



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

Impact Assessment		
<b>Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register. Individual risks may have been subject to QIA
<b>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?</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	See detail captured for each risk	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	See detail captured for each risk	
<b>Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)</b>	Yes (Include further detail below)	
	See detail captured for each risk	

## 5. Recommendation

5.1 The Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks

## 6. Next Steps

6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (Current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Open	Last Reviewed	Next Review Date		
1	6111	Executive Medical Director	Medical Directorate Function	Medical Directorate Manager	Improving Care	Patient / Staff /Public Safety	Medical Examiner Delays IF: there continues to be delays in length of time for scrutiny of deaths by the Medical Examiner Service THEN: death certification will not be completed in a timely manner and so increasing the length of stay of the deceased Resulting in: complaints from bereaved relatives due to delayed funerals, inability to view loved ones, and deterioration in condition due to delay and inability to comply with WIG bereavement framework and mortuary capacity being overwhelmed	Bereavement database updated to track cases and ensure timely attendance by doctors following scrutiny. Bereavement teams to provide estimated timescales for scrutiny based on database. Daily monitoring of daily occupancy. Funeral directors to be contacted by mortuary teams. All contingency capacity HB wide advanced in line with mortuary escalation action card. Use of contracted funeral director services if required. Use of medlink sessions to manage post mortem demand.	Plan to improve timely death certification by CTM/UBH specific QR code to alert wider staff and reduce delays and education videos from HES to improve accuracy. Continue to improve on communication with families around delays and estimated timescales.	Quality, Safety & Experience Committee. Operational Delivery Committee.	20	C4xL5	12 (C4xL3)	New risk escalated to the Organisational Risk Register in March 2025	05.03.2025	05.03.2025	07.04.2025	
2	6053	Chief Operating Officer	Primary Care and Community Care Group	Care Group Service Director	Sustaining Our Future	Service / Business Interruption	Failure to secure an alternative Clinical System for GP practices on Vision IF: a new supplier is not secured. THEN: there will be a significant risk to the availability of a clinical system/solution to support General Practice service delivery for our GP practices yet to transfer to an alternative provider (EMIS). Resulting in: GP service delivery and patient care being significantly impacted and further impacting on other healthcare services.	Digital Health Care Wales (DHCW) Task force with workstreams set up to manage the incident. Comm & engagement. The company is currently seeking a buyer, process started on Friday, December 13th. DHCW will work with the administration on the next steps, whatever the outcome of the marketing process. The administration has advised they are planning to maintain a full service to minimise disruption to practices. Health Boards are working together with DHCW to produce business continuity plans for both HBs and for practices.	Collaboration with DHCW and other Health Boards for Business Continuity Plans - timeframe 27.3.2025. Securing a new Clinical System Provider - timeframe 30.06.2025.	Quality, Safety & Experience Committee. Operational Delivery Committee.	20	C5xL4	5 (CSxL1)	New risk escalated to the Organisational Risk Register in March 2025	15.01.2025	28.02.2025	28.03.2025	
3	6102	Director of Digital	Central Corporate - Digital & Data	Head of Clinical Admin Transformation	Sustaining Our Future	Patient / Staff /Public Safety	Impact on the safety - Physical and/or Psychological harm Patient Pathways - Working in WIPAS Instances. IF: A patient is moved between SB WIPAS and CT WIPAS and their pathway is closed in one before it is opened in the other. THEN: The pathway will not be automatically re-opened by the systems (this must be manually transacted) and the pathway will remain closed. Resulting in: The incorrect ending of the patient pathway, as they will not be visible on the system, which could lead to possible patient harm/death.	Monitor records/ processes through agreed Standard Operating Procedure's and ensure corrective actions are taken until mitigation is successful. Flagging to users/ management where examples of this not being followed are identified.	Review current business processes and Standard Operating Procedures to clarify the importance of opening the CTM record before closing the Swansea Bay University Health Board record. This process prevents delays in urgent pathway management, as highlighted by Regard dermatology cancer referrals that were discharged on WIPAS but not set up on another system at the time of checking. It is anticipated that the target score will not be achieved until CTM/UBH have a fully migrated PAS systems and the whole organisation is using a singular PAS system for patient pathways.	Quality, Safety & Experience Committee. Operational Delivery Committee.	20	C5xL4	5 (CSxL1)	New risk escalated to the Organisational Risk Register in March 2025	19.02.2025	7.3.2025	02.04.2025	
4	5932	Executive Director of Finance	Central Corporate - Estates	Assistant Director of Planning - Capital and Estates), Strategic and Operational Planning	Sustaining Our Future	Environmental / Estate / Infrastructure	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from the roof of Phase 1. This risk increases in adverse weather with additional loading on the roof. Resulting in: significant impact/harm to patient, staff and public safety. Healthcare facilities which are not fit for purpose or sustainable for the future. Service delays impacting the patient experience and service performance of the Health Board. Potential legislative challenge and reputational damage. Loss of confidence in the Health Board estate infrastructure across CTM.	IF: The Health Board fails to act upon the recommendations of the findings of the report from the appointed Structural Engineers in relation to the roof area at the POWH. THEN: there is a risk of collapse of the roof coverings which could result in the roof coverings falling through the roof void into occupied clinical/non clinical areas and externally from the edges of Phase 1. This risk increases in adverse weather with additional loading on the roof. Resulting in: significant impact/harm to patient, staff and public safety. Healthcare facilities which are not fit for purpose or sustainable for the future. Service delays impacting the patient experience and service performance of the Health Board. Potential legislative challenge and reputational damage. Loss of confidence in the Health Board estate infrastructure across CTM.	Command structure established to manage the critical incident following identification of roof structure failings. Immediate mitigations being considered under 4 key Cells: 1) Discharge Cell - Objectives: The safe but rapid discharge of patients and services from the roof phase 1 POW site and to maintain quality of care and patient safety. 2) Decant Cell - Objectives are the safe but rapid decant of patients and services from top floor phase 1 POW site, to maintain quality of care and patient safety and to maintain staff safety and the deployment of the right staff to the right place. 3) Redirect Take - Objective - Reduce demand for inpatient beds on the POW site 4) Estates - focusing on ensuring decant areas are fit for purpose as well as overseeing the plans for the works on the roof. Enabling Support Cells Established: Patient Transport Workforce Digital Facilities Patient Safety Communication In addition barriers are in place around the footpaths to keep pedestrians away from the edge of Phase 1 roof.	Update March 2025: Removal of Roof Coverings at the Princess of Wales Hospital site in accordance with the recommendations in the structural engineering report of 9th October 2024. Contractor started the roof replacement programme on Monday 11th November. Phase 1 prioritised Maternity and Special Care Baby Unit, these areas are complete and were handed back 13th January. Contractors have removed the old tiles above Main Theatres and working on Wards 7, 8, 9, 10, 11) and Endoscopy on risk of falling tiles has reduced considerably with the large area of roof where the old tiles have been removed. Remaining Wards 5 and 6 will start roof work soon. Full programme including Theatre EDN works and fire compartmentation above located wards and depts due to be completed mid August 2025.	Operational Delivery Committee. Quality, Safety & Experience Committee. Health, Safety & Fire Sub Committee.	20	C5xL4	10 (CSxL2)	↔	23.09.2024	10.03.2025	10.04.2025
5	5765	Executive Director of Finance	Finance Directorate	Deputy Director of Finance	Sustaining Our Future	Financial Risk	Failure to reduce the £19.4m recurrent deficit at the start of 24/25 to the planned £2.1m recurrent surplus at the end of 24/25 IF: The Health Board is not able to plan and deliver recurrent expenditure run rates that align with the available recurrent funding for 2024/25. THEN: The Health Board may not be able to deliver a break-even financial position for 2025/26. RESULTING IN: • The Health Board not being able to increase investments in services and/or reduce savings targets from current levels. • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • WIG not supporting the Health Board's plan for 25/26. • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 25/26. • Potential cash shortfalls in 25/26.	Financial Accountability letters from CEO to Executive Leadership Group. Monthly monitoring arrangements and meetings in place with Care Groups and Directorates. Regular reporting to the Executive Leadership Group, the Planning, Performance & Finance Committee and the Board.	Update March 2025 - Month 10 update: The forecast underlying deficit at the end of 2024/25 is £10.7m (M9.5m). The deterioration in the underlying position is mainly attributed to under achievement of savings delivery. The forecast recurrent deficit also excludes any ongoing costs of the Princess of Wales Hospital critical incident, which will represent an additional non recurrent cost projected in 25/26. Our latest estimate is that these costs will be circa £10.0m. The main action is to 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.	Operational Delivery Committee.	20	C4xL5	12 (C4xL3)	↔	30.04.2024	05.03.2025	30.04.2025	
6	4491	Chief Operating Officer	Deputy Chief Operating Officer - Acute Services	Deputy Chief Operating Officer - Acute Services	Improving Care	Patient / Staff /Public Safety	Impact on the safety - Physical and/or Psychological harm Failure to meet the demand for patient care at all points of the patient journey IF: The Health Board is unable to meet the demand upon its services at all stages of the patient journey. THEN: The Health Board's ability to provide high quality care will be reduced. Resulting in: Potential avoidable harm to patients	Controls are in place and include: • Technical list management processes as follows: - Specialty specific plans are in place to ensure patients requiring clinical review are assessed. - All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly. - A process has been implemented to ensure no new sub specialty codes can be added to an unreported list, this will be refined over the coming months. - All unreported lists that appear to require reporting have been added to the RTT reported lists - All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning. • Outsourcing is a fundamental part of the Health Board's plan going forward. • The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load. • A Firm Review process is being piloted within Ophthalmology - it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified. Planned Care board established. - The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating.	Planned Care: • Progress made on ~104 week • 8 theatres across CTM/UBH remain closed, 2 mobile endoscopy treatment rooms opened 4th March 2025, 4 Mobile theatres to open mid-April 2025, 2 Prince Charles Hospital (PCH) theatres to open end of April 2025 • Critical incident declared at Princess of Wales (POW) on 9th October 2024 due to the roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity. • A process has been implemented to ensure no new sub specialty codes can be added to an unreported list, this will be refined over the coming months. • All unreported lists that appear to require reporting have been added to the RTT reported lists • All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning. • Outsourcing is a fundamental part of the Health Board's plan going forward. • The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load. • A Firm Review process is being piloted within Ophthalmology - it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified. Planned Care board established. - The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating.	Update March 2025 - CTM Acute Stroke services have been temporarily consolidated onto the Royal Glamorgan Hospital (RGH) across 2 wards, since January 2025. The urgent temporary changes to the Stroke service were enacted as a result of the following: 1) POW Ward 9 moved in Oct 2024, due to water ingress and declaration of Critical Incident at the Princess of Wales hospital in Bridgend and the resulting necessity to decant some wards and services to alternative locations, stroke services transferred in November 2024. 2) PCH Ward 13 moved to mitigate collapse of the service due to further and rapid deterioration of the Stroke Consultant workforce in January 2025 Progress since the temporary centralisation of the Service to RGH: • Querying teams have started to work together to review rotas across both wards to support safe staffing across the Acute Stroke Unit (ASU) • One junior medical rotator has now been designed to ensure all the team have exposure to acute and rehab parts of the Stroke pathway for learning purposes • Therapy teams (Physio, OT, S&LT and Dietetics) have come together to work flexibly and collaboratively across the stroke unit • Stroke Consultant job out to advert with two candidates interested in applying • Dedicated therapy bay for Stroke patients in place. • Monitoring and Evaluation plan being pulled together to enable data to be produced on a monthly basis (will support sharing longer-term Stroke Service plans) • Reduction in long waiting patients and on track to clear all 104+ week patients by end of March 2025 • Stroke unit improvement hurdles with all professions • PCH TIA clinics have now moved onto RGH site. • Central Monitoring has now been installed on the Stroke Unit Concerns/Risks: • Skills/lacunae vacancies - particularly within the nursing workforce • High reliance on locum consultants to enable the service to run adequately • Unable to move POW Stroke clinics to RGH until May due to different ICT systems • RGH demand - increased diagnostic demand for display, echo and MRI • WCR 24 increase in stroke beds with associated levels of workforce required • Instability with temporary nursing shift patterns / transport requests • Therapy staffing is already below national standard so increased beds numbers, patient flow issues, staffing vacancies and long term sickness have exacerbated the capacity challenges and impacted on level of care provided. • Increased pressure on WAST due to having to transfer self-presenters • The ability to report data has been disrupted by a combination of the changes in how SSNP requires data to be recorded • Some stroke patients presenting with milder symptoms are missing the stroke pathway whilst in ED and being picked up via a different route to be monitored • Appropriate accommodation space across the stroke unit remains a challenge in order to provide quality interventions • Lack of psychology input across the stroke pathway remains a concern	Quality, Safety & Experience Committee. Operational Delivery Committee.	20	C4xL5	12 (C4 x L3)	↔	13.7.2023	07.03.2025	07.04.2025
7	4632	Executive Director of Therapies and Health Sciences	Unscheduled Care Group	Head of Strategic Planning and Commissioning	Improving Care	Patient / Staff /Public Safety	Impact on the safety - Physical and/or Psychological harm Provision of an effective and comprehensive stroke care pathway across CTM (encompassing prevention, acute care and rehabilitation) IF: changes are not made to improve and align stroke prevention initiatives, early intervention campaigns, and acute and rehabilitation stroke care pathways across CTM THEN: avoidable strokes may not be prevented, patients who suffer stroke may miss the time-window for specialist treatments (thrombolysis, thrombectomy), and patients may not receive timely, high-quality, evidence-based stroke care RESULTING IN: higher than necessary demand for stroke services, poorer patient outcomes/increased disability, increased length of stay, and poor patient/carer experience. Impact will extend to the need for increased packages of care, increased demand for community health services, and increased carer burden when discharged to the community.	Executive-led Stroke Strategy Group in place, with targeted task and finish under development. Membership updated to reflect senior Ops changes. • Task and membership of Strategy Group updated. • Close working amongst executive team to escalate and address operational and clinical issues in relation to stroke pathway. • Board briefing to ensure all signified to challenges • Quarterly briefings to Quality and Safety Committee • Performance data regularly presented to Performance, Planning and Finance Committee • Strong CTM input to regional and national Stroke Programme Boards • Unified, evidence-based pathway developed for thrombolysis • Preparations progressing to prepare for 24/7 thrombolysis service at Bristol and updated NCP guidance on thrombolysis and thrombectomy. • Designated senior operational lead for performance and improvement leadership for stroke pathway	Update March 2025 - CTM Acute Stroke services have been temporarily consolidated onto the Royal Glamorgan Hospital (RGH) across 2 wards, since January 2025. The urgent temporary changes to the Stroke service were enacted as a result of the following: 1) POW Ward 9 moved in Oct 2024, due to water ingress and declaration of Critical Incident at the Princess of Wales hospital in Bridgend and the resulting necessity to decant some wards and services to alternative locations, stroke services transferred in November 2024. 2) PCH Ward 13 moved to mitigate collapse of the service due to further and rapid deterioration of the Stroke Consultant workforce in January 2025 Progress since the temporary centralisation of the Service to RGH: • Querying teams have started to work together to review rotas across both wards to support safe staffing across the Acute Stroke Unit (ASU) • One junior medical rotator has now been designed to ensure all the team have exposure to acute and rehab parts of the Stroke pathway for learning purposes • Therapy teams (Physio, OT, S&LT and Dietetics) have come together to work flexibly and collaboratively across the stroke unit • Stroke Consultant job out to advert with two candidates interested in applying • Dedicated therapy bay for Stroke patients in place. • Monitoring and Evaluation plan being pulled together to enable data to be produced on a monthly basis (will support sharing longer-term Stroke Service plans) • Reduction in long waiting patients and on track to clear all 104+ week patients by end of March 2025 • Stroke unit improvement hurdles with all professions • PCH TIA clinics have now moved onto RGH site. • Central Monitoring has now been installed on the Stroke Unit Concerns/Risks: • Skills/lacunae vacancies - particularly within the nursing workforce • High reliance on locum consultants to enable the service to run adequately • Unable to move POW Stroke clinics to RGH until May due to different ICT systems • RGH demand - increased diagnostic demand for display, echo and MRI • WCR 24 increase in stroke beds with associated levels of workforce required • Instability with temporary nursing shift patterns / transport requests • Therapy staffing is already below national standard so increased beds numbers, patient flow issues, staffing vacancies and long term sickness have exacerbated the capacity challenges and impacted on level of care provided. • Increased pressure on WAST due to having to transfer self-presenters • The ability to report data has been disrupted by a combination of the changes in how SSNP requires data to be recorded • Some stroke patients presenting with milder symptoms are missing the stroke pathway whilst in ED and being picked up via a different route to be monitored • Appropriate accommodation space across the stroke unit remains a challenge in order to provide quality interventions • Lack of psychology input across the stroke pathway remains a concern	Quality, Safety & Experience Committee. Operational Delivery Committee.	20	C4xL5	12 (C4 x L3)	↔	11.05.2021	06.03.2025	06.04.2025	
8	5276	Director of Digital	Central Support Function - Digital & Data	Pathology Directorate Manager	Sustaining Our Future	Business Objectives - Operational	Operational Patient safety Digital Healthcare Wales Interdependencies Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025. IF: the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires in June 2025. THEN: operational delivery of pathology services may be severely impacted. RESULTING IN potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	Currently LINC Programme progress against timeline to LINC Programme Board and Chief Executive Group. Business continuity options are being explored including extending the contract for the current LIMS to cover any short term gap in provisions. An expert stock take review of the LINC programme has been completed with findings presented to Collaborative Executive Group (CEG) to inform next steps.	Update March 2025 - Delay in UAT, currently under review but due to CTRV issue still aiming for December 2025 deadline - extraordinary project planned for 03/03/2025 to discuss revision of project plan. Risk of delivery by October is increasing and concerns as to when would be an appropriate implementation date given winter pressures.	Quality, Safety & Experience Committee. Operational Delivery Committee.	20	C5xL4	5 (CSxL1)	↔	26.10.2022	20.12.2024	28.02.2025	
9	4664	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Legal / Regulatory	Ransomware Attack resulting in loss of critical services and possible extortion Risk detail captured in closed session of the Committee due to business sensitivities			Operational Delivery Committee.	20	C5 x L4	15 (CSxL3)	↔	26.05.2021	06.03.2025	06.04.2025	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Date ID	Strategic Risk Owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committee	Rating (Current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Open	Last Reviewed	Next Review Date	
3826 Linked to 4833 and 4841 in Bridgend Linked to 4462	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director - Unscheduled Care	Improving Care	Patient / Staff / Public Safety	Emergency Department (ED) Overcrowding	<b>If:</b> As a result of exit block due to hospital capacity and process issues patients spend excess amounts of time within the Emergency Department. This is manifested by, but not limited to, significant 12 hour breaches currently in excess of 400 per month. There are also large numbers of patients spending longer than 24hrs and 48hrs within the ED (please see attached information).  <b>Then:</b> Patients are therefore placed in non-clinical areas.  <b>Resulting In:</b> Failure to deliver Emergency Department Metrics, Poor patient experience, compromising dignity, confidentiality and quality of care. The ability for timely ambulance handover with extensive delays for patients requiring assessment and treatment. Filling assessment spaces compromise the ability to provide timely rapid assessment of major cases; ambulance arrivals and self presenters.  Filling the last resus space compromises the ability to manage an immediate life threatening emergency. Clinicians taking increasing personal risk in management of clinical cases. Environmental issues e.g. limited toilet facilities, limited paediatric space and lack of dedicated space to assess mental health patients. Some of the resulting impact such as limited space has been exacerbated by the impact of the Covid-19 pandemic and the need to ensure appropriate social distancing.	Increased number of nursing staff being rostered over and above establishment. Additional resus mattresses have been purchased with associated equipment. Additional catering and supplies.  Incidents generated and attached to this risk.  Weekly report highlighting level of above risk being generated. All patients are triaged, assessed and treatment started while waiting to offload. Escalation of delays to site manager and Director of Operations to support ambulance crews to be released.  - Rapid test capacity in the POW hot lab has recently increased with a reduction in wait turnaround times.  - Expansion of the bed capacity in Y5 to mitigate against the loss of bed capacity in the same sector and Meeting community hospital.  - Daily site wide safety meeting to ensure flow and site safety is maintained.  - There is now a daily HAST led call (including weekends) with a senior identified leader from the Health Board representing CTM and talking daily through the plans to reduce offload delays across the 3 ED sites.  - Twice weekly meetings with IBCB colleagues to ensure that any delays in discharge are escalated at a senior level to maximise the use of limited care packages/home care capacity.  - Appointment of Clinical Lead and Lead Nurse for Flow appointed Feb 21.  - Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements.  - Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	Update March 2025 - The USC-SHT reviewed current ambulatory pathways and the site based clinical teams are in the process of developing an SOP relating to RCUK. We continue to explore the potential to expand ambulatory footprint at the Princess of Wales site. Quality statement baseline assessment has been completed, part of this work, will result in the development of an overcrowding score which should help reduce the risk of harm with overcrowding in the emergency department.  1. Currently developing a standardised approach to our hub/capture and reporting. 2. Proof of concept has been completed with engagement from operational and clinical stakeholders. 3. Move to development of software project. 4. This will support a consistent approach to recording and reporting escalation levels across all our acute sites. 5. USC Dashboard which provides daily and ongoing trend data for performance metrics 1 Emergency Care. 6. Developing data intelligence Emergency department acuity levels, including risk stratification and also clinical frailty score for all attendances in each of our Emergency Departments. 7. CTM DHTM describes development of a predictive data model to enhance current systems (we already have predicted attendance) This remains an ongoing risk for all 3 sites and is reviewed regularly as implementation of targeted improvement takes place. Nurse establishments are being reviewed to ensure safe staffing. With sustained high level of escalation.	Quality, Safety & Experience Committee Operational Delivery Committee	15 (C4xL3)	C4xL5	12 (C4xL3)	↔	24.09.2019	6.1.2025	6.4.2025
5417	Chief Operating Officer	Primary Care and Community Care Group	Care Group Service Director	Improving Care	Patient / Staff / Public Safety	Paediatric Dentistry - General Anaesthetic (GA) theatre list	<b>If:</b> Regular additional GA theatre lists (necessary to meet current and future demand) are not made available to the Community Dental Service team for paediatric GA.  <b>Then:</b> ... the number of children waiting list for assessment and treatment will continue to increase beyond 1000 by March 2024.  <b>Resulting In:</b> 1. children waiting increased times for assessment/treatment who have high levels of dental caries and painful teeth requiring extraction. 2. a further increase in the number of children requiring GA due to long waits for assessment more children need GA when assessed, conversion rates has jumped from 48% to 80%. Children can only wait 8 weeks form assessments to treatment therefore there is a large backlog of assessments due to limited GA lists to provide treatment.	Current theatre lists are run on Monday mornings and Friday afternoons and are likely to be cancelled due to bank holidays. This impacts the running of the service, no additional lists are available when lists are missed. There are currently 800+ patients waiting for appointments, with some already waiting for 17 months. Patients are advised to return to their General Dental Practitioner (GDP) if they experience pain, some children are being prescribed multiple courses of antibiotics to ease dental infections that can only be alleviated by tooth extraction. There is a risk these patients will require the removal of more teeth/more require GA when assessed/children will present on an urgent case in Accident and Emergency if left untreated.	Update March 2025 - The service still currently only has 1 urgent GA list per month. Primary care are exploring the use of the Vanguard clinics to run the GA lists all day on a Saturday for a possible 6 month period. This would enable up to 10 children to receive treatment in this time period (approximately 240 children), this would still leave a significant number requiring care under GA. However, it may take 9 weeks from this date to arrange all the required teams to be able to deliver the lists on a weekend i.e. additional hours/availability of paediatric ward and theatre staff, paediatric anaesthetists, therefore the number of children treated is likely to be lower if the full 6 months cannot be utilised. The planning for the Saturday GA lists will form part of the weekly vanguard meetings. Slippage monies from Planned Care will be required to pay for the staffing costs. In addition to this, discussions are ongoing for regular lists to be allocated to the service in RGN and PCH.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	9 C3xL3	↔	20.04.2023	06.03.2025	07.04.2025
5903	Chief Operating Officer	Children & Family Care Group	Care Group Service Director	Improving Care	Statutory Duty, Regulation, Mandatory Requirements.	Unfunded Continuing Care Packages / unfunded packages	<b>If:</b> The budget is not allocated, to employ additional staff within Children's Continuing Care.  <b>Then:</b> agreed packages of care which have clearly identified an unmet need, will remain unfilled.  <b>Resulting In:</b> impacts of child and family wellbeing, risk to the child, risk of the unmet need continuing, children with packages for school being prevented from attending. Not meeting health boards obligation against Welsh Government Continuing Care Guidance.	1.0 mte BS currently out for advert Temporary posts advertised for Health Care Support Worker - partially successful Risk remains high as staff need to be recruited, inducted and trained SBAR for permanent recruitment escalated to Operational Management Board - no decision to date.	Update February 2025 - SBAR to be submitted to Operational Management Board for permanent recruitment to fulfil outstanding continuing care shifts, permanent recruitment of staff is required.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	6 (C3xL3)	New risk escalated to the Organisational Risk Register in March 2025	05.09.2024	19.2.2025	05.3.2025
5226	Director of Digital	Digital & Data Directorate	Head of Clinical Administration Transformation	Improving Care	Patient / Staff / Public Safety	Risk of damage to records and equipment due to leaking roof in the Williamstown Records Hub	<b>If:</b> the paper records stored at Williamstown Records Hub are damaged due to the recurrent water leaks in the roof.  <b>Then:</b> then they may be damaged beyond repair.  <b>Resulting In:</b> records not being available for patient care or for legal purposes.	The Estates Directorate have arranged for checks and repairs but roof continues to leak in Library Record Store and above workstations in Library Office. Staff are vigilant and containers are placed to catch known leaks. However, new leaks can occur and unavoidable water damage could occur at any hour during wet weather. Leaks could also cause slips/falls in hard floor areas.	Update March 2025 - As at 10.2.2025- Repairs have commenced on the southern end of the roof. However, since 6/1/25, 6 new areas of leakage have occurred. On 4 of these occasions, patient records have been water-damaged. 9300 records have been affected in total so far, including maternity records which have a 22-year retention period. Work to repair the northern end of the roof is awaited with urgency. Plastic sheeting has been utilised in an attempt to protect notes but it is only possible to do this in small areas, approximately 40% of the Library remains at significant risk.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	3 (C3xL1)	New risk escalated to the Organisational Risk Register in March 2025	30.08.2022	10.02.2025	30.04.2025
5045	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director	Improving Care	Patient / Staff / Public Safety	Access to Neurology Inpatient and Outpatient Services for CTM Residents	<b>If:</b> There is no clear direction and commissioning intentions set out in respect of neurology services provision for the residents of RIG.  <b>Then:</b> existing service pressures in respect of the consultant workforce, availability of diagnostic tests, inpatient demand, care of women on valproate medication, provision of epilepsy specialist nursing services, lack of ante natal epilepsy services and outpatient demand and waiting times will continue.  <b>Resulting In:</b> a risk of harm from late diagnosis; patient condition deterioration; delays starting appropriate treatments; long waiting times; medication issues and potentially sudden unexpected deaths. There is also an issue around reporting of waiting times for neurology patients.	An additional Locum Consultant working out of RIG providing inpatient and outpatient neurology services support. Plan to appoint 3 consultant neurologists within CTM as part of the Neurology Liaison Plan.	Significant concerns have been raised across CTM and the planning team has engaged with key stakeholders to develop a robust commissioning plan. Any development of the service will require investment. A CTM liaison service model paper has been produced and forms part of the USC Care Group DHTP plan for 2025/26. Provision of neurology services to CTM residents has been highlighted as a key risk in the Medicine CSG DHTP in previous years.  The waiting lists are currently reported by CRVUHB but there has been a request for CTM to take this over. An SBAR has been drafted and tabled at OMB on 19/02/25 which identifies the resources required to take the waiting over in a reasonable position.	Quality, Safety & Experience Committee Operational Delivery Committee	18	C4xL4	8 (C4xL2)	New risk escalated to the Organisational Risk Register in March 2025	09.3.2022	07.03.2025	01.04.2025
5576	Chief Operating Officer	Primary Care and Community Care Group	New risk escalated March 2025. Risk Score of 16.	Sustaining Our Future	Workforce / Organisational Development / Staffing / Competence	Palliative Medicine Staffing	<b>If:</b> The Health Board are unable to recruit to the vacant Palliative Medicine Consultant post in Ffynfy Cam Cymru (FCC) for Merthyr/Cynon.  <b>Then:</b> there will be a 60% gap in palliative medicine consultant cover. This is in addition to an already understaffed consultant complement.  <b>Resulting In:</b> a negative impact to the delivery of Specialist Palliative Care (SPC) inpatient at YCC. As well as negatively impact on capacity in the other SPC Centres in Royal Glamorgan Hospital and Princess of Wales Hospital, as remaining Consultants will be required to cover. They are already low as a workforce establishment. Despite this the SPC Centre in YCC will not meet the required standards to retain the SPC status.	Unit is currently open with strict criteria for acceptance End of Life patients only when accepted by a consultant.  Limited cover from other SPC centres provided but this individual has now retired, and only remote cover has been secured from other SPC sites going forward.  Recruitment in specialist agencies being sought. Additional middle grade cover sought but will have limited impact as not meeting national standards	Additional sessions offered to remaining consultant, albeit just 2 sessions. Additional middle grade doctor being sought to provide additional resilience. Timeframe April 2025.	Quality, Safety & Experience Committee Operational Delivery Committee	18	C4xL4	8 (C4xL2)	New risk escalated to the Organisational Risk Register in March 2025	11.10.2023	28.02.2025	28.3.2025
5753	Executive Nurse Director / Deputy Chief Executive	Children & Family Care Group	Care Group Service Director	Improving Care	Workforce / Organisational Development / Staffing / Competence	Inadequate Special School Nurse Provision	<b>If:</b> The Health offer towards the current Special Schools Nursing Model School Nurse Provision (SLN) in Special Schools.  <b>Then:</b> The Community Children's Nursing (CCN) Service are unable to meet their obligations across the five special schools in CTM and be unable to fulfil their obligations to Rhondda Cymru Taf (RCT) and Merthyr who are the only LEAs who contribute financially into the SLN.  <b>Resulting In:</b> Dissatisfaction and fractured relationships within RCT and Merthyr LEA, inequity of service provision across CTM special schools, risks to the children & young people (CYP), impact on Consultant Led clinics, inability of special school nurse to deliver on School Nursing Framework in Wales part 2 - Nursing in Special Schools and Healthy Child Wales (HCW) part 2. Lack of access to continued professional development and peer support for the nurses based in Special Schools, continued issues with recruitment and retention of nursing staff into Special Schools	Mitigation - reviewing SLA in pace with LA, high level meetings with EDOR, Nursing Director and Directors of education. Supporting staff, sharing risk across SSN schools. During periods of absence or vacancies, access to a school nurse will not be available in person 5 days per week. However, telephone advice and support will be available. These control measures do not meet expectations of Local Authority.  Meetings have been held between Directors of education and Director and Executive Nurse. SBAR has been escalated to Care Group OMB but needs to be escalated to HB OMB (19/02/2025) Engagement between senior nurse and head teachers and support for special school nurses has been given.	Update February 2025 - SBAR to be completed and escalated to directors to support funding request to invest into special school nursing services. Clarity and agree roles and responsibilities with Local Authorities - Task and Finish Group to agree roles and responsibilities with headteachers and ensure SLA's reflect this.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 (C4xL2)	New risk escalated to the Organisational Risk Register in March 2025	16.01.2024	19.2.2025	05.3.2025
4973	Chief Operating Officer	Mental Health Care Group	Care Group Service Director	Improving Care	Patient / Staff / Public Safety	Clinical Medical Cover within CTM Adult Mental Health Services	<b>If:</b> CTM Mental Health Service fails to implement adequate senior medical cover across adult in-patient and OMHT services.  <b>Then:</b> The Health Board's ability to provide quality care, a safe environment for patients and a good standard of training for junior doctors will be reduced and potentially compromise the safety of patients and staff.  <b>Resulting In:</b> sub-optimal care to patients, inability to discharge its legal duties under the Mental Health Act, due to insufficient numbers of suitably skilled and experienced Approved Clinicians. Junior doctor supervision will be reduced which may affect future recruitment, patient safety/experience compromised and staff well being will be poor.	Functional inpatient model in place with 3 consultants to cover. Redeployment out of the service and resignation has led to a further depleted workforce and cover will reduce to two consultants from January 2025 with additional middle grade support.  Rehabilitation service is at a critically low level with urgent closure of one service needed. Difficulties relating to locum posts due to introduction of risk card and need to have Welsh AC approval. Permission to go out to non-DE has been provided.  Weekly cover rota going out to inpatients and reabs wants to ensure are aware of the cover arrangements.  Two RAs recruited to Rehab and IP in Jan/March 2025 which will free up senior time The Adult Directorate is managing medical staffing through "recalibrated action" procedures with daily scrutiny and communication pressures and counter measures to release the Consultant body.  Daily reviews with Retinue on the availability of staff	Substantive jobs which are new posts are being developed and advertised. Substantive and significant programme of work running alongside this in the Medical Workforce Productivity in place. International recruitment drive looking to recruit two Specialty Doctors to Inpatients and Rehab in August 2025.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	12 (C4xL3)	New risk escalated to the Organisational Risk Register in March 2025	13.02.2025	30.04.2025	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (Current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
1821	Executive Director of Strategy & Transformation	Central Corporate Directorate - Commissioning	Assistant Director of Transformation, Strategic and Operational Planning	Improving Care	Service / Business Interruption	Provision of secondary care immunology services by external provider (this is a service that is not provided by CTM UHB).	<p>IF: CTM is unable to secure a new contract with an alternative commissioned provider;</p> <p>Then: CTM residents will have no access to secondary care immunology provision.</p> <p>Resulting in: unacceptable level of clinical risk for both routine and urgent referrals that are currently without any available referral option. Patient experience will be impacted by delays in onward referral for investigation, diagnosis and definitive treatment/management plan. This could lead to both informal and formal concerns being submitted to the health boards.</p>	<p>Working group in place to seek and secure service (meets monthly), although more regular communication and updates is sent in between meetings. Exploration of suitable providers within the NHS and also private providers undertaken. Short term contract being sought for urgent referrals and expected by end July 2024.</p> <p>CTM UHB Referral Management Centre currently maintaining database of both urgent and routine referrals received. CTM GPs have been informed of the challenges currently experienced with immunology provision and delays can be expected.</p>	<p>Update January 2025 - December 24 Update - Work continues to source alternative service offer. Key updates include - the provider is likely to start triaging the first batch of 40 ref's Jan/Feb. Draft agreement been produced. Referral process established with referral management team. Still need to confirm how urgent referrals seen by provider that convert to follow up.</p> <p>Update February 2025 - North Bristol Trust have now started to triage the first batch and we have a weekly tracker which shows the outcome e.g. referrals on to the tertiary service at Cardiff &amp; Vale University Health Board, discharged with advice &amp; guidance, need to be offered a first outpatient appointment. Outpatient clinics not started yet but they will be completed by 31/3/25 at the latest. In addition to the above WG have commissioned an All Wales scoping exercise and so CTM UHB have submitted the clinical and commissioning reps and are waiting to be contacted for an initial meeting to be arranged.</p> <p>Risk score reviewed and slight decrease in risk score from a 20 to 16 as triage has commenced. Risk score will be further reviewed once a service has been commissioned for follow up appointments and CTM have converted enough urgent referrals to the 40 outpatient contacts</p>	Quality, Safety & Experience Committee Operational Delivery Committee	16 (Decreased from a 20 to a 16 in February 2025)	C4xL5	4 (C4xL1)	↓	08.07.2024	19.2.2025	30.04.2025
1795	Director of Digital	Central Corporate - Digital & Data	Assistant Director for Digital Delivery	Sustaining Our Future	Statutory Duty, Regulation, Mandatory Requirements	EUC: Unsupported Windows 10 Desktop Operating Systems	<p>IF: Unsupported Desktop 10 Operating Systems on the network are not upgraded / replaced</p> <p>THEN: the devices running these OS's, will remain unsupported by the vendor as well as being vulnerable to:</p> <ol style="list-style-type: none"> <li>1. Virus infection.</li> <li>2. Intrusion.</li> <li>3. Denial of Service.</li> <li>4. Support Issues.</li> </ol> <p>Resulting in: A lack of vendor support for any issues, and a potential loss of data, function or service, due to the increased risk of the above points. There is also an increased risk to the rest of the network as these devices could be used as a node in, before traversing the network with malicious intent.</p>	<ol style="list-style-type: none"> <li>1. Plan of Action to upgrade current operating systems.</li> <li>2. Where equipment cannot be upgraded replacement stock available.</li> <li>3. Rolling replacement programme includes replacement of remaining equipment.</li> <li>4. Where operating system cannot be replaced there is Risk Assessment document from OSSMB to mitigate the risks.</li> </ol>	<p>Escalated to Organisational Risk Register in March 2025 as risk score increased.</p> <p>Windows 10 has now been scheduled for End of Life on the 14th October 2025. This means that after this date no security and functionality patches will be made available.</p> <p>Mitigations: Upgrade Windows 10 PCs to Windows 11, not every device might not be compatible for Windows 11 due to the age of CTM UHB PC estate.</p> <p>Enrol remaining Windows 10 devices in the Extended Security Update (ESU) programme to ensure that devices received security patches after Oct 2025 - cost to be developed.</p>	Operational Delivery Committee	18	C4xL4	4 (C4xL1)	↔	11.07.2017	17.01.2025	31.03.2025
1569	Director of Digital	Central Corporate - Digital & Data	Assistant Director for Digital Delivery	Sustaining Our Future	Service / Business Interruption	Increased cost of Citrix Subscription	<p>IF: The proposed increase in costs for providing this client (Citrix) desktops to staff is not affordable or fully funded</p> <p>Then: Some or all of the staff that use Citrix will no longer be able to do so</p> <p>Resulting in: Staff being unable to access local and national systems</p> <p>Citrix is used by staff to access Virtual Desktops from ITEL thin client devices - 4000 across. These devices only work with Citrix. Staff who access systems using Windows Laptops and PCs will be affected less severely, although many do use Citrix for certain functions.</p> <p>Legacy Annual Budget - £28k Interim renewal offer - £418k (based on 12 month cost) Proposed Annual Cost - £1.44M</p> <p>Beside from the CTM Local use and costs for Citrix - National applications that are delivered via Citrix are also in scope of the cost increase, and DHCW have indicated that any costs associated with this are likely to be passed on directly to the organisations.</p>	<p>Renewal costs will increase. Work underway with NHS Wales and Citrix to arrive at the best value licensing on an all Wales basis.</p> <p>CTM Renewal in March 2024, although an interim offer had been made which will take the renewal to December 2024 - allowing all NHS Wales organisations to sign their renewals and for negotiations around licensing levels and quantities to be fully understood.</p> <p>A task and finish group has been started to reduce Citrix use across CTM.</p> <p>Additional WG alligance money has been secured to replace a large percentage of our Igal estate, approx. ~2,500 devices, out of an Igal estate of ~3,500 devices.</p>	<p>The current Citrix licensing agreement runs out in December 2025 - it was hoped that we would not need Citrix licenses by this date, however due to competing demands this may now not be possible. Initial conversations with DHCW and Citrix about extending our licensing arrangements are not positive. We had hoped for another tactical 1 year extension based on a smaller number of licenses however Citrix are indicating that they would only extend for 3 years with a similar cost profile regardless of number of licenses - this could work out to be approx. £1.6m for 3 years. Planning has begun to negotiate the need to renew for 3 years.</p> <p>The T&amp;F group are working on a number of strands: Understand and minimising ~1000 Citrix users not using Gels. Understand and start to roll out of Igal replacement - (2,600 PCs) Understand approach to licensing Citrix delivered DHCW Apps (WLNHS, WPAS, etc). Complete Procurement of temp Citrix licenses to take us up to December. Continue conversations with national groups about Citrix. Understand more about National Procurement Exercise for Citrix and key dates. Consideration of alternative technologies to Citrix</p> <p>Even with the current control measures, it is recommended that the risk score stay at 16 until further conversations with Citrix and DHCW in March.</p>	Operational Delivery Committee	16	C4xL4	4 (C4xL1)	↔	12.01.2024	20.02.2025	30.05.2025
1039	Director of Digital	Central Corporate - Digital & Data	Assistant Director for Digital Delivery	Sustaining Our Future	Operational: Core Business, Business Objectives, Environmental / Estates Impact, Projects	Increased cost of VMware Licensing	<p>IF: The proposed increase in costs for providing a virtual server infrastructure (VMWare/VXRAI) is not affordable or fully funded within FY25/26 and FY26/27</p> <p>THEN: nearly every clinical service (e.g. Pathology, ICU) will be affected</p> <p>Resulting in: the health board being unable to access local clinical systems</p>	<p>Identification of funding within discretionary capital allocations and opportunities in end of year alligance - estimates to replace all 35 VXRAI nodes is £3.5m (Feb 26 - 4 nodes go out of support, June 26 - 6 nodes go out of support, Jan 27 - 18 nodes. Estimate cost to replace each node is £100k).</p>	<p>The further mitigating action plan is that the Digital and Data Team are exploring alternative technologies with providers to ensure an effective and efficient service.</p>	Operational Delivery Committee	16	C4xL4	8 (C4xL2)	↔	09.01.2025	17.01.2025	31.03.2025
1561	Executive Director of Finance Executive Lead for Estates	Central Corporate - Estates	Estates Directorate	Sustaining Our Future	Environmental / Estate / Infrastructure	Remedial roof works to resolve the water ingress at POWH.	<p>IF: The Health Board fails to act upon the recommendations of the findings of the report from the appointed Structural Engineers in relation to the roof areas at the POWH</p> <p>Then: water ingress will continue to be a problem.</p> <p>Resulting in: significant impact/harm to patient, staff and public safety. Healthcare facilities which are not fit for purpose or sustainable for the future. Service delays impacting the patient experience and service performance of the Health Board. Potential legislative challenge and reputational damage. Loss of confidence in the Health Board estate infrastructure across CTM.</p>	<p>Command structure established to manage the critical incident following identification of roof structure failings.</p> <p>Immediate mitigations to vacate 1st floor wards &amp; depts. of Phase 1 being managed under 4 key Cells: 1) Discharge Cell - Objectives: The safe but rapid discharge of patients and services from the roof phase 1 POW site and to maintain quality of care and patient safety 2) Decant Cell - Objectives: The safe but rapid decant of patients and services from top floor phase 1 POW site, to maintain quality of care and patient safety and to maintain staff safety and the deployment of the right staff to the right place. Decant plan agreed 15th Oct. 3) Redund Take - Objective - Reduce demand for outpatient beds on the POW site. 4) Estates - focusing on ensuring decant areas are fit for purpose as well as overseeing the plans for the works on the roof. Enabling Support Cells Established: Patient Transport, Workforce, Digital, Facilities, Patient Safety, Communication</p> <p>In addition barriers are in place around the footpaths to keep pedestrians away from the edge of Phase 1 roof.</p>	<p>Update March 2025: Removal of Roof Coverings at the Princess of Wales Hospital site in accordance with the recommendations in the structural engineering report of 9th October 2024. Contractor has been appointed. Welsh Government funding £26.24m was approved Friday 8th November, contractor started the roof replacement programme on Monday 11th November. Phase 1 has prioritised Maternity and Special Care Baby Unit, roof replaced and handed over on Monday 13th January. Full programme including Theatre F&amp;E works and fire compartmentation above vacated wards and depts due to be completed mid August 2025.</p>	Quality, Safety & Experience Committee Operational Delivery Committee Health, Safety & Fire Sub Committee	18	C4xL4	8 (C4xL2)	**	21.10.2024	10.03.2025	10.04.2025
4885	Director of Corporate Governance / Board Secretary	Corporate Governance	Corporate Governance	Improving Care Sustaining our Future	Quality / Complaints / Assurance / Patient Outcomes	Failure to deliver and sustain effective Policy Management System and Process	<p>IF: the Health Board fails to maintain an effective policy management process/system to monitor, store and manage the review of policy and procedural documentation</p> <p>Then: there is a risk that staff may act in a manner that is not consistent with strategic and functional expectations. Policies and procedures may not be readily accessible to support decision making and service delivery, and the Health Board may not be protected from litigation if policies and procedures are not regularly reviewed to reflect changes in standards and/or legislation.</p> <p>Resulting in: Policies not being readily available for reference in decision making / emergency situations to support courses of action. Non compliance with new standards and legislative changes leading to possible legal challenge. Limited version control which could impact decision making if there are inconsistent or varying versions of a policy available.</p>	<p>The Policy for the Development, Review and Approval of Organisational Wide Policies is current and sets out the process to follow.</p> <p>Policy and Procedure advice and guidance is available from the Clinical Policy lead and the Assistant Director of Governance &amp; Risk for non clinical policies.</p> <p>SharePoint Intranet page acts as document library.</p>	<p>Update March 2025 - Stage 1 of the Project Initiation Document complete and Stage 2 has commenced. Baseline position now established, however, significant work still required to improve compliance position. Timeline for completion of the project is 31.12.2025. No change to risk score at this stage.</p>	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 (C4xL2)	**	26.10.2021	07.03.2025	30.4.2025
1561	Chief Operating Officer	Facilities Directorate	Assistant Director Facilities	Sustaining Our Future	Patient / Staff / Public Safety	Risk detail captured in closed session of the Committee due to business sensitivities	<p>Impact on the safety - Physical and/or Psychological harm</p>			Quality, Safety & Experience Committee Operational Delivery Committee Health, Safety & Fire Sub Committee	16	C4xL4	C3xL4 12	↔	31.01.2024	18.02.2025	30.04.2025
15761	Executive Medical Director	Medical Directorate Function	Medical Directorate Manager	Improving Care	Patient / Staff / Public Safety	Cross Health Board Data Sharing	<p>IF: Digital services across Wales are unable to resolve an ongoing issue with the ability to share patient data in both directions across health boards/trusts</p> <p>Then: Clinical staff across CTM will be unable to provide the safe and effective care to patients using transparent, available data</p> <p>Resulting in: Potential harm to the patients of CTM due to the lack of clinical information available to clinicians when making clinical assessments.</p>	<p>For CTM, this is a particular issue in Prince Charles Hospital as there is a lot of patient cross over at the boundary of Aneurin Bevan Health Board. As a health board we continue to raise this as a serious patient safety issue and will continue to press for a solution with Digital Health Care Wales. CTM UHB have asked for alternate options for a quicker solution and timescales to be aligned with these. This has been added as an agenda item for discussion at the next All Wales Medical Director meeting.</p>	<p>Digital Health Care Wales have been working on the ability to share data in both directions so data flows in the Health Board systems - this has been an issue for some time. ABLHB have allocated some project resource to scope, map and plan the work needed, however, resources will need to be allocated by C&amp;V and AB to get the work done. There was a strong commitment from Pen-Isaf East Wales Regional Digital to work closer together and link into a wider regional programme board, this was repeated at the regional planning meeting.</p> <p>Update March 2025 - No change to risk score or current mitigations.</p>	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 C4xL2	↔	26.04.2024	30.12.2024	31.03.2025

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (Current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
4908	Executive Nurse Director / Deputy Chief Executive	Central Function - Patient, Care and Safety	Assistant Director Quality & Safety	Improving Care	Statutory Duty, Regulation, Mandatory Requirements	Failure to manage Legal cases efficiently and effectively	<b>IF:</b> The Health Board was unable to sustain ongoing funding for the two temporary Legal Services Officers  <b>Then:</b> the Health Board will not be able to manage cases in a timely manner and will not meet the required targets in respect of Putting Things Right.  <b>Resulting In:</b> Risk to quality and safety of patient care, resulting from lack of capacity to manage cases in an efficient and effective manner, which could result in failure to comply with the WRP procedures resulting in financial penalties	The Health Board are developing an action plan in response to the Welsh Risk Pool review, which includes the reviewing structures and workloads  New operating model in respect of quality, safety and governance almost fully implemented. New systems and processes, including escalation, implemented to assist to effectively manage cases.  The Assistant Director of Concerns & Claims, Head of Legal Services and Legal Services Manager are all carrying case loads to help mitigate this risk.  The team are having to apply an objective triage approach across the portfolio of redress, LFERs and Inquests to support the mitigation of this risk.	Update March 2025: Regular reports run on all Legal Cases (including Redress, Claims and Inquests cases), with monitoring by the Assistant Director of Concerns & Claims, with oversight by the Assistant Director of Quality & Safety.  Currently, due to staffing challenges, in order to support the mitigation of this risk, the Legal Services team are applying an objective triage approach across all legal services. Agency staff are also in place, these being: • 1 legal agency admin staff, who have been in place since August 2024, and will continue in post until end of May 2025; • 1 legal agency (paralegal) commencing 10 March 2025. It is anticipated they be in post for a period of 2 months.  Legal cases continue to be monitored and escalated through the weekly Q&S Assurance Meeting, led by the Executive Nurse Director, Deputy Executive Director of Nursing and Assistant Director of Quality & Safety.	Quality, Safety & Experience Committee  Operational Delivery Committee	15	C4xL4	8 (C4xL2)	↔	02.11.2021	07.03.2025	07.05.2025
4337	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Digital Systems	Creating Health	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects  Including systems and processes, Service/business interruption	Integrating Patient Records across the Health Board	<b>IF:</b> The Health Board does not have a unified electronic health and care record and systems which are integrated across the organisation and with our primary and social care providers  <b>Then:</b> The Health Board will be unable to deliver safe, high quality, clinically and cost effective care to patients  <b>Resulting In:</b> Compromised safety of patients needing treatment that are reliant on clinical test results and information being available to clinicians to plan and deliver the treatment plan and the requirement for sub-optimal manual processes	<b>Key Controls</b> 1. SBIB/Service Level Agreement 2. Bridged disaggregation and the one-CTM aggregation plan 3. NHS Wales Control Agreement and data sharing agreements 4. Numerous national service management boards and Technical oversight groups providing strategic, tactical and operation governance. 5. National ePR programme and systems  Gaps in Control The full business case for the Bridged / old-CT integration remains unfunded. There are currently a number of CTM systems that are not compatible with Bridged systems. There is insufficient discretionary capital funding available to support delivery of the aggregation plan There is no data item integration with GP systems, the ABHB Clinical Workstation or Local Authority system Numerous delays in NHS Wales progressing open architectural approach which results in CTM LHB being unable to access our own data as data items (required for linking systems and data analysis) Strategic approach to becoming an anchor organisation to encourage SMEs not developed, resulting in challenges in proceeding with small agile development Discipline of organisation in keeping to the supported application platforms is being challenged - in particular staff are keen to exploit the opportunities presented by the MS365 platform however there are no resources available to support, train or integrate the platform within the EPR architecture	Update March 2025: Still on track for 16th May 2025. Consideration needs to be given to any service changes being made during May 2025.	Operational Delivery Committee	15	C4 x L4	8 (C4xL2)	↔	14.10.2020	07.03.2025	07.05.2025
4671	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects  Including systems and processes, Service/business interruption	Lack of a resilient and performant Digital Network Infrastructure and Assets	Risk detail captured in closed session of the Committee due to business sensitivities			Operational Delivery Committee	15	C4 x L4	9 (C3xL3)	↔	03.05.2021	06.03.2025	06.05.2025
4672	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects  Including systems and processes, Service/business interruption	Access to a complete, integrated, and coded medical record.	<b>IF:</b> The Health Board is not able to record information accurately and reliably, with complete and up to date information  <b>Then:</b> the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate out of date or incomplete  <b>Resulting In:</b> Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&D and value etc.	<b>Operational controls:</b> Coding key performance indicators covering productivity, demand and backlog robustly monitored Digitised Patient Notes programme board monitors scanning times, adherence of contractor to terms and quality of staff in maintaining a record DHCW annual coding quality audit. Coding Improvement and Transformation plan established incorporating additional trained coding capacity, coding at source, use of data captured in other systems and e-forms implemented. Natural language programming resource deployed and outputs of programme being validated. Tactical - EPR programme with deployment of snomed-CT ontology server, WCP & E-forms etc.  <b>Tactical controls:</b> Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business National Architecture Review - encompassing (NDR /CDR & Sharing arrangements) Coding transformation programme  <b>Gaps in control</b> Scanning time of outpatient activity to digitise the record is at 51 days of maximum clinically safe time of 24-48 hours Quality of paper record and its filing is very poor with audits identifying over 70% of paper records are not maintained to acceptable standards Digital solutions not yet using snomed-CT structurally coded data Information and Technical Standards not being followed with national body favouring document rather than data exchange Near amounts of clinical information stored in disparate spreadsheets not visible to central medical record or available to patients or system leaders (including value based healthcare) Digital transcription programme unsupported & unsupported from march 23	Update March 2025 - Progress continues with the reallocation of medical records from high-pressure areas across the Bridgend locality, including Glanglyd and P&W. An ongoing project aims to repatriate Swansea Bay University Health Board notes stored in Glanglyd, with phase 1 complete and phase 2 expected to finish within the next 2 weeks. Digital patient day forward scanning has maintained the 48-hour turnaround target.	Operational Delivery Committee	15	C3 x L5	9 (C3xL3)	↔	05.06.2021	07.03.2025	07.05.2025
5040	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational: • Core Business • Business Objectives • Projects  Including systems and processes, Service/business interruption	Digital Healthcare Wales (DHCW) interdependencies	<b>IF:</b> The Health Board can not integrate new applications into its digital architecture in a timely fashion  <b>Then:</b> there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated and major strategic priorities for the organisation (e.g. Bridged aggregation and the deployment of the new Emergency Department system) not being delivered  <b>Resulting In:</b> delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: 1. Loss of information integrity and accessibility as multiple copies of clinical records. 2. Failure and delay of digital system deployments (e.g. WEDS) 3. Possible breaches to the GDPR, safeguarding and information governance risk. 4. Distrust by staff of the ICT systems and services they are using 5. Money being wasted	A Myrdin strategic programme group has been established, chaired by the CEO of DHCW to map out how the constraints can be overcome  S&As are in place between DHCW and NHS Wales organisations, however their fulfilment has been exposed by demand pushing the waiting times for developments to start (not complete) to over 12 months  Gaps in controls: WG have agreed some funding for the PAC element, however the DHCW continues to be a top down decision process rather than one being based on HB (user / customer) needs - driven in part by demand overwhelming their capacity (much of which is either Covid born or results from the significant overrun in establishing a minimum viable product to replace CanSIC) and numerous critical constraints not continuing to be observed in the system whilst the architecture remains closed. HB carrying vacancies in critical areas with no capacity to cover the work from within. As a consequence programme to digitise the Emergency Department processes and records has been suspended. Data acquisition from DHCW products is a curates egg, some new APIs are being made available to standards, however latest PAC offering is via csv download, presenting challenges to adoption of standards within certain areas. UHB still awaiting availability of access to key HB data such as radiology and tests results.	Update March 2025 - CTR/IB are awaiting approval for JMTF submission. The Health Board needs to understand the outcome of the ministerial advisory group and WG planning to lead national business case during 07.25-26.	Operational Delivery Committee	15	C3xL5	9 (C3xL3)	↔	07.02.2022	07.03.2025	07.05.2025
3337	Chief Operating Officer  Linked to RTE Risk 4813 and M&C 4817, 4790, 3273 and 4804.	Central Support Function - Digital & Data  Director of Primary Care and Mental Health Services	Lead Infrastructure Architect  Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Creating Health	Patient / Staff /Public Safety	Lack of a Single Electronic Patient Record in Mental Health Services	<b>IF:</b> Mental Health Services do not have a single integrated clinical information system that captures all patients details.  <b>Then:</b> Clinical staff may make a decision based on limited patient information available that could cause harm.  <b>Resulting In:</b> Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace.	Control measures updated September 2023.  1. A PID has been developed which outlines the processes, resources and timelines sought to be discussed in September Programme Board 2. The Business Case to be refreshed on the back of the PID once approved. It will need to identify additional staff resource required to progress the disaggregation process to bring all CTR/IB staff who currently use WCCIS via local authority over to CTR/IB WCCIS platform. Requires Programme Board approval. 3. Business case to be progressed following Board approval. 4. A new MILD Care Group risk will be developed relating to the operational mitigations required in the interim to support safe communication and this will be held by the High Quality Clinical Record group, part of the Inpatient Improvement Programme	Update March 2025 - Update provided by the Director of Digital, confirmed that the implementation period of the Single Record Programme is Jan-July 2027. The programme board will be convened in April 2025 and the tender will be awarded by the end of 2025.  Risk reviewed no change	Quality, Safety & Experience Committee  Operational Delivery Committee	15	C5xL3	6	↔	07.11.2018	13.02.2025	31.05.2025
4691	Chief Operating Officer  Linked to RTE Risk 4803, 4790, 3273 and 3019.	Mental Health Care Group	Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Sustaining Our Future	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects  Including systems and processes, Service/business interruption	New Mental Health Unit	<b>IF:</b> Mental Health inpatient environments fall short of the expected design and standards.  <b>Then:</b> Care delivered may be constrained by the environment, which is critical to reducing patient frustration and incidents as well as presenting more direct risk as a result of compromised observations.  <b>Resulting In:</b> Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace and extended lengths of stay.	A Quality Improvement programme in relation to inpatient care has started and a work stream in relation to Safe and Therapeutic Environments has been established with the aim of optimising the patient experience. Inaugural workshop took place on the 26th April.  Assistant Director of Strategic Transformation - Mental Health has commenced in post. This new role will lead a range of strategic programmes including recommending a capital business case for a new Mental Health Unit.  Annual revisiting of all patient fixture risks and completion of Statement of Needs via capital process for any fixture risks assessed as needing resolution.  All anti fixture works planned for 2022 - 2023 have now been completed.  A scoping document case is to be prepared and submitted to WG.  Inpatient Improvement Programme established April 2023	Update March 2025 - Still awaiting a feasibility review on Mental Health inpatient space that will support the mitigation for this risk. Care Group Director engaging with the Capital Team on progressing this at present. No change to risk score at this stage.	Quality, Safety & Experience Committee  Operational Delivery Committee	15	L5 (C3xL5)	6 (C3xL2)	↔	15.06.2021	13.02.2025	31.05.2025

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)
4071	Chief Operating Officer Planned Care - Care Group	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to sustain services as currently configured to meet cancer targets.	<b>IF:</b> The Health Board fails to sustain services as currently configured to meet cancer targets. <b>Then:</b> The Health Boards ability to provide safe high quality care will be reduced. <b>Resulting in:</b> Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment.	Tight management processes to manage individual cases on the cancer pathway. Regular reviews of patients who are paused on the pathway as a result of diagnostics or treatment not being available. To ensure patients receive care as soon as it becomes available. Regular Quality impact assessments with the MDTs, to understand areas of challenge and risk Harm review process to identify patients with waits of over 104 days and potential pathway improvements. Initiatives to protect surgical capacity at the Vale hospital for ASA 1+2 level patients until alternatives become available. All three sites are working to maximising access to ASA level 3+4 surgery on the acute sites. HB working to ensure haematological SACT delivery capacity is maintained. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. Considerable work around recommending endoscopy and other diagnostic services whilst also finding suitable alternatives for impacted diagnostics. Alternative arrangements for MDT and clinics, utilising Virtual options Cancer performance is monitored through the more rigours monthly performance review process. Each Care Group now reports actions against an agreed improvement trajectory.	Update July 2024 - risk ongoing, mitigation continues to be : ongoing increased scrutiny of pathways, focused work with urology, Gynae and colorectal, enhanced monitoring with Velindre Cancer Centre. Update November 2024 - Performance is improving, however, CTM are still not meeting the set Trajectory so the risk remains. Update January 2025 - Whilst not achieving SCP target there is a sustained improvement in cancer performance and backlog position. <a href="#">See update in Column L.</a>	Quality, Safety & Experience Committee Operational Delivery Committee	12 Risk decreased from a 20 to a 12 in March 2025	12 Being considered for closure.
4103	Chief Operating Officer	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Sustainability of a safe and effective Ophthalmology service	<b>IF:</b> The Health Board fails to sustain a safe and effective ophthalmology service. <b>Then:</b> The Health Boards ability to provide safe high quality care will be reduced. <b>Resulting in:</b> Sustainability of a safe and effective Ophthalmology service	Measure and ODTC DU reviews nationally. . Clinical staffing structure stabilised and absence reduced (new consultant, nurse injectors, ODTC's, weekend clinics). . On going monitoring in place with regards RTT impact of Ophthalmology. . In line with other services, to meet the RTT requirement services are being outsourced - maintaining this level of performance will be challenging going forward. . Additional funding for follow up appointments provided and significant outsourcing undertaken (6,500 cases) with harm review piloting to assess all potential harms. . Additional services to be provided in Community settings through ODTC (January 2020 start date). . Intravitreal injection room x2 established with nurse injectors trained. Follow up appointments not booked being closely monitored and outsourcing enacted. Regular updates re follow up appointments not booked being monitored by Management Board / Q&SR (patient safety issues) and Finance, Performance and Workforce Committee (performance issues). Reviewing UHB Action Plan in light of more recent WAO follow up review of progress. Primary and Secondary Care working Groups in place. Ophthalmology Planned care recovery group established overseeing a number of service developments: WLI clinics, outsourcing of Cataract patients, development of an ODTC in Maesteg Hospital, implementation of Glaucoma shared care pathway, implementation of Diabetic Retinopathy shared care pathway, regional work streams, trial of new Glaucoma procedure (IMS), streamlining pathways. Quality and Performance Improvement Manager post created to provide dedicated focus, detailed demand and capacity analysis being undertaken. All patients graded according to the WG risk stratification R1, R2, R3. Additionally, several specific waiting lists are further risk stratified to ensure that the highest risk patients are prioritised.	Update August 2024 - risk ongoing, no new updates in addition to those reported in April 2024, to be reviewed in September 2024. Update January 2025 - December 2024 - 95% of macular patients are meeting their target date currently. <a href="#">See update in Column L.</a>	Quality, Safety & Experience Committee Operational Delivery Committee	12 Risk decreased from a 20 to a 12 in March 2025	12 Being considered for closure.
5462	Executive Director of Public Health Executive Director of Therapies & Health Science	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Adult weight management service - Insufficient capacity to meet demand	<b>IF</b> there is insufficient capacity within the adult weight management service to meet the demand <b>Then</b> patients will not be offered timely intervention in line with the All Wales Weight Management Pathway. The current waiting list is over 6 years. <b>Resulting in</b> missed opportunity to support activated patients who want support with their weight. Patients will live with over weight or obesity for longer and will be at high risk of a range of obesity related long term conditions such as developing or worsening type 2 diabetes, long term MSK, CVD and some cancers.	Non-finance dependant mitigation's in place and are closely monitored: 1) Move to group based delivery 2) Workforce modelling review every time there is a vacancy 3) Waiting well support via AWMS web page and onward signposting to WISE 4)SBAR to seek agreement to prescribe medications in line with prescriber capacity - currently capped due to budget. Presented to Access to Medicines committee 9/01/25 - now going to OMB 5)Pan HB steering group due 14/02/25 to explore range of complex challenges such as waiting well, equitable access to medications in line with Nice Technical appraisal, meeting chairs objectives for increased capacity at level 3 6)Pan Wales Peer support via various groups and with Executive Directors of AHPs and Health science, to share learning  Finance-dependant mitigations 1)CYP Business case in final stages and includes small establishment that could support adults as part of family led interventions - this should enable meeting chairs target 24-25 of 10% Level 3 capacity.	Update March 2025 - control measures updated. Risk Score reduced to a 12. Risk reviewed by Service Director. In the absence of incidents where moderate or high level of harm is occurring then the mitigating actions are holding the risk at Care Group Level while longer term solutions and controls are put in place. The risk of target achievement is highly likely and will require further conversations through 2025.	Quality, Safety & Experience Committee Operational Delivery Committee Strategic Development Committee	12 Risk decreased from a 20 to a 12 in March 2025	C4xL2 - 8
5658	Chief Operating Officer	Creating Health Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Lack of Dietetic service provision to Princess of Wales (POW) Critical Care	<b>IF</b> there is no dietetic service to POW critical care... <b>Then</b> this will impact on the safe and effective provision of nutrition and hydration to critically ill patients... <b>Resulting in</b> poorer nutrition provision and increased rated of malnutrition, which in turn lead to increased risk of infection, dependency on mechanical ventilation, poorer patient outcomes, increased length of stay and longer rehabilitation and recovery times following critical care. In addition to increased health utilisation costs, inequity of service provision across CTM critical care units, and non compliance with national standards and guidance as highlighted in critical care peer review.	At present there is no dietetic provision to POW critical care unit due to lack of specialist critical care dietitian on the POW site and lack of funding. Therefore the nutritional needs of critical care patients on the POW site are managed by the critical care Multi Disciplinary Team.	Update March 2025 - Service Director reviewed. No incidents have been reported and the mitigating action of the critical care Multi Disciplinary Team is managing the risk and is helping to manage the patients.	Quality, Safety & Experience Committee Operational Delivery Committee	12 Risk decreased from a 16 to a 12 in March 2025	C4xL2 - 8

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)
5590	Chief Operating Officer	Improving Care	Patient / Staff /Public Safety  Impact on the safety – Physical and/or Psychological harm	Radiopharmaceutical Business Interruption	<b>IF:</b> CTMUHB Radiology Department are unable to procure radiopharmaceuticals as per Service Level Agreement with CAV.  <b>THEN</b> patients will not receive the necessary imaging  <b>RESULTING IN</b> delayed diagnosis/treatment/intervention and poor outcomes for patients and potential litigation .	Weekly Business Contingency meetings with all Health Boards. WG directive is to share capacity regionally. Clinical stratification of patient priority - USC i.e. imaging at Princess Of Wales. Use of Mag Trace or alternative for SNLB - Breast Services	Update November 2024 - 07/11/24 Further shortage of Technescan HDP until 11/11/24 impacting Isotope provision, particularly bone scans. The Reactor in Poland restarted 31/10/24. Confirmation received that the usual levels of supply will be reinstated by 11/11/24. No change to risk score.  Update January 2025 - 16.12.24 update - ongoing nationally . No change to risk score.  See Column L.	Quality, Safety & Experience Committee  Operational Delivery Committee	<b>4</b>  Risk decreased from a 20 to a 4 in March 2025	C4xL1 Being considered for closure.

De-escalation Rationale
<p>Service Director for Planned Care has reviewed the risk and reduced the score from a 20 to a 12 in March 2025. The rationale for the decrease in score is that whilst not achieving SCP target there is a sustained improvement in cancer performance and backlog position. Full workforce review being conducted, process mapping of the optimal cancer pathways taking place, interviews have taken place with staff to gain insight into opportunities for improvement, meeting matrix established with a weekly cancer focus with service groups to support collaborative working. These then feed into the established weekly performance meeting with Service Director.</p> <p>This risk has been de-escalated from the Organisational Risk Register but will continue to be monitored via the Care Group.</p>
<p>Service Director for Planned Care has reviewed the risk and reduced the score from a 20 to a 12 in March 2025. Continuing with above (95% macular patients meeting target date). Consultant ophthalmologist has undertaken validation exercise on Follow Ups Not Booked. Pathway now in place where every patient has their next appt agreed before leaving clinic.</p> <p>This risk has been de-escalated from the Organisational Risk Register but will continue to be monitored via the Care Group.</p>
<p>Risk reviewed by Service Director. In the absence of incidents where moderate or high level of harm is occurring then the mitigating actions are holding the risk at Care Group Level while longer term solutions and controls are put in place. The risk of target achievement is highly likely and will require further conversations through 2025.</p> <p>This risk has been de-escalated from the Organisational Risk Register but will continue to be monitored via the Care Group.</p>
<p>Risk Reviewed by Service Director. No incidents have been reported and the mitigating action of the critical care Multi Disciplinary Team is managing the risk and is helping to manage the patients.</p> <p>This risk has been de-escalated from the Organisational Risk Register but will continue to be monitored via the Care Group.</p>

De-escalation Rationale

Service Director for DTPS Care Group has reviewed this risk and due to a new Service Level Agreement being established with Swansea Bay University Health Board the likelihood of this risk has significantly reduced.

This risk has been de-escalated from the Organisational Risk Register but will continue to be monitored via the Care Group.

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
1	5764	Executive Director of Finance	Sustaining Our Future	Financial Risk	Failure to achieve the planned break-even position in 2024/25.	<p>IF: The Health Board is not able to plan and deliver expenditure run rates that align with the available funding for 2024/25.</p> <p>THEN : The Health Board will not be able to deliver the planned break-even financial position for 2024/25.</p> <p>RESULTING IN :</p> <ul style="list-style-type: none"> <li>• Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action.</li> <li>• Failure to deliver the financial plan for 24/25.</li> <li>• Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 24/25.</li> <li>• Potential cash shortfalls in the latter months of 24/25</li> </ul>	<p>Financial Accountability letters issued from CEO to Executive Leadership Group.</p> <ul style="list-style-type: none"> <li>• Monthly monitoring arrangements and meetings in place with Care Groups and directorates.</li> <li>• Regular reporting to the Executive leadership Group, the Planning, Performance &amp; Finance Committee and the Board.</li> </ul>	<p>March 2025</p> <p>Context: 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 savings plans at the 26 March 24 total £23.0m with a RAG rating of £10.0m Green, £12.1m Amber and £0.9m Red.</p> <ul style="list-style-type: none"> <li>• M10 update: The M10 YTD position is now a £0.2m deficit (M9: £0.2m). This includes a £10.3m shortfall in savings delivery offset by other favourable variances of £(10.1)m. During M10, a number of material anticipated allocations have been confirmed resulting in a reduction in the risks to the forecast breakeven position.</li> <li>• The following actions are to support savings plan identification, development and delivery:</li> <li>• 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.</li> <li>• Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward.</li> <li>• Develop the Value &amp; Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery</li> </ul>	Operational Delivery Committee	March 2025	<p>This risk has now been de-escalated as the risk score has reduced as during M10, a number of material anticipated allocations have been confirmed resulting in a reduction in the risks to the forecast breakeven position. Please see column H. This risk will continue to be monitored now by the Finance Directorate.</p> <p>As the target score of 12 has been reached this risk is now proposed for closure.</p>
2	4907	Executive Nurse Director / Deputy Chief Executive	Improving Care	Statutory Duty, Regulation, Mandatory Requirements	Failure to manage Redress cases efficiently and effectively	<p>IF: The Health Board is unable to meet the demand for the predicted influx of Covid19 related, FUNB Ophthalmology Redress/Claim cases</p> <p><b>Then:</b> the Health Board will not be able to manage cases in a timely manner and will not meet the required targets in respect of Putting Things Right.</p> <p><b>Resulting in:</b> Risk to quality and safety of patient care, resulting from poor management of cases. Financial impact to the Health Board from Redress cases which have been poorly managed and consequently proceed to claim.</p>	<p>Controls are in place and include:</p> <ul style="list-style-type: none"> <li>* Regular reports run on all Redress cases, with monitoring by the Head of Legal Services &amp; Legal Services Manager</li> </ul> <p>The team are having to apply an objective triage approach across the portfolio of redress, LFERs and Inquests to support the mitigation of this risk.</p>	<p>Update October 2024: Over the summer, all Redress cases have been reviewed by the senior staff member allocated overtime; with priorities identified for each case.</p> <p>The Legal Services team is currently depleted of staff, by 4 Claims Investigation Officers and 2 Legal Administrative Staff, which is due to sickness levels and members of staff leaving the organisation. This is having an effect on the workload of the Legal Services team. Staff members are being managed and supported appropriately through the Managing Attendance at Work Policy. The recruitment process of staff is also underway and the team are/have temporarily recruited agency staff to address the issues identified above, relating to management of legal cases. The agency staff recruited/to be recruited are:</p> <ul style="list-style-type: none"> <li>• 2 legal agency admin staff, who have been in place since August 2024, and will continue in post until end of February 2025;</li> <li>• 2 legal agency (solicitors) are being recruited, to cover the immediate gap in case management of Redress and Inquest cases. It is anticipated they will commence in November 2024 – for an initial period of 2 months. Legal cases continue to be monitored and escalated through the weekly Q&amp;S Assurance Meeting, led by the Executive Nurse Director, Deputy Executive Director of Nursing and Assistant Director of Quality &amp; Safety. It is proposed that both Datix ID 4907 &amp; 4908 are amalgamated as one for the next ARC meeting as both the risks relate to Legal Services/Concerns and are of the same nature of risk. <p>Update January 2025 - A full and robust review of both risks 4907 &amp; 4908 will be undertaken in readiness for the next iteration of the risk register. No change to current risk score of 16.</p> </li></ul>	<p>Quality, Safety &amp; Experience Committee</p> <p>Operational Delivery Committee</p>	March 2025	<p>Risk closed as now merged with Risk ID 4908, reducing duplication.</p>
3											

**Agenda Item 7.1**    **29 April 2025**    **Operational Delivery Committee**    **M11 Finance Report**

**Report Details:**

FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Mark Thomas, Deputy Director of Finance
Presented By:	Sally May, Director of Finance & Procurement
Approving Executive Sponsor:	Sally May, Director of Finance & Procurement
Report Purpose	For Discussion
Engagement undertaken to date:	N/A

**Impact Assessment:**

Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required
Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future.

# 2024-25 Finance Report

## Month 12 Update

# Summary

Situation	Background
<p>This Finance report outlines our Draft financial performance for Month 12 ( i.e. the period to 31<sup>st</sup> March 2025). As this report covers the full year position, it will remain a draft position pending submission for final audit.</p> <p>A final report will be presented following submission of the M12 monthly monitoring return and Draft accounts.</p> <p>This Finance report is discussed at the Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) meetings.</p> <p>A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 12 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.</p>	<p>Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> </ul> <p>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.</p> <p>It is important to note that, even through the Draft position is reporting a small surplus in 2024/25 the Health Board will not achieve the 3 year break even duty due to the £24.2m deficit reported in 22/23. However, delivering a small surplus position in 24/25 will mean that it will be possible to achieve the 3 year break even duty in 25/26 if the submitted plan is achieved.</p>

# Summary

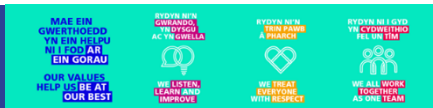
Assessment	Recommendation
<p><b>Pending final audit, the Draft position for M12 is summarised below:</b></p> <p><b>Overall Revenue position - 2024/25:</b></p> <ul style="list-style-type: none"> <li>The M12 position reported a £0.1m deficit and the M12 YTD position is now a £0.1m Surplus.</li> <li>The Health Board has met its Revenue Control Total set by Welsh Government to achieve a financial break even position against the revenue resource limit in 2024/25.</li> </ul> <p><b>Overall Capital position - 2024/25:</b></p> <ul style="list-style-type: none"> <li>The Health Board has met the duty to achieve a 3 year break even position against the capital resource limit in 2024/25.</li> </ul> <p><b>Recurrent Revenue position:</b></p> <ul style="list-style-type: none"> <li>The brought forward recurrent deficit at the end of 2023/24 was £19.4m and the planned recurrent surplus at the end of 24/25 was £(2.1)m.</li> <li>The forecast underlying deficit at the end of 2024/25 remains consistent with the IMTP submission at £7.9m.</li> <li>It is important to highlight that the 2024/25 pay award funding has currently been issued on a non-recurrent basis, pending further WG review of identified costs. Consequently, there is a risk that the recurrent forecast could deteriorate further if the allocation is less than that anticipated.</li> </ul>	<p>The Board, the ODC and the EMB are asked to <b>DISCUSS</b> and <b>NOTE</b> the Draft financial performance of the Health Board for the period to 31<sup>st</sup> March 2025.</p>



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**Overall Revenue Position**

- The M12 draft position reported a deficit of £0.1m and the M12 YTD position is now a £0.1m surplus.
- The forecast recurrent position has been maintained at £7.9m in M12 ( M11 : £7.9m).
- The Health Board has achieved its Control Total target to achieve a Revenue break even position in 2024/25.
- The reported position for 2024/25 remains a Draft Position pending final audit.

**Savings Position**

- Actual savings in M12 was £1.6m which was £0.6m below the M12 target of £2.2m. The 2024/25 full year savings is now £14.7m and is £11.6m below the target of £26.3m.
- The M12 forecast Recurrent savings is £14.5m, which is £11.8m below the £26.3m target. This represents a £1.0m deterioration from M11.

**Cash**

- The closing cash balance at 31<sup>st</sup> March 2025 was £5.2m.

**Capital**

- The latest Capital Resource Limit for 2024/25, issued on the 28<sup>th</sup> Feb 2025, was £94.8m.
- Expenditure to M12 was £94.7m, with a small surplus of £63k.
- The Health Board has achieved its Control Total target to achieve a Revenue break even position in 2024/25.
- The Health Board has met the duty to achieve a 3 year break even position against the capital resource limit in 2024/25.

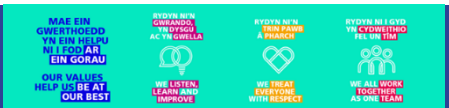
# Summary Income & Expenditure Account



	M12 Actual	M12 YTD
	£m	£m
01. Revenue Resource Limit	(289.3)	(1,632.3)
02. Capital Donation / Government Grant Income	(0.1)	(0.1)
03. Welsh NHS Local Health Boards & Trusts Income	(7.3)	(76.4)
04. WHSSC Income	(1.1)	(13.0)
05. Welsh Government Income (Non RRL)	(1.5)	(2.4)
06. Other Income	(4.8)	(50.2)
<b>Total Allocations &amp; Income</b>	<b>(304.3)</b>	<b>(1,774.4)</b>
08. Primary Care Contractor	17.7	174.7
09. Primary Care - Drugs & Appliances	8.2	103.6
10. Provided Services - Pay	108.7	772.1
11. Provider Services - Non Pay	12.1	120.0
12. Secondary Care - Drugs	5.2	60.4
13. Healthcare Services Provided by Other NHS Bodies	30.2	295.0
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0
15. Continuing Care and Funded Nursing Care	7.6	71.9
16. Other Private & Voluntary Sector	9.5	20.7
17. Joint Financing and Other	7.3	19.9
18. Losses Special Payments and Irrecoverable Debts	0.4	2.7
22. DEL Depreciation\Accelerated Depreciation\Impairments	2.2	37.8
23. AME Donated Depreciation\Impairments	95.3	95.9
25. Profit\Loss Disposal of Assets	(0.2)	(0.2)
<b>Total Expenditure</b>	<b>304.3</b>	<b>1774.3</b>
<b>Grand total</b>	<b>0.1</b>	<b>(0.1)</b>

### Key Points:

- The reported position is a DRAFT position, some values may change ahead of the monitoring return and Draft Accounts being submitted next month.
- The M12 year to date position is reporting a surplus of £0.1m.





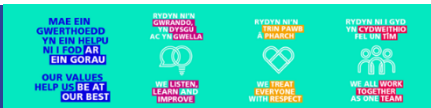
# Year to Date Performance and Forecast



	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	0.9	0.9	0.0
Month 2	1.4	2.3	0.0
Month 3	0.4	2.7	0.0
Month 4	1.4	4.1	0.0
Month 5	(0.2)	3.9	0.0
Month 6	(0.6)	3.3	0.0
Month 7	(0.1)	3.2	0.0
Month 8	(2.8)	0.4	0.0
Month 9	(0.2)	0.2	0.0
Month 10	0.0	0.2	0.0
Month 11	(0.3)	(0.1)	0.0
Month 12	0.1	(0.1)	0.0

### Key Points:

- The reported position remains Draft pending final audit
- The M12 YTD underspend of £0.1m includes a £11.6m shortfall in savings offset by other favourable variances of £(11.1)m.
- Further details of the key drivers for the YTD position and year end forecast are provided overleaf.



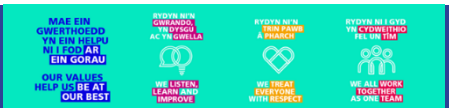
# Year to Date Performance and Forecast



	M12 Draft Position £m	M11 Year-end forecast £m
Savings Shortfall	11.6	11.5
Operational Variances	16.4	17.6
Financial Plan Improvements	(13.6)	(14.6)
Additional Financial Allocation	(7.5)	(7.5)
Accountancy Gains	(7.0)	(7.0)
<b>Grand Total</b>	<b>(0.1)</b>	<b>0.0</b>

### Key Points:

- The reported position for 2024/25 remains a Draft Position pending final audit.
- The M12 position includes an overspend on Delegated budgets of £27.5m, offset by an underspend on non Delegated budgets of £27.6m.
- A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 12 (i.e. the Delegated budget position). This report is discussed at the Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.
- Health Board has achieved its Control Total target to achieve a Revenue break even position in 2024/25.



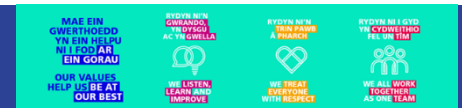
# Forecast Underlying Position



Underlying Position	Plan £m	M12 Recurrent £m	M11 Recurrent £m
Savings Shortfall		11.8	10.8
Operational Variances		17.4	18.4
Financial Plan Improvements		(13.8)	(13.8)
Additional Financial Allocation		(7.5)	(7.5)
Accountancy Gains		0	0
<b>Grand Total</b>	<b>(2.1)</b>	<b>7.9</b>	<b>7.9</b>

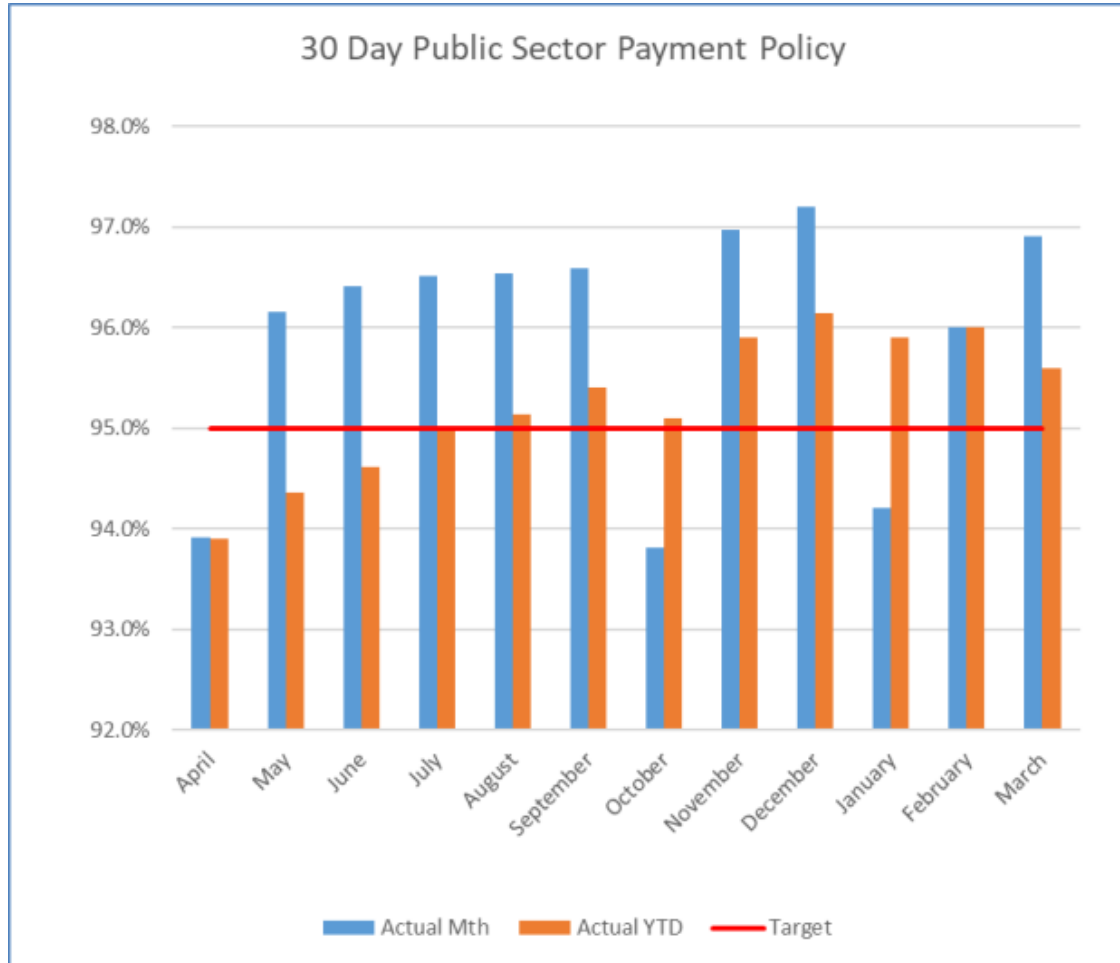
### Key Points:

- The brought forward recurrent deficit at the end of 2023/24 was £19.4m and the planned recurrent surplus at the end of 24/25 was £(2.1)m.
- The forecast underlying deficit at the end of 2024/25 remains at £7.9m.
- It is important to highlight that the 2024/25 pay award funding has currently been issued on a non-recurrent basis, pending further WG review of identified costs. Consequently, there is a risk that the recurrent forecast could deteriorate if the allocation is less than anticipated.

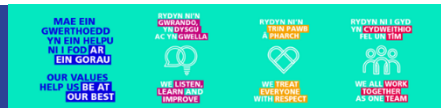




# Public Sector Payment Policy



- Key Points:**
- The percentage for the number of non-NHS invoices paid within the 30 day target in March was 96.9%
  - The cumulative percentage year to date is 95.6%.
  - We have achieved the 95% target.

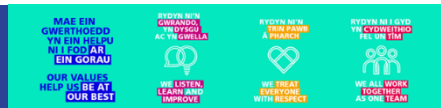




<b>Agenda Item 7.2</b>	<b>29 April 2025</b>	<b>Operational Delivery Committee</b>	<b>M12 Finance Performance Report</b>
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FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Mark Thomas, Deputy Director of Finance
Presented By:	Sally May, Director of Finance & Procurement
Approving Executive Sponsor:	Sally May, Director of Finance & Procurement
Report Purpose	For Discussion
Engagement undertaken to date:	N/A

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required
Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future.



# 2024-25 Finance Performance Report Month 12

# Summary

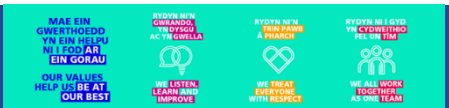
Situation	Background
<p>The purpose of this Finance Performance report is focus on the financial performance of the individual Care Groups and directorates as at M12 (i.e. the <b>Delegated</b> budget position).</p> <p>This Finance performance report is discussed at the Operational Delivery Committee (ODC) and also the Executive Leadership Group (ELG) meetings. Where required, ODC may request further information or a 'deep dive' on the financial performance of an individual Care Group or directorate.</p> <p>A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M12. The overall financial position report is discussed at the Board, ODC and ELG .</p>	<p>The financial plan for 24/25 made provision for a £44m recurrent investment in Care Groups and directorates to cover their forecast recurrent deficits at the end of 23/24 and also included a £26.3m savings target for 24/25.</p> <p>The forecast recurrent deficits were based on the recurrent forecasts in the M9 Finance packs for 23/24. Adjustments totalling £8.5m were made to the Care Groups' recurrent forecasts following review meetings with the Finance director and the COO. These adjustments were mainly where the Care Group recurrent forecasts were greater than the 23/24 out-turn positions and the Care Groups agreed to re-deliver some of the Non Recurrent benefits that were reported in 23/24.</p> <p><b>All Care Groups and directorates are therefore expected to deliver a 2.4% savings target and also to manage costs within their budgets in order to deliver a break even position in 24/25. All Care Groups and directorates have had Accountability letters which confirms this expectation.</b></p>



# Summary



Assessment	Recommendation
<p>The Delegated position reported an adverse variance of £1.1m in M12, which increases the M12 YTD deficit to £27.5m. This includes:</p> <ul style="list-style-type: none"> <li>• A £16.3m shortfall against the £24.2m Delegated savings target for 24/25.</li> <li>• £11.3m of other adverse operating variances.</li> </ul> <p>A breakdown of the Delegated position by Care Group/directorate is provided on Page 6.</p> <p><b>It is now clear that the Health Board will have a significant recurrent underlying delegated deficit going into 2025/26, with initial underlying forecasts following M11 reports of £36.2m of delegated deficits. This position is being reviewed as part of the 2025/26 Financial Budget Setting process.</b></p>	<p>The Executive Management Board (EMB) and the Operational Delivery Committee (EDC) underlying are asked to <b>DISCUSS</b> and <b>NOTE</b> the financial performance of individual Care Groups and directorates for the period to 31<sup>st</sup> March 2025.</p>

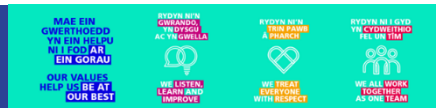




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20-26	Annex B- Operating Variance Analysis



## Delegated position

- The Delegated position reported an adverse variance of £1.1m in M12, which increases the YTD deficit at £27.5m.
- This deficit includes a £16.3m shortfall against the M12 YTD savings target of £24.2m

## Savings Plan Analysis

- The M12 savings was £0.8m which was £1.2m below the monthly target.
- The M12 YTD savings was only £7.9m. This represents a shortfall of £16.3m compared to the M12 YTD savings target of £24.2m

## Operating Variance Analysis

- The M12 underspend was £0.1m which decreases the M12 YTD overspend to £11.3m. This YTD over spend includes a pay underspend of £0.4m, non pay overspend of £8.6m and income shortfall of £3.0m.
- The most significant YTD variances are within
  - Pay - Medical & Dental £3.4m and Estates & Ancillary £1.7m
  - Non pay - Clinical supplies £6.3m, Primary & Secondary Care Services £1.6m
  - Income – Other income £2.8m



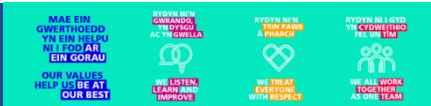
# Summary Performance M12



	Annual Budget	M12 Variance	M12 YTD Variance
	£'000	£'000	£'000
<b>Delegated Budgets</b>			
Planned Care	219,349	(403)	1,818
Unscheduled Care	169,181	853	7,850
Primary & Community Care	225,403	(1386)	(4,712)
Mental Health & Learning Disabilities	123,808	828	4,071
Children & Families	85,060	392	3,296
Diagnostics, Therapies & Specialties (Med Mgt)	259,011	1,211	13,635
Corporate directorates	132,487	(1,310)	(3,190)
Facilities	44,149	556	3,007
Contracting & Commissioning	175,606	394	1,739
<b>Total Delegated Budgets</b>	<b>1,434,052</b>	<b>1,135</b>	<b>27,517</b>

## Key Points :

- The Delegated position reported a £1.1m deficit in M12, which increases the YTD deficit to £27.5m. A breakdown of the £27.5m overspend is provided on page 7.
- The main overspending areas are as follows:
  - DTPS - £13.6m
  - Unscheduled Care - £7.4m
  - Mental Health & LD – £3.5m
  - Planned Care - £2.2m
  - Children & Families - £3.4m
  - Facilities - £2.5m



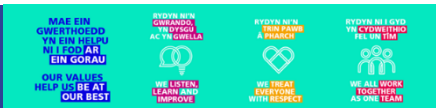


# Summary Performance M12



DELEGATED BUDGETS	M12 Year to Date Variance		
	Savings shortfalls	Other Operating Variances	Total YTD Variance from Plan
	£'000	£'000	£'000
Planned Care	2,859	(1,040)	1,818
Unscheduled Care	2,961	4,889	7,850
Primary Care & Community	339	(5,051)	(4,712)
Mental Health & LD	1,946	2,126	4,071
Children & Families	1,707	1,590	3,296
Diagnostics, Therapies & Specialties	5,840	7,795	13,636
Corporate Directorates	807	(3,997)	(3,190)
Facilities	791	2,216	3,007
Contracting & Commissioning	(987)	2,726	1,739
<b>TOTAL DELEGATED BUDGETS</b>	<b>16,263</b>	<b>11,254</b>	<b>27,517</b>

- Key Points :**
- The M12 YTD overspend of £27.5m includes:
    - A shortfall against the M12 YTD savings target of £16.3m.
    - Other Operating Variances of £11.2m.
  - Further information on the savings shortfalls is provided at Annex A.
  - Further information on the Other Operating variances is provided at Annex B.
  - A breakdown of the Corporate directorate positions is provided on Page 8.





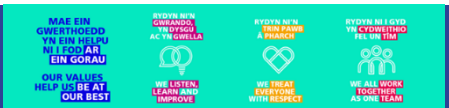
# Summary Performance M12- Corporate directorates



Corporate Directorates	Annual Budget	M12 Variance	M12 YTD Variance
	£'000	£'000	£'000
Patient Care & Safety	15,718	14	231
Corporate Governance	675	2	(1)
Chief Executive	3,798	(3)	(96)
Finance	4,549	19	(59)
Public Health	4,470	207	(33)
Digital	24,643	37	(298)
Medical Director	759	8	(48)
National Imaging Academy	1,654	(23)	(35)
Planning & Partnership	21,079	(90)	(305)
Research & Development	1,165	10	(0)
Estates	30,546	21	(311)
Therapies & Healthcare Sciences	9,854	(1)	(383)
People Services	98	(24)	(30)
COO Management	13,478	(1,488)	(1,821)
<b>Grand total</b>	<b>132,487</b>	<b>(1,311)</b>	<b>(3,190)</b>

**Key Points :**

- The Corporate directorates reported a £1,311k surplus in M12, which increases the YTD surplus to £3,190k.
- A breakdown of the £3,190k M12 YTD underspend is provided on page 9.
- Only one corporate directorate is reporting a significant year end overspend, and therefore needs to prepare a costed plan to recover the position, is:
  - Patient Care & Safety - £231k





# Summary Performance M12

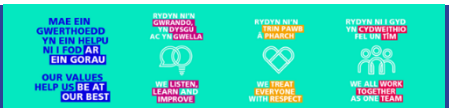
## – Corporate directorates



	Year to Date Variance		
	Savings shortfalls	Other Operating Variances	Total YTD Variance from Plan
	£'000	£'000	£'000
<b>Corporate directorates</b>			
Patient Care & Safety	218	13	231
Corporate Governance	10	(11)	(1)
Chief Executive	52	(148)	(96)
Finance	104	(163)	(59)
Public Health	(2)	(31)	(33)
Digital	386	(684)	(298)
Medical Director	(1)	(48)	(48)
National Imaging Academy	0	(35)	(35)
Planning & Partnership	0	(305)	(305)
Research & Development	0	(1)	(1)
Estates	52	(363)	(311)
Therapies & Healthcare Sciences	5	(35)	(30)
People Services	(5)	(378)	(383)
COO Management	(12)	(1,808)	(1,821)
<b>TOTAL</b>	<b>807</b>	<b>(3,997)</b>	<b>3,190</b>

### Key Points :

- The M12 YTD favourable variance of £3,190k includes a savings shortfall of £807k offset by favourable operating variances of £(3,997)k.
- Despite in year favourable operating variances of £4.0m, there is a reluctance to convert these underspends to recurrent savings in order to achieve the savings target agreed in the accountability letters at the start of the year.



# Annex A

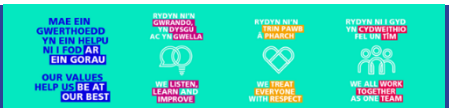
# Savings Performance

## Month 12

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18	Forecast Savings – Health Board trend line
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# Executive Summary - Month 12



## In month Savings

- The M12 savings is £0.8m. This represents a shortfall of £1.2m compared to the monthly savings target of £2.0m.

## YTD Savings

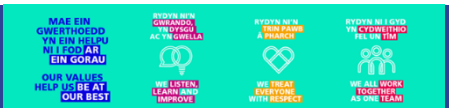
- The M12 YTD savings is only £7.9m. This represents a shortfall of £16.3m compared to the M12 YTD savings target of £24.2m

## Forecast In year Savings

- The M12 Actual for Delegated In year savings achievement is £7.9m. This represents a forecast shortfall of £16.3m compared to the annual savings target of £24.2m.
- The actual savings of £7.9m which are now all classified as Green schemes.
- The M12 savings profiles from Care Groups and directorates are showing lower levels of savings in M12, averaging £1.8m, which is lower than the £2.0m target.

## Recurrent Savings

- The M12 forecast Delegated Recurrent savings achievement is £7.7m. This represents a forecast shortfall of £16.5m compared to the recurrent savings target of £24.2m.
- The recurrent savings forecast of £7.7m are now all classified as Green schemes.



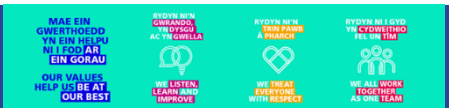


# Savings principles



The following approaches are being used for savings profiles and savings recognition in 24/25:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.
- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **Primary Care Prescribing** - Savings plans will not be reviewed until M9 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).
- **Non-Recurrent savings** – All non-recurrent savings plans are being used to offset operating variances and will therefore not be reported as a saving in Table. This change was to reinforce the need to focus on sustainable recurrent savings plans and resulted in £2.1m of planned non recurrent savings being removed from the Savings plan in M3.





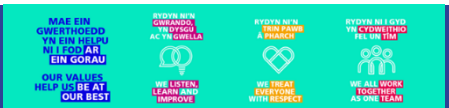
# In Month Savings – Month 12



	Annual Savings Targets	Monthly Savings Targets	Month 12 Savings	Month 12 Variance from Target
DELEGATED BUDGETS	£'000	£'000	£'000	£'000
Planned Care	4,252	354	96	259
Unscheduled Care	3,562	297	98	199
Primary Care & Community	2,091	174	297	(123)
Mental Health & LD	2,753	229	93	137
Children & Families	1,920	160	7	153
Diagnostics, Therapies, Pathology & Specialties	6,279	523	43	480
Corporate Executives	2,158	180	119	60
Facilities	1,022	85	41	44
Contracting & Commissioning	123	10	10	(0)
<b>TOTAL DELEGATED BUDGETS</b>	<b>24,159</b>	<b>2,013</b>	<b>804</b>	<b>1,209</b>

**Key Points :**

- The M12 savings figure is £0.8m . This represents a £1.2m shortfall against the monthly savings target of £2.0m.





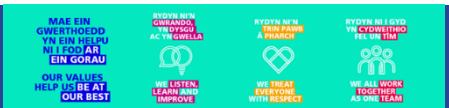
# YTD Savings– Month 12



	Year to Date Variance (M12-25)			
	Annual Savings Targets	YTD Savings Targets	Month 12 YTD Savings	Month 12 Variance from Target
DELEGATED BUDGETS	£'000	£'000	£'000	£'000
Planned Care	4,252	4,252	1,350	2,902
Unscheduled Care	3,562	3,562	595	2,967
Primary Care & Community	2,091	2,091	1,745	346
Mental Health & LD	2,753	2,753	807	1,946
Children & Families	1,920	1,920	212	1,708
Diagnostics, Therapies, Pathology & Specialties	6,279	6,279	484	5,795
Corporate Executives	2,158	2,158	1,348	810
Facilities	1,022	1,022	230	791
Contracting & Commissioning	123	123	1,123	(1,000)
<b>TOTAL DELEGATED BUDGETS</b>	<b>24,159</b>	<b>24,159</b>	<b>7,896</b>	<b>16,263</b>

**Key Points :**

- The M12 YTD savings position is reporting total Delegated savings of only £7.9m, which is circa 33% of the M12 YTD target of £24.2m.
- This represents an adverse variance of £16.3m against the M12 YTD savings target of £24.2m.



	Annual Savings Targets	Forecast Savings	Forecast Savings	Forecast Variance	Recurrent Forecast Savings	Recurrent Forecast Variance
DELEGATED BUDGETS	£'000	£'000	%	£'000	£'000	£'000
Planned Care	4,252	1,350	31.74%	2,902	1,202	3,050
Unscheduled Care	3,562	595	16.71%	2,967	756	2,806
Primary Care & Community	2,091	1,745	83.47%	346	1,834	257
Mental Health & LD	2,753	807	29.32%	1,946	1,388	1,365
Children & Families	1,920	212	11.06%	1,708	181	1,738
Diagnostics, Therapies, Pathology & Specialties	6,279	484	7.72%	5,795	450	5,829
Corporate Executives	2,158	1,348	62.47%	810	1,289	868
Facilities	1,022	230	22.55%	791	429	593
Contracting & Commissioning	123	1,123	912.08%	(1,000)	123	(0)
<b>TOTAL DELEGATED BUDGETS</b>	<b>24,159</b>	<b>7,896</b>	<b>32.68%</b>	<b>16,263</b>	<b>7,652</b>	<b>16,507</b>

### Key Points :

- The forecast savings achievement (excluding Red schemes) is £7.9m, This represents a forecast shortfall of £16.3m compared to the £24.2m annual savings target.
- The forecast savings of £7.9m is only 33% of the Annual target.
- The forecast recurrent savings achievement is £7.7m which represents a recurrent adverse variance of £16.5m.

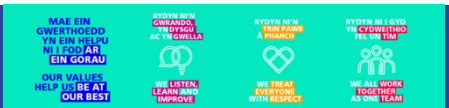
# Forecast Savings RAG ratings - Month 12



DELEGATED BUDGETS	Savings Target	Green	Amber	RED (Excluded from WG Return)	F/Cast Variance (Excluding Red Schemes)	Green	Amber	RED (Excluded from WG Return)	Rec F/Cast Variance (Excluding Red Schemes)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	4,252	1,350	0	0	2,902	1,202	0	0	3,050
Unscheduled Care	3,562	595	0	0	2,967	756	0	0	2,806
Primary Care & Community	2,091	1,745	0	0	346	1,834	0	0	257
Mental Health & LD	2,753	807	0	0	1,946	1,388	0	0	1,365
Children & Families	1,920	212	0	0	1,708	181	0	0	1,738
Diagnostics, Therapies, Pathology & Specialties	6,279	484	0	0	5,795	450	0	0	5,829
Corporate Executives	2,158	1,348	0	0	810	1,289	0	0	868
Facilities	1,022	230	0	0	791	429	0	0	593
Contracting & Commissioning	123	1,123	0	0	(1,000)	123	0	0	(0)
<b>TOTAL DELEGATED BUDGETS</b>	<b>24,159</b>	<b>7,896</b>	<b>0</b>	<b>0</b>	<b>16,263</b>	<b>7,652</b>	<b>0</b>	<b>0</b>	<b>16,507</b>

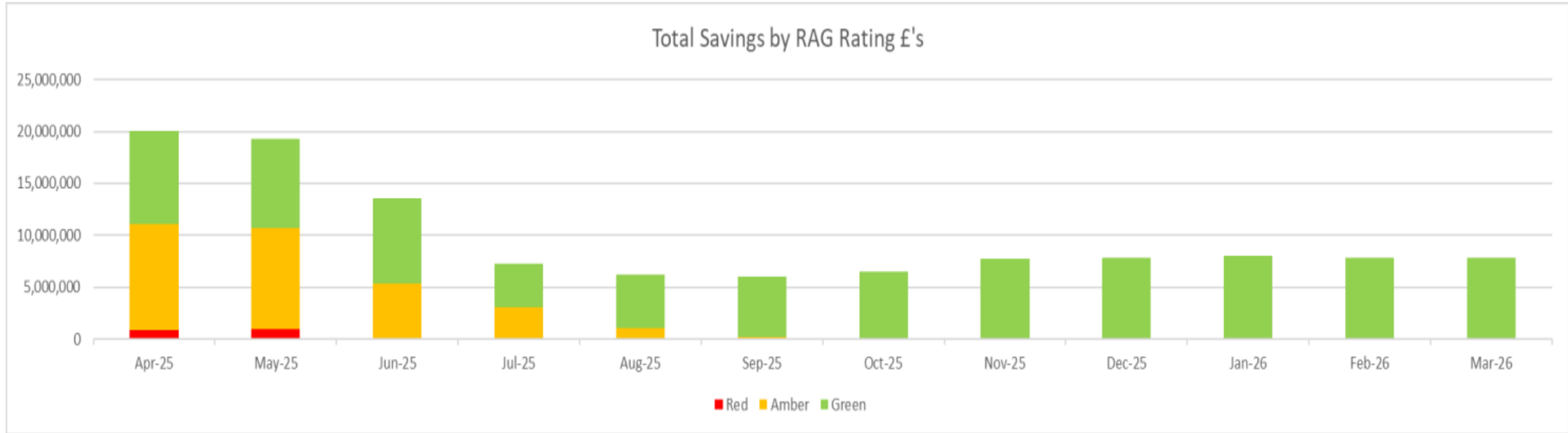
**Key Points :**

- As at M12, the forecast delegated savings of £7.9m includes £7.9m of Green schemes and £0.0m of Amber schemes. It is important to note that Red schemes cannot be reported as part of the WG savings plans so will remain as unidentified schemes until such time as their assessment is changed to Amber or Green. There are no red schemes at this stage of the financial year



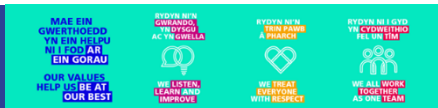


# Forecast Savings Health Board trend line - Month 12



**Key Points :**

- As at M12, the forecast savings of £7.9m includes £7.9m of Green schemes, £0.0m of Amber schemes and £0.0m Red
- The trend is showing a reduction in forecast savings from £19.1m in M1 to £7.9m in M12.



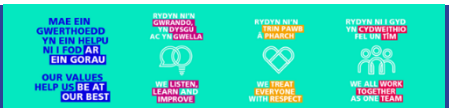
# Forecast Savings Care Group and Directorate trend lines - Month 12



DELEGATED BUDGETS	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Movement from M1
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Children & Families	841	785	524	527	94	78	259	276	253	224	241	212	(629)
Mental Health & LD	2,414	2,311	2,008	1,546	963	790	790	848	853	831	807	807	(1,606)
Planned Care	3,466	3,621	3,109	669	1,043	1,043	1,043	1,310	1,314	1,370	1,350	1,350	(2,116)
Diagnostics, Therapies, Pathology & Specialties	4,016	4,019	3,267	2,383	905	613	721	534	536	486	484	484	(3,532)
Unscheduled Care	5,227	4,338	3,305	90	82	62	68	566	583	583	595	595	(4,632)
Primary Care & Community	970	970	453	452	370	1,019	1,272	1,781	1,862	1,768	1,636	1,745	776
Facilities	1,151	1,225	536	1,074	1,066	727	635	554	297	297	297	230	(921)
Corporate Executives	1,018	1,018	381	467	668	642	646	818	1,052	1,329	1,325	1,348	330
Contracting & Commissioning	25	25	25	25	1,025	1,025	1,025	1,025	1,123	1,123	1,123	1,123	1,098
<b>TOTAL DELEGATED BUDGETS</b>	<b>19,128</b>	<b>18,312</b>	<b>13,607</b>	<b>7,234</b>	<b>6,216</b>	<b>6,000</b>	<b>6,459</b>	<b>7,712</b>	<b>7,873</b>	<b>8,010</b>	<b>7,858</b>	<b>7,896</b>	<b>(11,232)</b>

**Key Points :**

- The M12 forecast is reporting savings plans of £7.9m (excluding Red schemes).
- The total reduction from M1 is £11.2m , with all areas (except Contracting & Commissioning, Corporates and Primary Care & Community) showing a deterioration.
- As noted on Page 13, all non-recurrent savings plans are now being used to offset operating variances and are therefore not being reported as a saving. This change was to reinforce the focus on the need for sustainable recurrent savings plans and resulted in £2.1m of planned non recurrent savings being removed from the Savings plan in M3.



# Annex B

# Operating Variance Analysis

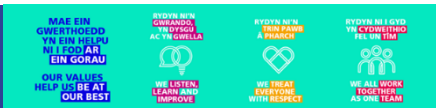
## Month 12



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25	M9 YTD Non pay variances
26	M9 YTD income variances



# Executive Summary- Month 12



## Operating Variance

- The M12 operating variance is a £0.1m underspend and the M12 YTD overspend is now £11.3m.

## Pay Variance

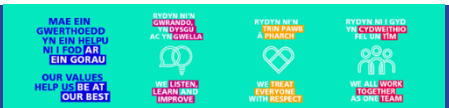
- The M12 overspend is £0.5m and the M12 YTD underspend is now £0.4m.
- The most significant YTD variances are within:
  - Medical & Dental £3.4m
  - Estates & Ancillary £1.7m (where £1.3m is Facilities)
  - Allied Health Professionals £1.2m
  - Additional Prof Scientific & technical £(1.7)m
  - Administrative & Clerical £(5.1)m

## Non Pay Variance

- The M12 underspend is £0.6m and the M12 YTD overspend is £8.6m .
- The most significant YTD variances are within:
  - Clinical Supplies & Services £6.3m
  - Premises and fixed plant £1.0m & Primary & Secondary Care £1.6m

## Income Variance

- The M12 overspend is £0.1m and the M12 YTD overspend is now £3.0m.
- The most significant variances are within:
  - Other Income £2.8m
  - Welsh NHS Income £0.7m



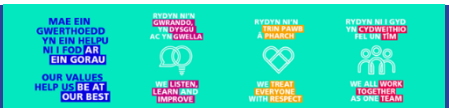
# M12 Operating Variances



	Month 12				Year to Date			
	Pay	Non Pay	Income	Total	Pay	Non Pay	Income	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	0	(533)	(125)	(658)	(535)	(440)	(66)	(1,040)
Unscheduled Care	227	425	4	655	3,499	1,370	19	4,888
Primary & Community Care	(289)	(931)	(42)	(1262)	(3,598)	(2,510)	1,057	(5,051)
Mental Health & Learning Disabilities	159	450	83	692	513	1,547	66	2,126
Children & Families	184	(93)	148	239	978	478	133	1,589
Diagnostics, Therapies & Specialities	(201)	1,106	(160)	744	(467)	8,231	30	7,795
Corporate Directorates	120	(1,328)	(162)	(1,371)	(2,164)	(1,548)	(285)	(3,977)
Facilities	278	684	(451)	512	1,328	855	32	2,216
Contracting & Commissioning	(0)	(405)	799	394	0	669	2,058	2,726
<b>Grand total</b>	<b>479</b>	<b>(627)</b>	<b>93</b>	<b>(55)</b>	<b>(445)</b>	<b>8,653</b>	<b>3,045</b>	<b>11,254</b>

**Key Issues**

- The M11 YTD overspend of £11.3m is a concern, particularly given the significant recurrent investment in Care Groups/Directorates to meet their recurrent overspends from 23/24.
- A detailed analysis of the M11 YTD Pay, Non pay and Income overspends is provided on the following pages.



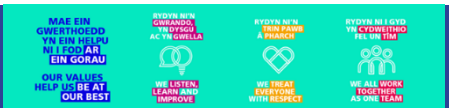
# M12 YTD Pay Variances



	Add Prof Scientific & Technical	Additional Clinical Services	Administrative & Clerical	Allied Health Professionals	Estates And Ancillary	Healthcare Scientists	Medical And Dental	Nursing And Midwifery Registered	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	(113)	298	(569)	1,665	(49)	(23)	(647)	(1,140)	43	(535)
Unscheduled Care	(50)	419	(620)	1	(0)	(1)	1,884	1,848	21	3,500
Primary & Community Care	(336)	(96)	(967)	(425)	72	(1)	(295)	(1,551)	0	(3,598)
Mental Health & Learning Disabilities	(279)	(80)	(251)	(195)	6	0	1,146	201	(35)	513
Children & Families	1	(62)	(47)	(12)	3	2	658	435	0	978
Diagnostics, Therapies & Specialities	(982)	(461)	(413)	213	(32)	(101)	774	(27)	560	(467)
Corporates	61	259	(2,047)	(56)	208	(411)	(100)	(84)	5	(2,164)
Facilities	6	(37)	(171)	1	1,472	0	0	0	57	1,328
<b>Grand total</b>	<b>(1,691)</b>	<b>241</b>	<b>(5,084)</b>	<b>1,192</b>	<b>1,681</b>	<b>(535)</b>	<b>3,419</b>	<b>(316)</b>	<b>650</b>	<b>(445)</b>

**Key Issues**

- At a bottom line level, the most concerning overspends are Medical & Dental ( £3,419k), Estates & Ancillary ( £1,681k) and Allied Health Professionals (£1,192).
- At a Care Group/Directorate level, the more significant overspends are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.



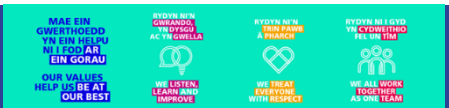
# M12 YTD Non Pay Variances



	Clinical Service & Supplies	Premises & Fixed Plant	Primary & Secondary Care	Other	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	1,255	(59)	(0)	(1,636)	(440)
Unscheduled Care	1,294	94	0	(18)	1,370
Primary & Community Care	1,448	293	(3,872)	(379)	(2,510)
Mental Health & Learning Disabilities	(34)	21	1,730	(171)	1,547
Children & Families	544	(55)	45	(56)	478
Diagnostics, Therapies & Specialities	1,870	226	4,792	1,343	8,231
Corporates	(116)	(89)	(1,032)	(311)	(1,548)
Facilities	37	506	0	313	855
Contracting & Commissioning	0	0	(25)	693	669
<b>Grand total</b>	<b>6,298</b>	<b>937</b>	<b>1,639</b>	<b>(222)</b>	<b>8,652</b>

### Key Issues

- At a bottom line level, all of the four categories are showing significant overspends.
- At a Care Group/Directorate level, the more significant overspends are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.



# M12 YTD

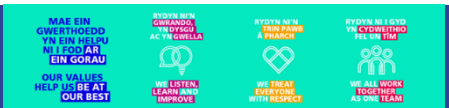
## Income Variances



	Welsh NHS Income	WHSSC Income	WG Income	Other Income	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	(84)	0	(23)	42	(66)
Unscheduled Care	54	0	0	(35)	19
Primary & Community Care	(867)	0	(304)	2,228	1,057
Mental Health & Learning Disabilities	24	(4)	0	46	66
Children & Families	83	0	(12)	62	133
Diagnostics, Therapies & Specialities	(86)	(19)	(14)	149	30
Corporates	(170)	(136)	(0)	22	(285)
Facilities	(359)	0	0	391	32
Contracting & Commissioning	2,136	0	0	(79)	2,058
<b>Grand total</b>	<b>731</b>	<b>(159)</b>	<b>(353)</b>	<b>2,826</b>	<b>3,045</b>

### Key Issues

- At a bottom line level, the most concerning income shortfalls are within the Other Income category ( £2.8m).
- At a Care Group/Directorate level, the more significant income shortfalls are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the income shortfalls highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.





**Agenda Item**

8.1

**Operational Delivery Committee**

**IMTP 2024-2027 – Quarter Four Review**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Elizabeth Beadle, Assistant Director of Transformation
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Victoria Oxley, Interim Executive Director of Strategy and Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Victoria Oxley, Interim Executive Director of Strategy and Transformation

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

<b>Acronyms / Glossary of Terms</b>	
CAMHS	Child & Adolescent Mental Health Services
WAST	Welsh Ambulance NHS Trust



## 1. Situation / Background

- 1.1 Developing an integrated 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 28<sup>th</sup> March 2024. Welsh Government formally approved the Health Board's three-year plan in the summer.
- 1.3 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 to the end of the year.
- 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 and deliver in quarter four is set out below:

### **Scoping mandate for care homes to contact the Clinical Navigation Hub before 999 unless deemed a life-threatening emergency**

- Care home performance: during January 2025 84.4% of care home referrals avoided conveyance. This represented a slight drop in performance from the previous period.
- WAST continue to roll 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 resource is deployed.

### **Overall Navigation Hub Performance**

- Navigation Hub performance averaged 85.18% during January and February. March data is being validated. The highest successful intervention rate since January 2024 is 87.4%.

### **Package of care delays**

- The target of 20% reduction in total delays target was achieved and exceeded.
- The target of a 24% reduction in days delayed target was achieved and exceeded.
- The 28% reduction in assessment delays target was achieved and exceeded.

### **Primary Care Access**

- 2.7 Progress continues to be made across a number of areas.
- General Medical services continue to deliver 100% compliance with all national access standards for in-hours.
  - General dental services exceeded the anticipated patient contacts set as milestones for quarters two and three. Quarter four data is awaited pending completion of final validation of March data.

### **Urgent and Emergency Care**

- 2.8 **Same Day Emergency Care (SDEC):** Preparation has been undertaken to launch STAMP at the Princess of Wales Hospital during April and May.
- 2.9 Proposals to recruit additional COTE consultants have been submitted as part of the IMTP planning for 2025-2028, to ensure equity of provision of frailty services at the front door across all sites.



- 2.10 SDEC activity, both medical and surgical has increased across all sites (based on January data).
  - RGH Medical – 37%
  - POW Medical – 24%
  - PCH Medical – 15%
  - RGH Surgical – 53%
  - POW Surgical – 17%
- 2.11 **Ambulance handover** performance for March is undergoing validation. Pre-emptive measures already in place to create space for handovers by reassigning patients into bed spaces or where patients may become fit to sit.

**Planned Care**

- 2.12 The final referral to treatment time delivery for March 2025 was 892.
- 2.13 The Productivity, Innovation and Transformation Board meets regularly to provide a structure to deliver improvement.

**Mental Health and CAMHS**

- 2.14 Performance in Q4 maintained compliance with the national targets, with 81.6% of assessments undertaken by the Local Primary Mental Health Service within 28 days of receipt of referral (against a target of 80%).
- 2.15 88.8% of therapeutic interventions commenced within 28 days.

**Diagnostics**

- 2.16 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 a regional endoscopy plan has been completed which has been considered by Aneurin Bevan and Cardiff and Vale Health Boards. Final approval is pending and this will enable the next phase of the programme to begin, including procurement for a preferred supplier.

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

- 3.1 This report presents the end of year performance against the 2024-25 measures in our IMTP. The new IMTP for 2025-2028 has been completed and approved by the board on 27<sup>th</sup> March. Work will commence on implementing these plans, with quarterly updates provided for the Operational Development Committee and Board.

**4. Assessment**

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



<b>Link to CTMUHB Strategic Goal(s)</b>	
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Ageing Well If more than one applies please list below: All are applicable.
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective If more than one applies please list below: All quality domains apply.
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Choose an item. If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / <b>Equality and Welsh Language</b> Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	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:
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	



<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	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 Committee is requested to:

5.1.1 Note the progress of the IMTP actions and performance as set out in the report and the appended documents.

5.1.2 Note the completion of the 2025-2028 IMTP and the plan to provide quarterly updates.

## 6. Next Steps

6.1 This report completes the reporting on the 2024-2025 actions of the IMTP and the committee will receive quarterly updates on progress of 2025-2026 actions alongside the 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

<b>Priority area(s) to deliver 24/25:</b>				
<b>Key focus should be on delivering</b>		<ul style="list-style-type: none"> <li>• <b>Enhancing care in the community, with a focus on reducing delayed pathways of care</b></li> <li>• <b>Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.</b></li> <li>• <b>Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.</b></li> </ul>		
<b>Ref 1:</b>	Development of Urgent and Emergency Care pathways through the development of the Navigation Hub.			
<b>Resume of planning Milestones 23/24:</b>				
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Ref 1:</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Implement and embed pathways with ED to reduce unnecessary conveyance to hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Provide clinical support to Care Homes to ensure that the navigation hub as first point of access not WAST or GP</li> <li>• Implement and develop advice line for professionals working in the community</li> <li>• Role of the Hub into the redesign of community services</li> </ul>	<ul style="list-style-type: none"> <li>• Continue maintain delivery of services within the hub</li> <li>• Explore ways for additional resources to expand the hub</li> <li>• Develop confidence within the Hub between stakeholders to ensure the resource is being utilised</li> <li>• Further exploring the role of the Hub as single point of access for community service model</li> </ul>	<p>As quarter 3</p> <ul style="list-style-type: none"> <li>• Produce a comprehensive vision for the Hub as the SPA and oversight of ECC.</li> </ul>
<b>Progress synopsis</b>	<p>Following pathways established</p> <ul style="list-style-type: none"> <li>• Recognition of Life Extinct for Unexpected Death - ROLE Pathway</li> <li>• Supply of emergency drugs to support EOL patients</li> <li>• Discussions with Emergency Department around redirection Pathways</li> <li>• Professional Advice Line established for health community nursing teams</li> <li>• Discussions around Occ Health through additional AHP funding</li> <li>• Urgent and Emergency Dental Triage &amp; appointments</li> </ul>	<p>Established pathways continue to be delivered to support.</p> <ul style="list-style-type: none"> <li>• 111Press2 for Mental Health</li> <li>• Nursing Home Pathway has been introduced and tested for nursing homes. Focus on encouraging homes to utilise as confidence grows</li> <li>• C3 Radius PTAS - Pulling cases directly from ambulance stack (weekends Mon to Fri service only).</li> <li>• National antiviral scheme introduced for patients at highest risk of hospitalisation</li> <li>• Continue to monitor GDS waiting lists</li> </ul>	<p>All pathways introduced in Q1 and Q2 continue. Antiviral numbers significantly increasing putting pressure on the resource.</p> <ul style="list-style-type: none"> <li>• Discussions commence with LA colleagues around support for residential homes.</li> <li>• Appointment of Occ Health practitioners being undertaken</li> <li>• Hub GP to oversee stack secured over a number of weekends when pressures in ED and acute being escalated and</li> <li>• Continue to monitor GDS waiting lists</li> </ul>	<p>All pathways continue to be delivered</p> <ul style="list-style-type: none"> <li>• Antiviral activity starts to reduce</li> <li>• Continued to provide adhoc delivery of PTAS over the weekend where pressures reported as high and BC called.</li> <li>• OT now placed in Hub</li> <li>• Vision paper produced in draft.</li> <li>• Weekly reporting of activity and successful intervention by the hub on the PTAS service</li> <li>• Continue to monitor GDS waiting lists</li> </ul>

<b>Priority area(s) to deliver 24/25:</b>				
<b>Progress synopsis</b>	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.			
<b>Ref 1</b>				
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
	• As above	•	•	•
<b>Progress Synopsis</b>	As above			
<b>Outcomes of delivering Ministerial Priorities:</b>				
<b>Ref 1:</b>				
<b>Planned Milestones 24/25</b>				
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Ref 1:</b>	<ul style="list-style-type: none"> <li>Continue to deliver pathways already implemented</li> <li>Review and refine pathways as is required to maximise outcomes</li> <li>Commencement of Advanced Paramedic Practitioners (joint programme with WAST)</li> <li>Seek funding from Regional Capital Fund for scoping exercise for alternative premises to support future development of the Hub</li> </ul>	<ul style="list-style-type: none"> <li>Continue to deliver pathways already implemented</li> <li>Report in progress and outcomes through internal governance structure</li> <li>Review first Q deliver of Advanced Paramedic Practitioners</li> <li>Review impact of Occupational Health input</li> <li>Work to progress the Hub being the SPA for community services</li> <li>Review of the respiratory ECC</li> <li>Deliver the oversight for the residential home in one locality to test principle</li> <li>Mandate all Care Homes to use Hub as a first</li> </ul>	<ul style="list-style-type: none"> <li>Continue to deliver pathways already implemented</li> <li>Report in progress and outcomes through internal governance structure</li> <li>Explore more opportunities for</li> <li>Evaluate the residential home pathways to collect learning and explore continuation</li> </ul>	<ul style="list-style-type: none"> <li>If successful in bid, consider evaluation of the scoping exercise to seek alternative premises and IT infrastructure.</li> <li>Evaluate all pathways to ensure value based delivery and outcomes</li> </ul>

Priority area(s) to deliver 24/25:				
		contact before other routes for escalation		
<b>Progress update 24-25</b>	<ul style="list-style-type: none"> <li>Paramedics have been engaged within the Navigation Hub team since Jan 24. Working well and embedding into team</li> <li>2 x Occupational Therapist engaged within the Nav Hub Team</li> <li>Respiratory Virtual Wards commenced Jan 2024. Positive outcomes and recurrent funding to continue service has been sought.</li> <li>Navigation Hub continues to support Nursing Homes – exploring POCT to support rollout to Residential Homes.</li> </ul>	<p><u>Scoping mandate for care homes to contact the CNH before 999 unless deemed a life threatening emergency:</u></p> <ul style="list-style-type: none"> <li>Work has begun to train Care Homes.</li> <li>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.</li> </ul> <p><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></p> <ul style="list-style-type: none"> <li>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</li> </ul> <p><u>7-day duty therapy support to the Primary Care Navigation Hub to support specialist AHP triage of referrals</u></p>	<p><b>Overall performance:</b> number of successful interventions via Navigation Hub – 87.4% highest since January 2024</p> <p><b>Care homes performance:</b> number of successful care home referrals and conveyance avoidance via Navigation Hub – 84.4% has dropped by 5% in the last 6 months</p> <p><b>WAST ED conveyances:</b> since January 2024 remains high at an average 1917 patients conveyed per month, where on average around 491 patients are brought into EDs from care homes, which contributes to a quarter of monthly conveyances to ED for this cohort of patients.</p> <p><b>Targeted interventions:</b> Development of Clinical Navigation Hub as a central coordination for Enhanced Community Care model (ECC level 4) in progress – phase 3 of ECC delivery (Jul – Sep 2025) CTM Falls &amp; Finish Group set up – secured funding for 25 training sessions with St Johns Ambulance for care homes, procurement of 25 lifting equipment kits completed and in progress of distribution to community (care homes). Gaps established in urgent falls response in Merthyr Tydfil – work with PLT re integrated community model, realignment of RIF under review WAST are rolling out the LUSCII project, a new initiative with the Welsh Ambulance service. Staff in five care homes initially to be trained to apply wearable tech on patients so observations can be monitored remotely by the WAST clinical desk until a resource is deployed. Virtual ward for respiratory pathway restarted in December 2024 Targeted interventions re care home conveyances – national and local actions – further plans to be confirmed</p> <p><b>POCD:</b></p> <ul style="list-style-type: none"> <li>20% reduction in total delays target achieved and exceeded</li> <li>24% reduction in days delayed target achieved and exceeded</li> <li>28% reduction in assessment delays target achieved and exceeded</li> </ul>	

Priority area(s) to deliver 24/25:				
		<ul style="list-style-type: none"> <li>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.</li> </ul> <p><u>7-day rapid access to AHP intervention focusing on admission avoidance</u></p> <ul style="list-style-type: none"> <li>Current provision covers 5-day working model, investment required to extend to 7-day provision</li> </ul>		
Overarching outcome measures/ metrics:				
<p>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</p> <ol style="list-style-type: none"> <li>Reduction in unnecessary conveyance by WAST to ED</li> <li>Reduction in admissions into hospital</li> <li>Increased number of patients who have fallen being supported to get up and stay in own home (safely).</li> </ol>				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	<b>76% successful intervention rate</b>	<b>79% successful intervention rate</b>	<b>86% successful intervention rate</b>	<b>87% successful intervention rate</b>
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Maintain 87% average successful navigation hub Nav Hub to be first point of contact for 100% prior to WAST Appoint Nav Hub Lead	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 Nav Hub to maintain point of contact for 100% prior to WAST	Maintain 87% average successful navigation hub  Nav Hub to maintain first point of contact for 100% prior to WAST	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:				
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		83.7% in December 2024	85.18% in January – February and March data being validated. Highest successful interventions since January 2024 – 87.4%.
Risks	<b>Risks of Non-Delivery</b>		<b>Mitigations</b>	
	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.	
	<b>Risks to Delivery</b>		<b>Mitigations</b>	
	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	<b>Finance</b>			
	Funding is made up from 6 goals, Further faster. Detail expenditure plan is currently being worked through as part of Q1 budget reviews.			
	<b>Workforce</b>			
	<ul style="list-style-type: none"> <li>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</li> <li>Support and improve wellbeing of our teams</li> <li>Strong &amp; resilient inter-professional leadership &amp; delivery</li> </ul>			
	<b>Digital</b>			
	<ul style="list-style-type: none"> <li>Improve the availability of performance data for priority areas to inform service planning, monitoring and evaluation</li> <li>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</li> </ul>			
<b>Other (Specify)</b>				
<b>Estate &amp; Facilities enablers:</b>				

<b>Priority area(s) to deliver 24/25:</b>	
	<ul style="list-style-type: none"> <li>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</li> </ul>
<b>Prevention &amp; Population Health</b>	<b>Opportunities identified:</b>
	<p>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.</p> <p>Evidence suggests a longer LoS for patients in areas of deprivation.</p>

# NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

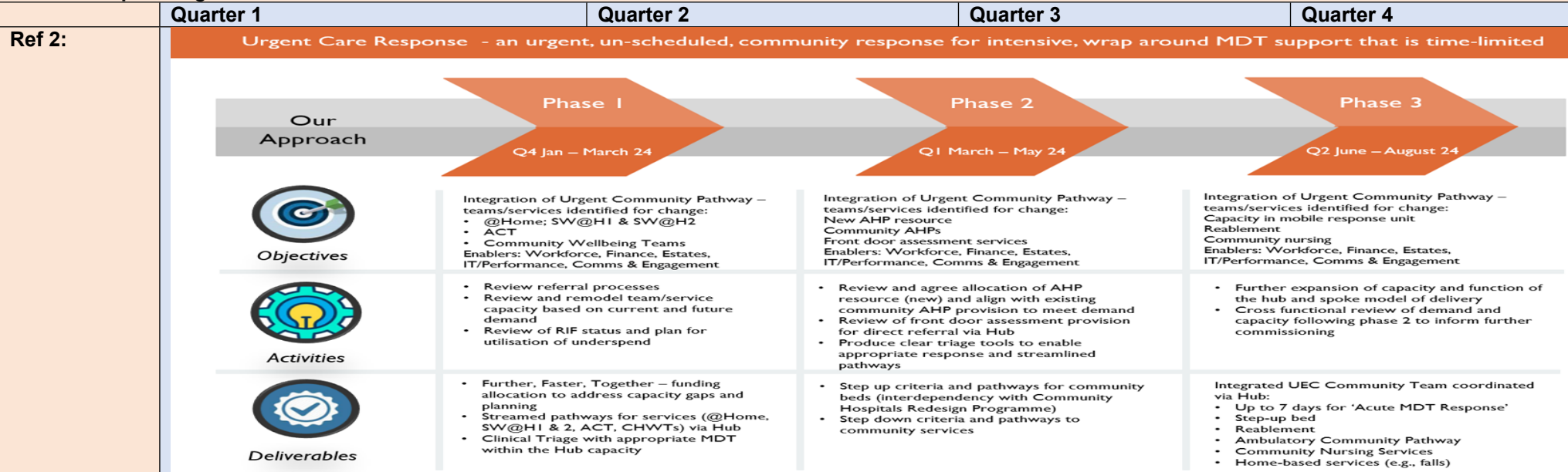
Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care

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 POCs

## Resume of planning Milestones 23/24:



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.



## COMMUNITY BEDS

- Agreed strategic model aligned to D2RA Pathway 2 and 3.
- NICE Guidelines for Intermediate Care
- Equity of outcomes and standardised offer.
- Demand and capacity data gathering.
- Equity of provision.



## ENHANCED COMMUNITY CAPACITY

- Previously known as 'virtual ward'.
- Enhanced offer with medical oversight.
- NICE Guidelines for Intermediate Care.
- Navigation hub
- Resource maximisation across provision.
- Integrated model

### 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
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.

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				
	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.			
<b>Outcomes of delivering Ministerial Priorities:</b>				
<b>Ref 2:</b>				
<b>Planned Milestones 24/25</b>				
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Ref 2:</b>	<ul style="list-style-type: none"> <li>To align the work programme with the Navigation Hub with the community service redesign</li> <li>Implement community nursing principles</li> <li>Implement community nursing specification</li> <li>Implementation of Civica District Nurse Establish the work streams</li> <li>Map the current workforce and the funding streams associated</li> <li>Map the current gaps in workforce teams</li> <li>Undertaken engagement sessions with other stakeholders</li> <li>Undertake engagement sessions with teams to share and discuss the vision</li> <li>sing scheduling system</li> <li>Advertise posts required and identified as part of the Further fast funding</li> <li>Additional community nursing to ensure that the District Nurse Principles are met as well as focus on frailty nurses, ACP, clinical support for the Navigation Hub. To</li> </ul>	<ul style="list-style-type: none"> <li>Integration of Urgent Community Pathway: @Home, SW@H 1 and 2, ACT, Community Wellbeing Teams</li> <li>Further, Faster, Together funding allocation plan to address capacity gaps and planning</li> <li>Streamed pathways for services: @Home, SW@H 1 and 2, ACT, Community Wellbeing Teams</li> <li>Establish capacity in mobile response units</li> <li>Set up clinical triage with appropriate MDT within Navigation Hub capacity</li> </ul> <p><b>Community Hospitals</b></p> <ul style="list-style-type: none"> <li>Operational embedding of new discharge policy and evaluation</li> <li>Implementation of accredited training for trusted assessors</li> <li>Discharge toolkit</li> <li>Business case for Integrated Discharge Team with Section 33 agreement</li> <li>Monthly review and update of PoCD action plan</li> </ul>	<ul style="list-style-type: none"> <li>Integration of Urgent Community Pathway: new AHP resource, community AHPs, front door assessment services</li> <li>Establish step-up criteria and pathways for community beds (interdependent) with Community Hospital bed modelling programme delivery)</li> <li>Establish criteria for step down pathways to community services</li> </ul> <p><b>Community Hospitals</b></p> <ul style="list-style-type: none"> <li>Sign-off for implementation</li> <li>plan for Integrated Discharge Team</li> <li>Full implementation of Integrated Risk Escalation Framework</li> <li>Straight to service model for all Pathway 1</li> </ul>	<ul style="list-style-type: none"> <li>Integration of Urgent Community Pathways.</li> <li>Completion of integration of UEC Community Team coordinated via Hub: for Up to 7 days for 'Acute MDT Response' Step-up bed Reablement</li> <li>Further demand and capacity review plan for future modelling and commissioning</li> </ul> <p><b>Community Hospitals</b></p> <ul style="list-style-type: none"> <li>Audit of D2RA pathways and MADE reviews implemented quarterly on each site</li> <li>Demand and capacity modelling for all D2RA pathways with integrated commissioning plan for intermediate care.</li> <li>Monthly review and update of PoCD action plan</li> </ul>

**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**

	<p>ensure the opportunity to enhance the AHCP workforce is maximised by shifting resource where it is required. Ongoing</p> <p><b>Bed base - Community Hospitals</b></p> <ul style="list-style-type: none"> <li>• New Discharge Policy and user-friendly Discharge Toolkit including choice protocol,</li> <li>• reluctant discharge and homelessness pathway</li> <li>• Data Dashboard to include key performance metrics with capacity for daily</li> <li>• reporting</li> <li>• 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</li> <li>• per day, number of patients awaiting beds, bed capacity, transport allocation, number of internal and external delays per ward and per site</li> </ul> <p>Operational embedding of re-developed eWhiteboards/eToC/SDN</p> <ul style="list-style-type: none"> <li>• Operational development and embedding of Discharge Hub as central coordination for flow and discharge activities and daily reporting via Virtual Network meetings (acute, community hospitals, discharge teams and social care).</li> </ul>	<p>Demand and capacity modelling for residential/ nursing placements</p>	<p>discharges for Trusted Assessors</p> <ul style="list-style-type: none"> <li>• Monthly review and update of PoCD</li> <li>• Integrated strategic commissioning place for residential care aligned to pooled fund.</li> </ul>	
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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				
	<ul style="list-style-type: none"> <li>Continue delivery of Pathways of Care Delays Action Plan and activities supporting effective management of discharge</li> </ul> <p>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)</p>			
<b>Overarching outcome measures/ metrics:</b>				
<ol style="list-style-type: none"> <li>1. Implement a whole system approach to integrated care</li> <li>2. More people to be cared for in their own homes or home of choice</li> <li>3. Reduction in duplication</li> <li>4. Reduction in silo working</li> <li>5. Reduction in various 'hand offs' and referrals</li> <li>6. Implementation of Seamless Care</li> <li>7. Reduction in unnecessary admissions</li> <li>8. Reduction in unnecessary bed days</li> <li>9. Increase in the response offered to patients in urgent need</li> <li>10. Supporting D2RA process</li> <li>11. Improve flow across the whole system</li> <li>12. Increase amount of people receiving enhanced community care</li> <li>13. Reduce admission rates</li> <li>14. Reduce POCD</li> <li>15. Reduction in waits for social care in the community hospitals</li> </ol>				
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Progress Update 24/27</b>	<ul style="list-style-type: none"> <li>New Community Hospital Model has been approved by Operational Management Board and Executive Team.</li> <li>Implementation plan just being finalised</li> <li>Workforce model complete</li> <li>New JDs drafted for ANPs in Community Hospitals out on TRAC and being progressed</li> </ul>			

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				
	<ul style="list-style-type: none"> <li>• D2RA Process implemented</li> <li>• Discharge Hub in place, and further staff being recruited (band 6 and band 3)</li> <li>• All wards using EWTBs</li> <li>• POCD data being monitored on monthly basis and feeding into the action plan.</li> <li>• Scrutiny continues to take place at the Integrated Discharge Board</li> <li>• Discharge Policy approved and continues to be embedded in Q1.</li> <li>• Unscheduled Dashboard has been implemented</li> <li>• LOS and DPOC not yet reducing but analysis being undertaken to understand why</li> </ul>			
<b>Performance Trajectories 24/25</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
	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.
<b>Risks</b>	<b>Risks of Non-Delivery</b>		<b>Mitigations</b>	
	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.	
<b>Risks</b>	<b>Risks to Delivery</b>		<b>Mitigations</b>	
	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	
<b>Critical Enablers</b>	<b>Finance</b>			
	The plan is for the model redesign to be cost neutral. A full financial analysis will be worked up as part of the plans			

<b>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</b>	
	<b>Workforce</b>
	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.
	<b>Digital</b>
	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
	<b>Other (Specify)</b>
	Collaboration through partnerships is critical enabler
<b>Prevention &amp; Population Health</b>	<b>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.</b>

# NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

<b>Priority area(s) to deliver 24/25: Enhanced Community Services</b>				
<b>Key focus should be on delivering</b>		<ul style="list-style-type: none"> <li>• Enhancing care in the community, with a focus on reducing delayed pathways of care</li> <li>• Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.</li> <li>• Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.</li> </ul>		
<b>Ref 3:</b>	<b>Flow and Discharge: To reduce Pathway of Care Delays through the robust process for assessing and reviewing PoCD and redesign of community hospitals.</b>			
<b>Resume of planning Milestones 23/24:</b>				
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Ref 3</b>	<ul style="list-style-type: none"> <li>▪ Design and delivery of D2RA,</li> <li>▪ Roll out of 'Optimise' all community hospitals</li> <li>▪ Structured board rounds and involvement of MDT</li> <li>▪ Accurate data input and recording on eWhiteboards</li> <li>▪ Implementation of SitRep for monitoring and scrutiny of flow and discharge processes</li> <li>▪ SAFER, Red2Green and Preventing deconditioning Guidance</li> <li>▪ Establishment of Board to overview redesign of community hospital bed and workforce profile</li> </ul>	<ul style="list-style-type: none"> <li>▪ Trusted Assessor role fully implemented and supporting appropriate discharge on all 3 sites</li> <li>▪ Development of Training Modules to support new guidance – mandatory modules</li> <li>▪ Development of 'Train the Trainer' type toolkit for ward managers, MDT representatives and social care colleagues to support scaling up of the improvement project</li> <li>▪ Assessment of current Community Hospital Model</li> </ul>	<ul style="list-style-type: none"> <li>▪ End PJ Paralysis plan including educational material, staff coaching, resources for patients and families.</li> <li>▪ Scaling up Functional Rehabilitation Programme across inpatient areas</li> <li>▪ Drafting of optimum model for community hospitals with focus on medical model</li> </ul>	<ul style="list-style-type: none"> <li>• Work to embed the D2RA continued</li> <li>• Governance structure for oversight of POCD continues to embed and to report internally and nationally</li> <li>• Focus on embedding the understanding and need for quality of data on eWhiteboards across all teams.</li> <li>• Focus work taken place where data quality requires attention</li> <li>• Draft model for community hospitals and medical workforce model proposal considered by OMB.</li> </ul>
<b>Progress synopsis</b>	<ul style="list-style-type: none"> <li>• Integrated Discharge Delivery Board established with governance and assurance of PoCD delays</li> <li>• Integrated Discharge Policy approved March 2024 in line with national guidance</li> <li>• Revised PoCD reporting, validation and escalation process established</li> <li>• Stranded patient reviews established with MADE methodology with 1<sup>st</sup> MADE review in PoW 04/24</li> <li>• Re-launch of redesigned Supported Discharge Notification form and electronic Transfer of Care</li> <li>• Re-launch of redesigned eWhiteboards system with internal and external delay codes aligned to Pathways of Care Delays and D2RA reporting.</li> <li>• Launch of Red2Green/SAFER in acute and community sites – phased and structured project implementation ongoing with anticipated completion date November 2024</li> </ul>			

**Priority area(s) to deliver 24/25: Enhanced Community Services**

- 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:	<ul style="list-style-type: none"> <li>• New Discharge Policy and user-friendly Discharge Toolkit including choice protocol,</li> <li>• reluctant discharge and homelessness pathway</li> <li>• Data Dashboard to include key performance metrics with capacity for daily reporting</li> <li>• 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</li> <li>• Operational embedding of re-developed eWhiteboards/eToC/SDN</li> <li>• Operational development and embedding of Discharge Hub as central coordination for flow and discharge activities and daily reporting via Virtual Network meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Operational embedding of new discharge policy and evaluation</li> <li>• Implementation of accredited training for trusted assessors</li> <li>• Discharge toolkit</li> <li>• Business case for Integrated Discharge Team with Section 33 agreement</li> <li>• Monthly review and update of PoCD action plan</li> </ul> Demand and capacity modelling for residential/ nursing placements	<ul style="list-style-type: none"> <li>• Sign-off for implementation plan for Integrated Discharge Team</li> <li>• Full implementation of Integrated Risk Escalation Framework</li> <li>• Straight to service model for all Pathway 1 discharges for Trusted Assessors</li> <li>• Monthly review and update of PoCD</li> <li>• Integrated strategic commissioning place for residential care aligned to pooled fund.</li> </ul>	<ul style="list-style-type: none"> <li>• Audit of D2RA pathways and MADE reviews implemented quarterly on each site</li> <li>• Demand and capacity modelling for all D2RA pathways with integrated commissioning plan for intermediate care.</li> <li>• Monthly review and update of PoCD action plan</li> </ul>

	<p>(acute, community hospitals, discharge teams and social care).</p> <ul style="list-style-type: none"> <li>Continue delivery of Pathways of Care Delays Action Plan and activities supporting effective management of discharge</li> <li>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)</li> </ul> <p>Community Hospital</p> <ul style="list-style-type: none"> <li>Focus on two D2RA bed-based pathways of care</li> </ul> <p>Effective discharge - reduction of 'Red' days during person's hospital stay</p>			
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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

<b>Baseline 23/24</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Performance Trajectories 24/25</b>	<p><b>Quarter 1</b></p> <p>Target improvement of LoS:  1) Reduce super stranded patients by 25% by end of Q2. 50% of patients within standard measures.  POCD – reduction of</p>	<p><b>Quarter 2</b></p> <p>Increase home first pathways (0 and 1) to 95% to reduce delays associated with residential placements  Further reduction in POCD by 15%</p>	<p><b>Quarter 3</b></p> <p>Increase home first pathways (0 and 1) to 95% to reduce delays associated with residential placements  Further reduction in POCD by 15%</p>	<p><b>Quarter 4</b></p> <p>Further reduction in POCD by 15%</p>

	assessment delays by 15% per quarter Reduction in red days Evaluate outcomes of Respiratory ECC			
<b>Risks</b>	<b>Risks of Non-Delivery</b>		<b>Mitigations</b>	
	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	
	<b>Risks to Delivery</b>		<b>Mitigations</b>	
	Protected time and resource to focus on the programme. Non compliance by ward staff		Monitoring against milestones Working with key partners to make happen	
<b>Critical Enablers</b>	<b>Finance</b>			
	Redesign needs to be cost neutral and financial plans are in the process of being finalised			
	<b>Workforce</b>			
	Community Hospitals: Higher ratio of therapies to nursing / medical staff - Reduction in medical supervision <ul style="list-style-type: none"> <li>- Pathway 2 bridging - Care will be delivered by roles similar to domiciliary care workers</li> <li>- Oversight from registrants will be a 'light touch</li> <li>- reablement approach</li> <li>- Pathway 3 - similar ratio to current community beds with allocated medical support and RNS.</li> </ul> Clear interventions provided for <ul style="list-style-type: none"> <li>- Pathway 2 (rehabilitation/reablement) with specified standards and workforce</li> <li>- Pathway 3 with specified standards and workforce</li> </ul>			
	<b>Digital</b>			
	Improved information management, data sharing/ technology – enabling D2RA driven care provision i.e. utilisation of E-Whiteboards system			
	<b>Other (Specify)</b>			
	n/a			
<b>Opportunities identified:</b>				

**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

<b>Priority area(s) to deliver 24/25:</b>				
<b>Key focus should be on delivering</b>		<ul style="list-style-type: none"> <li>• <b>Enhancing care in the community, with a focus on reducing delayed pathways of care</b></li> <li>• <b>Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.</b></li> <li>• <b>Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.</b></li> </ul>		
<b>Ref 4:</b>	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			
<b>Resume of planning Milestones 23/24:</b>				
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Ref 4:</b>		<ul style="list-style-type: none"> <li>• Through Commissioning Group development work with LA colleagues to identify what would make the greatest impact.</li> <li>• Care Homes identified as being the greatest need for both health and social care. Especially around falls.</li> <li>• Development and scoping of what would be needed</li> <li>• Additional eyes on clinician employed to support urgent and emergency pathway</li> </ul>	<ul style="list-style-type: none"> <li>• Testing concept with residential homes.</li> <li>• Further work to develop pathways and employ the resource for the respiratory ECC</li> </ul>	<ul style="list-style-type: none"> <li>• Focus was on supporting the Navigation Hub to develop the urgent and emergency response to Care Homes and professional teams.</li> </ul> <p>Additional 'eye on clinician' supporting the triaging doctor. Enabled a home visiting service.</p>
<b>Progress synopsis</b>	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.			
<b>Outcomes of delivering Ministerial Priorities:</b>				
<b>Ref 4 :</b>				
<b>Planned Milestones 24/25</b>				
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Ref 4:</b>	<ul style="list-style-type: none"> <li>• Undertake recruitment of additional community staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continued recruitment of additional District Nursing staff</li> <li>▪ Focus on frailty to support those in top 5% risk of frailty</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review the first few</li> </ul>	Review the first few months of delivery to few

**Priority area(s) to deliver 24/25:**

	<p>required to increase capacity for 24/7 provision</p> <ul style="list-style-type: none"> <li>• Work with Palliative Care Consultant Development of plan to delivery ACP education and training</li> <li>• 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</li> <li>• Focus on Falls response in care homes and wider communities</li> <li>• Further progressing risk stratification work to enable Anticipatory care planning for 0.5% people most at risk of urgent care</li> <li>• Focus on EoL and especially around ACP. Work with Palliative Care Consultant Development of plan to delivery ACP education and training</li> </ul>	<ul style="list-style-type: none"> <li>▪ Focus on supporting care homes where need is identified by the Navigation Hub</li> <li>▪ Validate data being identified from the risk stratification</li> </ul>	<p>months of delivery to assess outcomes and learning</p> <ul style="list-style-type: none"> <li>▪ Review and assess impact on the District Nursing Principle</li> </ul>	<p>assess outcomes and learning</p> <p>Review and assess impact on the District Nursing Principle</p>
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**Overarching outcome measures/ metrics:**

	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Baseline position 23/24</b>	<ul style="list-style-type: none"> <li>▪ 24/7 service being delivered</li> <li>▪ Assessment of needs for District Nursing Principles assessed. All teams are coterminous</li> </ul>	<p>As Q1 and in addition</p> <ul style="list-style-type: none"> <li>• Recruitment of the band 4 role taken place and demonstrated that enhanced skill mix and career framework in place for HCSW.</li> </ul>	<p>As Q1&amp;2</p>	<p>Identification of Further Faster funding to improve 24/7 provision to reflect demand largely influenced by</p>

Priority area(s) to deliver 24/25:				
	<p>to general practice populations. Providing continuity for patients and professionals.</p> <ul style="list-style-type: none"> <li>All Team leaders in place with SPQ</li> <li>12WTE achieved in all but 1 team but this is due to joining of 2 small teams. Team is now more resilient.</li> <li>Further work to be done around administration</li> </ul>			<p>deprivation.. Additional RGN posts to be recruited</p>
Progress update 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	<ul style="list-style-type: none"> <li>Navigation Hub continues to deliver supporting Care Homes</li> <li>Additional GP in the Navigation Hub to provide eyes on to patients has been engaged.</li> <li>Finalising the recruitment process for the additional District Nursing Posts to enhance the weekend working.</li> <li>Review of Marie Curie provision to ensure it is meeting the needs of EOL patients and is maximising capacity.</li> <li>2 x Occupational Therapists in place in the</li> </ul>			

Priority area(s) to deliver 24/25:				
	<p>Hub since January 24 to support patients who have fallen. Linking in with wider therapy falls team and @home team.</p> <ul style="list-style-type: none"> <li>Respiratory Virtual Ward delivering since January to support patients at risk of escalation and supporting at home and avoiding admission</li> <li>Workshop undertaken in June to develop enhanced Extended Community Care model</li> </ul>			
<b>Performance Trajectories 24/25</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
	<p>Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ 15% admin Increase number of RCN by 10WTE</p>	<p>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</p>	<p>Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ</p>	<p>Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ</p>
<b>Risks</b>	<b>Risks of Non-Delivery</b>		<b>Mitigations</b>	
	<ul style="list-style-type: none"> <li>Failure to recruit into the additional community nursing posts will lead to CTM not attaining the district nursing principles and standards set.</li> <li>Failure to have appropriate ACP in place will lead to patients being admitted into hospital</li> <li></li> </ul>		<ul style="list-style-type: none"> <li>Robust recruitment plan</li> <li>Delivery programme of ACP training and advice. Raise awareness of the need for ACP</li> </ul>	
	<b>Risks to Delivery</b>		<b>Mitigations</b>	
<ul style="list-style-type: none"> <li>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.</li> </ul>		<p>Will need to put additional resource into acute which is what we are trying to avoid</p>		

<b>Priority area(s) to deliver 24/25:</b>	
<b>Critical Enablers</b>	<b>Finance</b>
	The forecast to date is full spend of the £1.8million
	<b>Workforce</b>
	Final plans are being worked through as priority areas are tweaked and discussions continue with LA colleagues and clusters
	<b>Digital</b>
	At this point in time digital is not critical but will be a key enabler as the plans over the year progresses.
	<b>Other (Specify)</b>
Costs for additional community equipment to support patients at home will also need to be prioritised.	
<b>Prevention &amp; Population Health</b>	<b>Opportunities identified:</b>
	<p>Keeping patients safe at home will be key to our resilience as we approach winter.</p> <p>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.</p> <p>Delivery of the NIF programme will be key to keeping individuals protected</p>

# 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](mailto: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.

<b>Priority area(s) to deliver 24/25:</b>							
<b>Key focus should be on delivering</b>		<b>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</b>					
<b>Ref:</b> New priority/ Continued from 23/24 (Delete as appropriate)							
<b>Ref:</b>							
<b>Resume of planning Milestones 23/24:</b>							
<b>Quarter 1</b>		<b>Quarter 2</b>		<b>Quarter 3</b>		<b>Quarter 4</b>	
<b>Ref:</b>	<b>Priority</b>	<b>Key actions</b>	<b>Metrics (performance indicator/ outcome/ output)</b>	<b>Timescale Qtr./ Year</b>	<b>Update – May 2023</b>	<b>Q4 Update</b>	
	General Medical Services and Access	<ol style="list-style-type: none"> <li>Continuing to support practices to find ways to improve access to GMS services</li> <li>Ensure that each practice establishes a PPG</li> <li>Undertake the sustainability desktop exercise on quarterly basis to identify practices at risk</li> <li>Salaried GP Service re-design</li> </ol>	<ol style="list-style-type: none"> <li>Ensure 100% compliance of phase 1 &amp; 2 GMS Access Standards</li> <li>Monitor Concerns and complaint for trends, issues and hotspots</li> </ol>	Q1-Q4 2023	<ul style="list-style-type: none"> <li>Self-assessments received. All 46 practices report 100% compliance. Evidence is being verified. Access forum due to meet on the 24<sup>th</sup> May.</li> <li>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 need with action plan. Review</li> </ul>	<ol style="list-style-type: none"> <li>All contracts have been reviewed to reflect the unified contract variations.</li> <li>Teams actively monitoring and supporting GP practices who are facing sustainability concerns and exploring options which can be pursued. 6 practices receiving direct support.</li> <li>Rolling programme of Practice Development Visits (PDV) is now in place to ensure monitoring and assurance is gained</li> </ol>	

**Priority area(s) to deliver 24/25:**

					<p>undertaken to ensure changes are embedded.</p> <ul style="list-style-type: none"> <li>GMS Practice Development Visit completed and action plan is in the process of being produced for areas of improvement and trends and themes.</li> </ul>	<p>4. Health Inequalities programme continues to focus in the North Bridgend Cluster.</p>
	Dental Services Contract Reform and Access	<ol style="list-style-type: none"> <li>Robust commissioning of dental services in areas of need during the re-tender of dental contracts</li> <li>Review of CDS / DTU services</li> <li>Development of model and workforce plan</li> <li>Engagement with teams and stakeholders</li> <li>Encourage participation in the ACD programme</li> </ol>	<ol style="list-style-type: none"> <li>Monitor the urgent and emergency activity</li> <li>Monitor the follow up activity</li> <li>Monitor will be determined by the national dental contract measures</li> <li>MOS activity</li> <li>CDS activity</li> <li>D2S &amp; Gwen a Byth activity</li> </ol>	Q1-Q4 2023	<ul style="list-style-type: none"> <li>Activity is being reported into the Heath Boards Performance and Improvement Board.</li> <li>3 contracts handed back. 1 tender completed and another tender for large contract in Bridgend due to take place. 3<sup>rd</sup> was taken on by neighbouring practice. Provides opportunity to redistribute dental contract to meet needs of population.</li> <li>Practices have agreed to work</li> </ul>	<ul style="list-style-type: none"> <li>No further contract resignations have been received and all contracts have been re-tendered.</li> <li>New contractor in Bridgend due to commenced in January 2024 and patients are being allocated centrally via the waiting list.</li> <li>Urgent &amp; Emergency Dental Service continues to manage calls and waiting list – demand is increasing.</li> <li>First dental collaborative has met and is being</li> </ul>

**Priority area(s) to deliver 24/25:**

					<p>with the HB to offer additional urgent access appointments.</p> <ul style="list-style-type: none"> <li>• Urgent and Emergency appointments now handled through Navigation Hub</li> <li>• Review of salaried Dental Services taking place to ensure in line with WHC and to maximise efficiencies and activity. Part of wider OCP process</li> <li>• HEIW workforce planning event due to take place 24<sup>th</sup> May</li> <li>• Regular meetings with LDS to ensure smooth transition for contract reform</li> <li>• Engagement with dentists regarding ACD regularly taking place.</li> </ul>	<p>funded centrally in the absence of it being included in contract reform.</p> <ul style="list-style-type: none"> <li>• Regular reporting of Dental activity reported into the Care Group's Planning, performance and Finance Board and through to Operational Management Board.</li> <li>• Final end year and mitigations 2022/23 completed.</li> <li>• Mid-year reviews currently taking.</li> </ul>
	Optometry Services Contract	1. Preparation for the phasing of the new	1. Monitoring will be determined by the national	Q1-Q4	<ul style="list-style-type: none"> <li>• Preparing for the implementation of the new contract.</li> </ul>	<ul style="list-style-type: none"> <li>• Additional post is in the process of</li> </ul>

**Priority area(s) to deliver 24/25:**

	<p>Reform and Access</p>	<p>optometry contract</p> <ol style="list-style-type: none"> <li>2. Engagement with contractors, WG and other contractors on an ongoing basis.</li> <li>3. Development of team so it is in place to and ready to take on the additional workload</li> <li>4. Once contract details finalised prepare a plan for the engagement and commissioning of the services from each contractor</li> <li>5. Further support the shift of activity done traditionally in eye care services from hospital to community optometry, e.g. wet AMD, HCQ, glaucoma and cataract.</li> </ol>	<p>measures as agreed by the contract</p> <ol style="list-style-type: none"> <li>2. Continue to monitor uptake of the specialist services such as glaucoma, cataract, diabetic retinopathy, IPOS and EHEW and low vision services</li> </ol>		<ul style="list-style-type: none"> <li>• A part of wider HB OCP ensuring the resources are in the team to enable them to manage this additional work.</li> <li>• Regular dialogue with SEWROC.</li> <li>• Optometry collaboratives established.</li> <li>• Delivery of specialist eye care services undertaken in conjunction with secondary are and activity/progress reported through to Care Group and Board governance process.</li> <li>• Joint meetings taking place to discuss the implementation of other specialist services, such as wet AMD and HCQ.</li> </ul>	<p>being recruited into as part of OCP</p> <ul style="list-style-type: none"> <li>• All practices participating in WGOS1-3.</li> <li>• 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.</li> </ul>		
<p><b>Progress synopsis</b></p>	<p>Please see above</p>		<p>Please see above</p>		<p>Please see above</p>		<p>Please see above</p>	
<p><b>Ref:</b></p>								

<b>Priority area(s) to deliver 24/25:</b>				
<b>Progress synopsis</b>				
<b>Outcomes of delivering Ministerial Priorities:</b>				
<b>Ref:</b>	Outcome metrics comply with the national metrics agreed in the contracts and deliver accessibility for patients.			
<b>Ref:</b>				
<b>Planned Milestones 24/25</b>				
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Ref:</b>	<p>1. Implement the new independent contract changes and metrics for 25-26 as directed</p> <p>2. Support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations</p> <p>3. scoping meeting to discuss workshop around new models of care</p> <p>4, considerations of priorities from Acute Clinical Services Plan to formulate plan for shift in services</p>	<p>1. Assess and support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations</p> <p>2. Continue to explore and implement new models of care across PC through a workshop with LMC and clusters</p> <p>3. Workshop/mtg to review ACSP and look at opportunities</p>	<p>1. Assess and support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations</p> <p>2. develop service specifications to support the ACSP priorities</p> <p>3 Mid-Year review of contracts and delivery</p>	<p>1. Continue to maximise delivery of the out of hospital services for optometry, dental and GMS in line with the clinical services plan</p>
<b>Delivery update</b>	<p>Q1 update GMS</p> <ul style="list-style-type: none"> <li>Monitoring of escalation levels at practice level continues weekly</li> <li>Continuing to supporting practices who are reporting level 3 and 4</li> <li>Exploring new models of Practice Model</li> </ul>			<p>100% GMS achieved and the expectation is that this will continue into next year.</p>

**Priority area(s) to deliver 24/25:**

	<ul style="list-style-type: none"> <li>• Work to enhance resilience community teams wrapped around GMS</li> </ul> <p>Dental</p> <ul style="list-style-type: none"> <li>• New dental metrics implemented from 1<sup>st</sup> April, new CVN notices to be signed by contract holders for 24/25</li> <li>• Practices on contract reform mandated to provide urgent access via Urgent up and take on 25% of New patients from waiting list</li> <li>• 1<sup>st</sup> June: new practice opened [Bridgend] to replace closed NHS contract</li> <li>• Reduced contracts from 23/24 remain reduced going into 24/25 in order to re-commission activity during 24/25</li> <li>• Monthly monitoring of dental access / waiting lists</li> <li>• New operational management structure commenced for salaried dental services</li> </ul>	<ul style="list-style-type: none"> <li>• Practices continue to be monitored on a monthly basis against revised targets for 24/25</li> <li>• High utilisation of patients accessing urgent care via HB urgent dental hub, fill rate of appointments between 90-98% in Q2</li> <li>• Urgent additional orthodontic services commissioned due to immediate retirement of 2 specialists in Community Dental. 208 patients referred under new contract to complete treatment.</li> <li>• 14,300 patients on HB dental waiting list- validation exercise commenced in Q2 to reduce backlog</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Mid year review process undertaken: 74% practices on target, 26% under target- figures are not indicative to YE achievement</li> <li>• Following validation exercise of the dental waiting list, numbers reduced to 12,289 patients at end of Q3</li> <li>• New practice established in Q1 has already accepted 2,348 patients from waiting list</li> <li>• 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 patients who will be allocated solely from HB waiting list</li> <li>• Second orthodontic contract commissioned for CDS patients, 238 patients [ previously</li> </ul>	<ul style="list-style-type: none"> <li>• Forecast year end figures show that 33% of practice will fail to achieve all metrics and will have a financial clawback instigated/. 66% will meet targets or threshold to roll over activity into 25/26.</li> <li>• Due to commissioning £1m activity/validation of list exercise, waiting list has reduced to 8364, reduction of +30% from Q3.</li> <li>• In total for 24/25, 10,817 new patients were allocated to practices</li> <li>• As of end March numbers waiting for a) paediatric GA remain high, 702 in system with 527 requiring assessment. 6% reduction from Q3, b)Special care GA 41 patients in the system for assessment/GA, the slight rise in patients waiting could be due to only 5 GA lists available in Q4, compared to 8 in Q3.</li> </ul>
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**Priority area(s) to deliver 24/25:**

	<ul style="list-style-type: none"> <li>Discussions with Secondary Care Colleagues to reduce backlog waiting lists for Paediatric GA and Special Care GA</li> <li>24 June: 1<sup>st</sup> dental collaborative group established</li> </ul> <p>Optometry</p> <ul style="list-style-type: none"> <li>Enhanced Optometry Contract implemented.</li> <li>Implementation plan for WGOS4 submitted.</li> <li>Enhanced Services (Glaucoma Refinement/Diabetic Retinopathy/WetAMD)</li> </ul>	<p>increase no. of patients seen</p> <ul style="list-style-type: none"> <li>Paeds GA: Backlog of 876 children waiting for dental treatment under GA. validation exercise commences in Q2 to reduce backlog.</li> </ul> <ul style="list-style-type: none"> <li>Increase of WGOS 5 appointments provided 1278 [Q2] compared to 1,274 [ Q1].</li> <li>Small increase in WGOS 2 in Q2 compared to Q1, however growth is</li> </ul>	<p>waiting list 2.5 years] will be seen from Jan 2025 [Q4].</p> <ul style="list-style-type: none"> <li>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</li> <li>SCD Adults -- due to additional GA lists via 642 process, 37 SCD patients remain in system in Q3</li> <li>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.</li> <li>Glaucoma Filtering WGOS 4 implemented in Oct, claims will be seen in Q4.</li> <li>Expression of Interest exercise completed for new optometrist provider in Parc Prison-</li> </ul>	<ul style="list-style-type: none"> <li>24/25 Forecast end of year data for optometry services compared to 23/24 shows:             <ul style="list-style-type: none"> <li>a)WGOS 1- annual increase of 3%</li> <li>b)WGOS 2- annual increase 25%</li> </ul> </li> </ul>
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Priority area(s) to deliver 24/25:				
	<p>progressed and brought in line with WGOS4</p>	<p>significant compared to previous year 23/24[21%]</p> <ul style="list-style-type: none"> <li>Local Urgent Wet AMD scheme transitioned to WGOS 4 [Sep] Q1-80 claims, compared to 34 claims in Q2</li> <li>Glaucoma Filtering WGOS 4 developed for implementation in Q3 [anticipated referral refinement for 134 patient p/m reduces flow into HES</li> <li>Glaucoma monitoring [local pathway] Q2 45 claims, compared to 53 in Q1.</li> <li>Diabetic Retinopathy local scheme continues. 339 claims in Q2 compared to 255 in Q1 [increase 25%]</li> <li>Implementation of M365/NHS email for optometrists- this improves improve quality and timely submission of referrals</li> </ul>	<p>new contract to start April 2025.</p> <ul style="list-style-type: none"> <li>Development of Eye Care Needs Assessment commenced Q3, deadline for WG sign-off end Q4 WG sign off</li> <li>Transformation monies approved by WG to identify patients on Ophthalmology list suitable for WGOS pathways</li> <li>Primary/secondary care developing HCQ screening pathway to enable screening in practices [1000 patients in HES]</li> </ul>	<p>c)WGOS3 – 38% decrease d)WGOS 5- 36% increase</p> <ul style="list-style-type: none"> <li>Work continues to introduce WGOS 4 pathways. <ul style="list-style-type: none"> <li>a) Since implementation of the Glaucoma filtering pathway in Oct'24: 38 patients assessed in Q3 compared to 124 in Q4</li> <li>b) Wet AMD filtering commenced Sep'24 [153 patients treated], 72 patients in Q3, 81 in Q4</li> <li>c) Glaucoma monitoring to be implemented during Q1 2025.</li> <li>d) HCQ pathway implementation has been delayed due Ophthalmology capacity - challenges will need to be addressed with an aim to introducing pathway later in 25/26. Currently 1147 patient backlog in Ophthalmology .</li> <li>e) Med Ret- challenges to be overcome in Ophthalmology to enable implementation during 25/26. Local scheme continues with a 34% increase in referrals, however reduction in numbers seen from</li> </ul> </li> </ul>

Priority area(s) to deliver 24/25:				
				<p>appointment from 75% to 68%</p> <ul style="list-style-type: none"> <li>• New provider appointed for Parc Prison, optometrist starts on 3 April.</li> <li>• Eye care assessment completed and submitted to WG.</li> </ul>
Overarching outcome measures/ metrics:				
<p>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)</p>				
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
<ul style="list-style-type: none"> <li>• 100% of GP practices achieved Access Standards</li> <li>• 95% of practices have achieved the GDS contract value</li> </ul>				<ul style="list-style-type: none"> <li>• GMS as previously reported at 100% and this is expected to be the case next year.</li> <li>• Forecast year-end figures show that 33% of practice will fail to achieve all metrics and will have a financial clawback instigated/. 66% will meet targets or threshold to roll over activity into 25/26.</li> </ul>

Priority area(s) to deliver 24/25:				
<b>Risks</b>	<b>Risks of Non-Delivery</b>		<b>Mitigations</b>	
	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.			
	<b>Risks to Delivery</b> Key risks for primary and community care are: <ul style="list-style-type: none"> <li>• Levels of demand across all elements of primary care.</li> <li>• Ability to recruit key staff across all staff groups and to compete with other Health Board areas where deprivation and workload is less and therefore jobs are more attractive.</li> <li>• Delivery of recurrent cash releasing savings when service delivery is to shift into the community</li> </ul>		<b>Mitigations</b>  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 Designing systems and process which mutually support all elements across the Care Group	
<b>Critical Enablers</b>	<b>Finance</b>			
	<b>Workforce</b>			
	<ul style="list-style-type: none"> <li>• Through a workforce planning change skill mix in key priority areas – increase workforce capacity and skill mix</li> <li>• Support and improve wellbeing of our teams</li> <li>• Strong &amp; resilient inter-professional leadership &amp; delivery</li> </ul>			
	<b>Digital</b>			
<ul style="list-style-type: none"> <li>• Improve the availability of performance data for priority areas to inform service planning, monitoring and evaluation</li> <li>• 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.</li> <li>• IT and digital infrastructure to support the Navigation Hub which will be the single point of access for community services and remote monitoring</li> </ul>				

<b>Priority area(s) to deliver 24/25:</b>	
	<b>Other (Specify)</b>
	<b>Estate &amp; Facilities enablers:</b> <ul style="list-style-type: none"> <li>• Development of an integrated Primary Care and Community estates plan supporting out of hospital delivery aligned to clinical services strategy</li> <li>• Identification of premises which has the infrastructure to support the integrated monitoring hub</li> <li>• Create environments suitable for integrated teams and patients to access</li> </ul>
<b>Prevention &amp; Population Health</b>	<b>Opportunities identified:</b>
	<p>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.</p>

# 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**

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**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](mailto: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**



Unscheduled Care  
Group - Ministerial Pr

**Ref:** Continued from 23/24 (Delete as appropriate)

**Ref:**

**Resume of planning Milestones 23/24:**

	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Ref:</b>	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
<b>Progress synopsis</b>	No key milestones in Q1.	No key milestones in Q2.	The 3 acute sites are at different points of development. <u>Prince Charles Hospital update;</u> -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 however GP	<u>Prince Charles Hospital</u> - 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.

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			<p>expectant patients will form part of Phase 1 and the Frailty development is already operating within the CDU/AMU. <u>Royal Glamorgan Hospital update;</u></p> <ul style="list-style-type: none"> <li>- AECU in place in RGH.</li> <li>- Direct access to AECU for GP expected patients arriving by ambulance.</li> <li>- Appropriate patients are directed to AECU where possible.</li> <li>- Staffing establishment in place however not benchmarked against standards (Nurse Safe Staffing Act doesn't cover AECU/SDEC areas).</li> <li>- Defined opening hours, however during winter months AECU used overnight and on weekends as surge capacity.</li> <li>- Suitable patients from ED/Assessment Units are identified continually throughout the day and at PTWR and morning huddle.</li> </ul>	
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**Outcomes of delivering Ministerial Priorities:**

**Ref:**

**Ref:**

**Planned Milestones 24/25**

	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Ref:</b>	<ul style="list-style-type: none"> <li>-Establishment of a 24 hour Navigation Hub</li> <li>-Expanding and Defining Existing Services</li> <li>-Creation of a Directory of Services</li> </ul>	<ul style="list-style-type: none"> <li>- SDEC development phase 2/GP stream</li> <li>- Develop workforce model to support phase 2</li> </ul>	<ul style="list-style-type: none"> <li>- Scope development of WAST direct access</li> <li>-Implement phase 2</li> </ul>	<ul style="list-style-type: none"> <li>-Explore phase 3 for SDEC PCH</li> <li>Explore Virtual Wards utilising data</li> <li>-Direct to SDEC ED referrals</li> </ul>

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<b>Ref:</b>	-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
<b>Delivery update</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
	Updates on Navigation Hub in Pathways of care document.			

**Overarching outcome measures/ metrics:**

<b>Baseline position 23/24</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Performance Trajectories 24/25</b>	-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 standardised across Cwm Taf Morgannwg	-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 -Build in a marker to support identification of patients who may be on an	-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 -Areas defined specifically for Medical Same Day Emergency	-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 -Data capture and reporting to be set up to monitor outcomes of

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	-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	SDEC pathway but "overnight" – these may remain in Assessment Units -Review current demand data to understand any additional workforce requirements	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	patients to demonstrate value
<b>Performance update</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
	- <u>Prince Charles Hospital</u> - 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. - <u>Princess of Wales Hospital</u> - 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 postponed to Q4 due to the critical incident.  Rollout of Strategic Transformation of Acute Medicine (STAMP) to RGH however changes in flow and demand and bed capacity due to the POW Roof Critical Incident impacted on its progress.  Virtual Ward for Respiratory Pathway implemented in December.	Preparation for STAMP to be launched at POW in April/May.  On-going planning to develop and improve services across Acute Sites and Community – See 6 Goals Report.  Proposals/plans for investment to recruit additional COTE Consultants to ensure equity of provision for front door Frailty provision across the 3 sites.  Proposals/plans for additional Acute Physicians to support the demand required for STAMP.  Increase in SDEC activity medical and surgical across all sites (based on January 2025 data): RGH Medical – 37% POW Medical – 24% PCH Medical – 15% RGH Surgical – 53% POW Surgical – 17%  Planning continuing for the pilot of the Doccla Virtual Ward at RGH  Urgent Treatment Centre (UTC) – successful pilot in PCH supporting

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				demand at the front door. 728 patients seen since November 2024 with 75% discharged from UTC with no further intervention needed. Funding for the pilot ceases 31/03/25. UTC Project team are currently working through a benefits evaluation paper to justify the extension of the project.
<b>Risks</b>	<b>Risks of Non-Delivery</b>		<b>Mitigations</b>	
	<p>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                  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</p>		<p>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</p>	
	<b>Risks to Delivery</b>		<b>Mitigations</b>	
<b>Critical Enablers</b>	<b>Finance</b>			
	<p>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.</p>			
	<b>Workforce</b>			
	<p>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:</p> <ul style="list-style-type: none"> <li>o 2 x Band 6 OT</li> <li>o 1 x Band 6 Physio</li> <li>o 1 x Band 7 Physio</li> <li>o 1 x Band 7 Falls AHP Lead</li> <li>o 1 x Band 6 Speech and Language Therapist</li> <li>o 1 x Band 6 Dietician</li> <li>o 4 x Band 4 Health Care Support Workers</li> </ul>			
	<b>Digital</b>			
<b>Other (Specify)</b>				

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<b>Prevention &amp; Population Health</b>	<b>Opportunities identified:</b>

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**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:**

	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Ref:</b>	<p>Implementation of CTM Emergency Pressures Escalation Procedure.</p> <p>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.</p> <p>Review of workforce and Demand and Capacity modelling required for each site</p> <p>ED Digital Project Group to be established</p> <p>Support implementation of WPAS merger</p>	<p>Reduction in ambulance lost hours</p> <p>Roll out of &gt;1 and 12 escalation hour action card</p> <p>Completion of Demand and Capacity modelling for all 3 sites</p> <p>Undertake patient profiling exercise to better understand ED demand</p> <p>Electronic tracker to support deep dive into patient pathway stages in ED to identify delays / barriers impacting on flow</p> <p>Heightened focus on exit blocks and hospital flow</p> <p>Realignment of workforce as part of an invest to save programme to secure a substantive and sustainable staffing model and reduce expensive agency spend</p> <p>Development of an Urgent Treatment Centre for GP referrals at PCH</p> <p>Relocation of Paediatric area in RGH to work towards compliance with national standards</p> <p>Implementation of RATs on PCH site</p> <p>Mapping of patient pathways and data capture across ED to standardise reporting</p>	<p>Emergency Pressures Escalation Plans ability to respond to seasonal variation</p> <p>Secure enhanced, timely support for non-emergency patient transfer service</p> <p>Work with WAST to facilitate transfer of patients to Radiology</p> <p>Continued engagement with GIRFT/SEDIT</p>	<p>Emergency Pressures Escalation Levels shared pan CTM</p>

**Priority area(s) to deliver 24/25:**

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		Site wide engagement with Internal Professional Standards		
		Engagement with GIRFT/SEDIT		
<b>Progress synopsis</b>	<ul style="list-style-type: none"> <li>Trajectories agreed;</li> <li>Weekly performance meetings in place;</li> <li>Ambulance Handover Escalation Card in place</li> <li>Focused improvement programme to reduce Ambulance Handover delays “go live” at Royal Glamorgan Hospital.</li> <li>Workforce reviews commenced</li> <li>Demand and capacity modelling commenced in PCH</li> <li>Digital Project Group commenced and programme of work agreed (Electronic huddle, cas card, GP discharge letters and live validation</li> <li>Standardisation of coding and drop down list to support WPAs merger completed</li> </ul>	<ul style="list-style-type: none"> <li>Review adherence to escalation procedure/action and outcomes;</li> <li>Roll out of handover improvement plan at Prince Charles and Princess of Wales Hospitals;</li> <li>RCA for any delay &gt;4 hours;</li> <li>Progress patient flow work streams through Six Goals Programme.</li> <li>UTC Project Group commenced in July and programme of work agreed</li> <li>Local engagement with a view to implementation of Internal Professional Standards commenced on PCH site specialties</li> <li>GIRFT/SDEIT visits too plan in June. Continued engagement with National Programme to continue</li> </ul>	<ul style="list-style-type: none"> <li>Review escalation level reporting across CTM by day;</li> <li>Review ability/timeliness in de-escalation;</li> <li>Review action cards and supporting documents;</li> <li>Ensure plans resilient to respond to seasonal variation.</li> </ul>	<ul style="list-style-type: none"> <li>Launch of WAST</li> <li>ICT colleagues to collaborate in reporting escalation levels on the intranet</li> </ul>
<b>Ref:</b>	<b>4 Hour Ambulance Handovers:</b>  Q1 No more than 750 ambulances over 4 hours	<b>4 Hour Ambulance Handovers:</b>  Q2 No more than 510 ambulances over 4 hours	<b>4 Hour Ambulance Handovers:</b>  Q1 No more than 360 ambulances over 4 hours	<b>4 Hour Ambulance Handovers:</b>  Q1 No more than 150 ambulances over 4 hours
<b>Progress synopsis</b>	Q1 – 452	Q2 – 421	Q3 – 619	Q4 – 802
<b>Outcomes of delivering Ministerial Priorities:</b>				
<b>Ref:</b>	15 minute handover improved from 19.6% (2022) to 26.2% (2023)			
<b>Ref:</b>	1 hour handover improved from 51.8% (2022) to 63.8% (2023)			
<b>Ref:</b>	4 hours handover improved from 81.3% (2022) to 90.8% (2023)			
<b>Planned Milestones 24/25</b>				
	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>

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<p><b>Ref:</b></p>	<ul style="list-style-type: none"> <li>• 2024/25 trajectories to be reviewed and agreed.</li> <li>• Agree reporting and monitoring processes in line with new Directorate (following OCP process);</li> <li>• Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report;</li> <li>• 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;</li> <li>• Explore test of change to introduce a Discharge Lounge into RGH to reduce crowding within the ED.</li> </ul>	<ul style="list-style-type: none"> <li>• Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report;</li> <li>• Possible roll out of WAST protocol across all CTM sites.</li> </ul>	<ul style="list-style-type: none"> <li>• Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report;</li> <li>• Emergency Pressures Escalation Plans ability to respond to seasonal variation.</li> </ul>	<ul style="list-style-type: none"> <li>• Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report;</li> </ul>
<p><b>Ref:</b></p>	<p><b>4 Hour Ambulance Handovers:</b> 730</p>	<p><b>4 Hour Ambulance Handovers:</b> 660</p>	<p><b>4 Hour Ambulance Handovers:</b> 666</p>	<p><b>4 Hour Ambulance Handovers:</b> 674</p>
<p><b>Delivery review</b></p>	<p><b>Quarter 1</b></p>	<p><b>Quarter 2</b></p>	<p><b>Quarter 3</b></p>	<p><b>Quarter 4</b></p>
		<p>Review of D&amp;C data completed in PCH, and ongoing in RGH and PoWH</p> <p>Operational processes:</p> <ul style="list-style-type: none"> <li>• Action card being developed for 4 hour breaches backed up by exception report data</li> </ul>	<p>Urgent Treatment Centre at PCH implemented in Nov 24 to support demand in ED.</p> <p>Rollout of Strategic Transformation of Acute Medicine (STAMP) to RGH however changes in flow and demand and bed capacity due to the POW Roof Critical</p>	<p>Preparation for STAMP to be launched at POW in April/May.</p> <p>On-going planning to develop and improve services across Acute Sites and Community – See SDEV template and 6 Goals Report.</p>

**Priority area(s) to deliver 24/25:**

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The provision of equitable Emergency Pressure Escalation procedures

		<ul style="list-style-type: none"> <li>Outcomes to be reviewed quarterly and reported through the board</li> </ul> <p>Work is progressing to explore the WAST protocol.</p>	<p>Incident impacted on its progress.</p> <p>Developments relating to the Nav Hub resulted in 7592 calls of which 6477 (85%) avoided conveyance to EDs between January 24 and January 25.</p> <p>Virtual Ward for Respiratory Pathway implemented in December.</p>	<p>Pre-emptive measures already in place to create offload space by reassigning patients into bed spaces or an ambulance where patients may become fit to sit.</p>
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**Overarching outcome measures/ metrics:**

<b>Ref:</b>	15 minute handover rates			
<b>Ref:</b>	<b>1 hour handover rates – 24/25 performance trajectory</b>			
<b>Ref:</b>	<b>4 hours handover rates – 23/24 actual position</b>			
<b>Ref:</b>	Ambulance lost hours			
<b>Baseline position 23/24</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
	Q1 – 452	Q2 – 421	Q3 – 619	Q4 – 802
<b>Performance Trajectories 24/25</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
	730	660	666	674
<b>Performance actual</b>	974	788	1050	Tbc following validation.

<b>Risks</b>	<b>Risks of Non-Delivery</b>		<b>Mitigations</b>	
	Right patient, right place, right time		Getting the right patient to the right place on time leading to a reduced admission rate	
	<b>Risks to Delivery</b>		<b>Mitigations</b>	
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”		

<b>Critical Enablers</b>	<b>Finance</b>
	<b>Workforce</b>
	<b>Digital</b>
	<b>Other (Specify)</b>

**Opportunities identified:**

**Priority area(s) to deliver 24/25:**

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**Prevention  
&  
Population  
Health**



<b>Agenda Item</b>
9.1

## CTM Operational Delivery Committee

### Integrated Performance Dashboard

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open / Public
	Not Applicable
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<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Gethin Hughes	15/04/2025	Endorsed for Approval

<b>Acronyms / Glossary of Terms</b>	
ABUHB	Aneurin Bevan University Health Board
AMU	Acute Medical Unit
BCUHB	Betsi Cadwaladr University Health Board
BSW	Bowel Screening Wales
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
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
LA	Local Authority
LD	Learning Disabilities
LPMHSS	Local Primary Mental Health Support Service
MMR	Measles, Mumps, Rubella
NOUS	Non Obstetric Ultra-Sound
PAC	Pre-operative Assessment Clinic
PADR	Personal Appraisal and Development Review
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
POW	Princess of Wales Hospital
PoCD	Pathway of Care Delays
PTHB	Powys Teaching Health Board
QIM	Quality Improvement Measures
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment Times
SBUHB	Swansea Bay University Health Board
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
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 last year the Welsh Government released the NHS Performance Framework for 2024/25, supporting 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>

(Please note we will be reporting against the 2025/26 Performance Framework found at the following URL: [NHS Wales performance framework 2025 to 2026 | GOV.WALES](#) in the next iteration of the Integrated Performance Report - May 2025).

- 1.1 The UHB submitted to Welsh Government a balanced integrated medium-term plan (IMTP) for 2024-27. In August 2024, the Former Cabinet Secretary for Health, Social Care and Welsh Language approved our IMTP. In doing so, she stipulated to a number of accountability conditions to ensure that the UHB continues to focus on delivering her Government's priorities. These are all current measures within the Performance Framework and our progress in delivering on these is shown in Quadruple Aim 2 of this report (page 9).

## 2. Specific Matters for Consideration

This report sets out the UHB's performance against the Welsh Government's performance framework, the Cabinet Secretary's accountability conditions and a small number of local priority measures such as ambulance red releases, lost hours, stroke quality improvement measures and hip fracture recovery.

A one page summary of the UHB's recent performance against the highest profile indicators within the Welsh Government framework, which have been the focus of the Executive Directors over the past quarter, is provided overleaf. Over the past month improvements have been noted in 7 out of the 13 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].

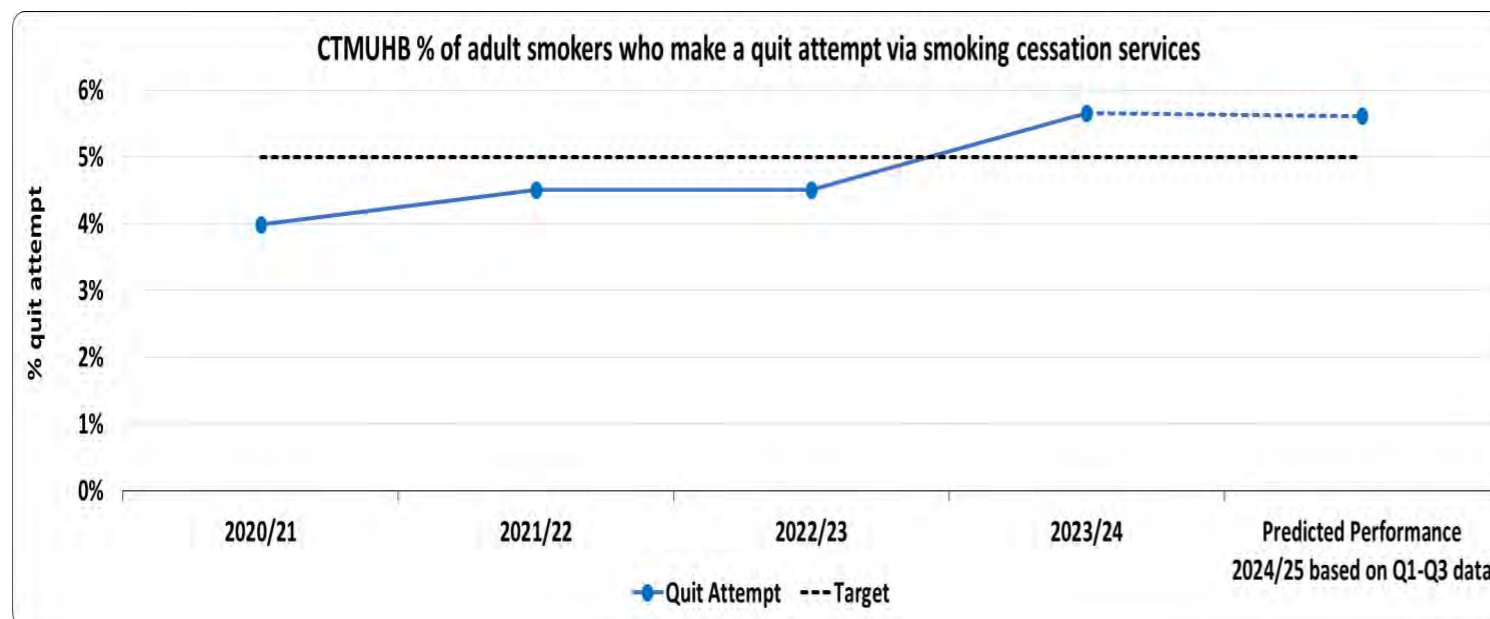
Population Health		People	
<p>As at Q3 2024/25 - 4.21% of adults who smoke made a quit attempt with predicted performance for 2024/25 being 5.61% →</p> <p><i>Compared to the previous year, 5.65% of smokers made a quit attempt</i></p>		<p>6.89% of staff have been absent due to sickness during the 12 mth period (Mar 24 to Feb 25) →</p> <p><i>Compared to the previous year the rate was 6.85%</i></p>	
<p>As at 25th March 2025, 69.4% of adults aged 65+ received the influenza vaccine for the 2024/25 season →</p> <p><i>The 2023/24 campaign saw a compliance rate of 72.2%</i></p>		<p>The CTMUHB Nursing &amp; Midwifery reported turnover rate for Oct 2024 is 5.35% ↓</p> <p><i>Compared to Oct 2023 the rate was 8.61%</i></p>	
<p>90.1% of children aged 5 were up to date with their vaccinations →</p> <p><i>Compared to the previous quarter the rate was 89.2%</i></p>		<p>67.9% of staff (excluding M&amp;D) have received their PADR ↑</p> <p><i>Compared to Mar 2024 the rate was 63.4%</i></p>	
<p>80.7% of staff have completed Level 1 mandatory training →</p> <p><i>Compared to Mar 2024 the rate was 79.5%</i></p>			
Operational Performance		Finance	
<p>66.0% of patients were seen within 4 hours from arrival at an Emergency Department →</p> <p><i>Compared to last month compliance was 67.6%</i></p>		<p>100% of GP Practices have achieved in-hours access standards during 2023/24 →</p> <p><i>The rate the previous year was also 100%</i></p>	
<p>As at end of Dec 2024; 16 out of 24 KPI's for recovery from hip fracture are red i.e. scoring less than 65% (please refer to page 17)</p>		<p>The Month 11 YTD financial position is £0.1m surplus with the current year forecast break-even position being maintained ↑</p>	
<p>Provisionally 1,296 patients are waiting longer than 2 years for referral to treatment ↓</p> <p><i>Compared to the previous period, 2,277 patients were reported as waiting this length of time</i></p>		<p>60.5% of patients started their cancer treatment within 62 days →</p> <p><i>Compared to the previous month the rate was 61.9%</i></p>	

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

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management					
Performance Measure	Target	Key: <span style="color: orange;">●</span> Trend <span style="color: grey;">---</span> Target/Trajectory		Key: <span style="color: green;">■</span> Hit Target <span style="color: red;">■</span> Target Failed	Latest Position
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		4.21% on the basis of this extrapolation compliance should hit 5.61% at year end	Q1-Q3 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		9.30%	
	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		66.2%	Q3 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%		90.1%	Q3 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%		79.3%	Q3 2024/25
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (applicable during 01.09.24 - 31.03.25)	75%		69.4%	as at 25th March 2025
	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)	75%		44.8%	Feb-25
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%		6.10%	Jan-25
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%		97.2%	Dec-24
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%		96.9%	Feb-25

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

**To Quarter 3, 2024/25 = 4.21% (Predicted performance for 2024/25 = 5.61%)**



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

**Quarter 1 to Quarter 3, 2024/25 = 9.30%**

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
<b>53,868</b>	<b>14.7%</b>	<b>2,700</b>
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	
<b>Q1 - Q3 2024/25</b>		
<b>2,268</b>	<b>211</b>	
<b>4.21%</b>	<b>9.30%</b>	

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

### Challenges:

**Resource** - Meeting the 5% target is a significant milestone for CTM, reflecting the hard work of the team. However, further progress against the target will be limited by capacity within smoking cessation services.

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

**CO validation of 4 week quits:** It is proving very challenging to meet this new target 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.14.7% with the all Wales rate being 12.8%. The plan includes actions to address the challenges as follows:

#### Resource -

- Continued support to increase the number of Community Pharmacies delivering smoking cessation & improve quit rates.

#### CO validation of 4 week quits:

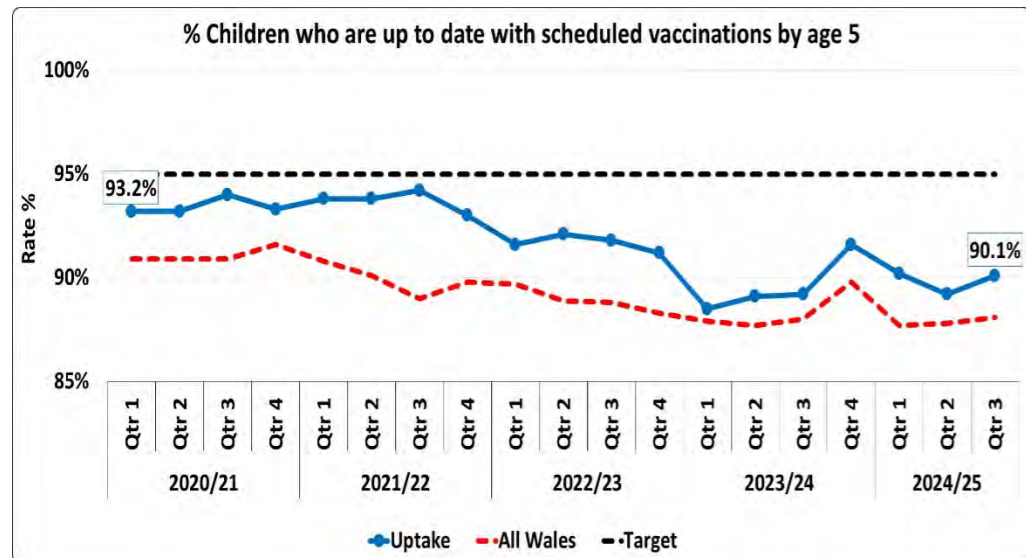
- Self-reported and CO validated quit data is being collected locally to give a fuller picture.
- The Help Me Quit community service is piloting models of face to face and hybrid delivery in community venues to enable CO validation.
- Input to a national review of the Community Pharmacy smoking cessation service specifications and advocate for inclusion of routine CO validation when clients collect their pharmacotherapy which would enable the target to be met. This review is due to be completed in Q1 2025/26.

#### 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.

## % 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 3 2024/25 Local Authority Uptake	
Merthyr Tydfil LA	85.6%
RCT LA	90.3%
Bridgend LA	91.8%
CTMUHB	90.1%

Quarter 3 2024/25 Welsh HB's Uptake	
ABUHB	87.1%
BCUHB	90.4%
C&VUHB	83.3%
CTMUHB	90.1%
HDUHB	90.4%
PTHB	91.6%
SBUHB	87.5%
All Wales	88.1%

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

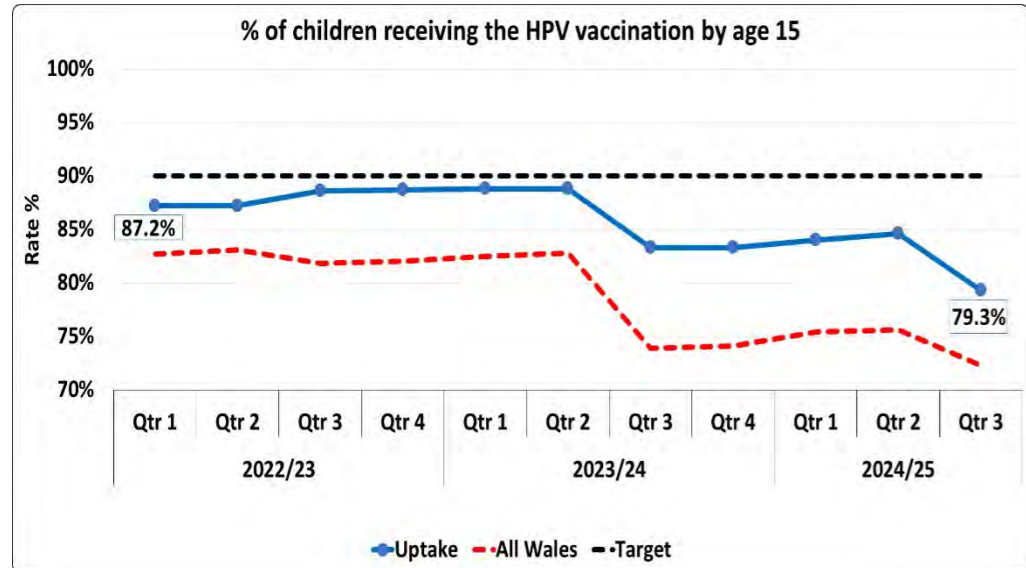
### Challenges:

- Scheduled Immunisations** – There are proposed changes to the schedule due to start July 25 and sharing the message of the changes will be challenging.
- MMR uptake** – 95% uptake of 2 doses of MMR is needed to prevent transmission, smaller outbreaks of measles have been identified in Wales in the past 2 years.
- Influenza** – challenges in delivering to 3 year old's attending LA nurseries in Merthyr & RCT areas. Combined uptake for 2 & 3 years old at the end of the season is 44.2%% (43.6% in 3 year olds which compares to 54.5% in 2023/24) year).
- 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** – vaccinator out of season training 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** – uptake 1 dose at 2<sup>nd</sup> birthday 94.0% & 2 doses at 5<sup>th</sup> birthday is 91.6%; these are both higher than the Welsh average. Missing doses were offered during the fluenz mop up. Measles alert resources shared with practices.
- Influenza** – planning for the delivery of fluenz to children who attend LA nurseries in Merthyr and RCT areas.
- Data systems** – Work is ongoing at a national level to resolve this.
- Transition from Health Visiting to School Nursing** - The ISSAC (Immunisation Standards for School Age Children) and VIS's (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 3 2024/25 Local Authority Uptake	
Merthyr Tydfil LA	76.1%
RCT LA	79.4%
Bridgend LA	80.2%
CTMUHB	79.3%

Quarter 3 2024/25 Welsh HB's Uptake	
ABUHB	66.1%
BCUHB	69.5%
C&VUHB	67.1%
CTMUHB	79.3%
HDUHB	73.5%
PTHB	76.5%
SBUHB	84.4%
All Wales	72.3%

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

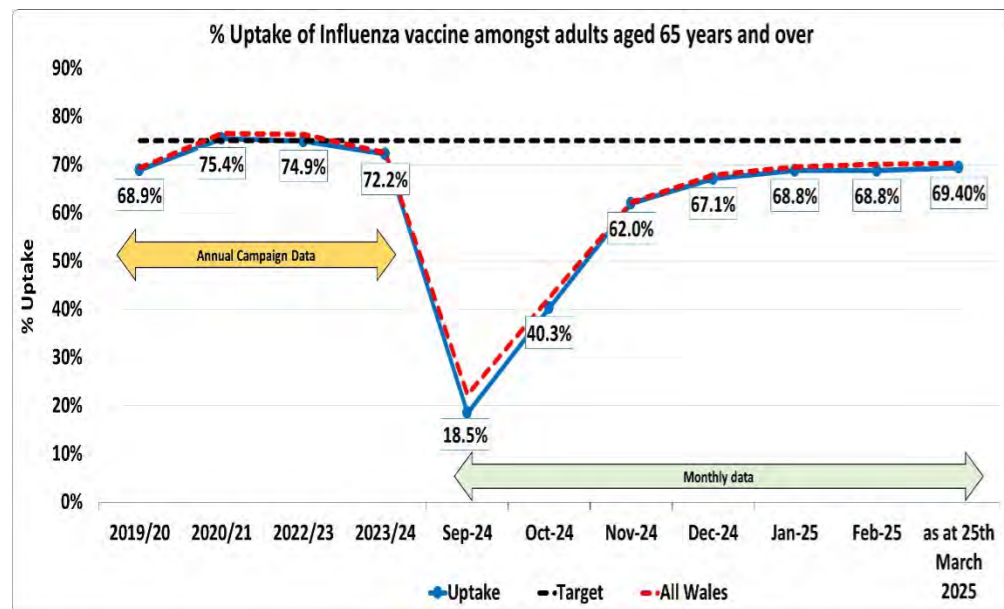
### Challenges:

- Communication support** - School Nursing Service continues to engage with schools and CTM comms. to utilise all social media platforms available. Staff deliver information to pupils in assemblies and are aiming to increase visibility at parents evening in secondary schools to raise the profile of all immunisations.
- Consent for immunisation** – The School Nursing Service continues to use paper consent forms whilst being trained on the use of E.consent with a view to the system going live at the end of April.
- Personal data accuracy** (address, contact number, school attended) – Recent Fluenz and MMR catch up programme has further highlighted that a number of address and contact details are not always up to date.

### 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 number of phone calls to parent/carers to obtain consents and utilising Frazer competency assessment that allows pupils to self consent in the absence of a consent form. Working with HB colleagues to facilitate catch up sessions in CVC's, which proved successful during August 2024.
- Personal data accuracy** (address, contact number, school attended) - data cleansing pilot with RCT (initially) underway with the view of improving accuracies of personal data held by both organisations and also identifying/supporting electively home educated children. Following this pilot, aim to expand the process to Merthyr Tydfil and Bridgend. Validation of existing lists (where contacts are unavailable) via support from GPs and schools continues.

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



Health Board	Uptake (%)
ABUHB	72.9%
BCUHB	73.0%
C&VUHB	70.0%
CTMUHB	69.4%
HDUHB	25.4%
PTHB	69.2%
SBUHB	68.5%
All Wales	70.3%

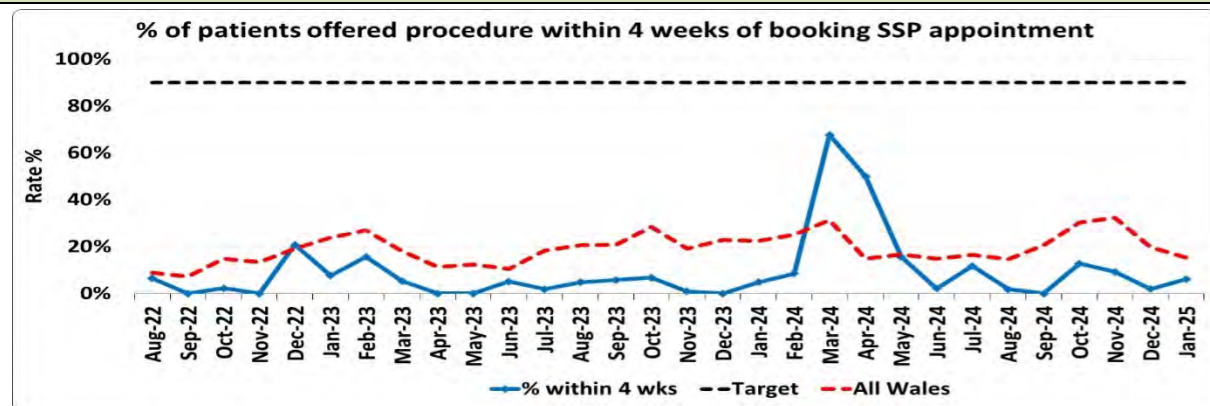
## Challenges posed by the National Immunisation Framework (NIF) & actions being taken?

### Challenges:

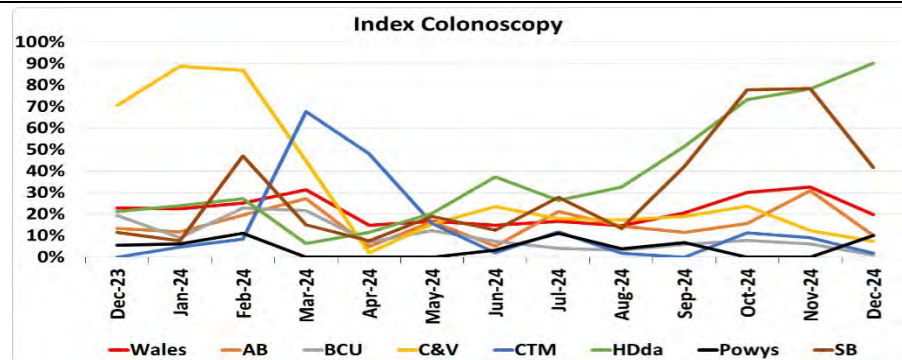
- Vaccine fatigue** – across all health boards and vaccination campaigns there is an increasing apathy towards vaccination particularly since the COVID-19 Pandemic.
  - Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) instructed a change in priority to the start of the adult flu vaccination campaign, moving the required start date back to 1<sup>st</sup> October 2024, a delay on the usual September start.
  - Demand on vaccination services** – the winter campaigns of Flu and COVID were impacted by the introduction of the year round RSV campaign.
  - Uptake of Flu & COVID -19** – Staff uptake of flu in CTM has fallen this year to 34.4% (All Wales 33.9%) the offer of Fluenz to 3-year olds who attend LA nursery schools in RCT and Merthyr was a challenge. COVID-19 vaccination uptake dropped to 44.8% of the eligible population.
  - Community pharmacies** – pharmacies continue to balance an increasing demand for clinical services against limited resources including trained vaccination staff and appropriate consultation space. The impact of central procurement of vaccines in 2025/26 is not known at this stage, although the potential for increased vaccination rates via pharmacy remains realistic.
- ### Actions:
- Vaccine fatigue** - Vaccine Programme Wales is supporting health boards with the establishment of a misinformation and vaccine literacy group in line with and the HB vaccine equity strategic plan. The HPT will be attending the community leaders' network with hopes of establishing community links to engage with the public. The Specialist Immunisation team is engaging with public groups and undertaking vaccination awareness session with many groups of staff.
  - Demand on vaccination services** – additional nurse posts in the HPT have been advertised this week and planning is underway for the winter campaign for 2025/26 working with primary care providers.
  - Uptake of flu and COVID-19** – An online booking system for staff vaccinations was positive with additional recommendations, including stronger communication & additional peer/walkabout opportunities; these will be included in the winter planning. New models of delivering fluenz to 3-year old's in LA nursery schools are being planned. The spring COVID-19 vaccination campaign starts on 1<sup>st</sup> April 2025 with a smaller targeted population.
  - CTM will continue to support the national community pharmacy premises improvement grants program, which saw 7 pharmacies awarded funding to increase and optimise consultation room facilities in 2024/25.
  - Pharmacy technicians in CTM undertook more than 1,600 vaccinations in 2024/25, over 9% of the total vaccinations recorded by pharmacies. CTM will continue to encourage pharmacy contractors to accredit staff via HEIW's vaccinator accreditation framework and increase the number of vaccinators available within community pharmacies.
  - CTM will continue to engage with national vaccine procurement program to optimise delivery of vaccination by community pharmacy contractors.

## CTMUHB Planned Care Group - Index Colonoscopy

### % patients offered index colonoscopy procedure within 4 weeks of booking Specialist Screening Practitioner assessment appoint. - Target 90% - Jan 2025 = 6.1%



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



Health Board	Compliance	Rank
SB	77.8%	1st
HDda	73.3%	2nd
C&V	23.7%	3rd
AB	15.7%	4th
CTM	11.4%	5th
BCU	7.8%	6th
Powys	0.0%	7th

**How are we doing & what actions are we taking?** The reasons for low compliance in recent months has been as a result of 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 are currently supporting a consultant with supervised lists to enable him to go forward to be assessed for BSW

As of the 1<sup>st</sup> April 2025 there were 97 patients waiting for an index colonoscopy, of which, 85 have a booked appointment. Unfortunately, 75 patients will have waited longer than 4 weeks for their procedure and of these, 13 patients are over 8 weeks. There are 46 Planned Surveillance/repeat patients waiting; 14 with booked dates.

### The operational challenges that have an impact on activity are:

- Participant, patient choice and refusal remains an issue when booking dates across CTM.
- Providing cover for periods of leave and on-call commitments. This continues to be managed through 6/4/2-1 process which has seen an increase of adhoc cover, plus additional lists through backfilling of symptomatic lists and improvement to utilisation through productivity and efficiencies – continues to be monitored.
- Uptake and current conversion to surgery continues to be monitored and escalated.

### Actions being taken:

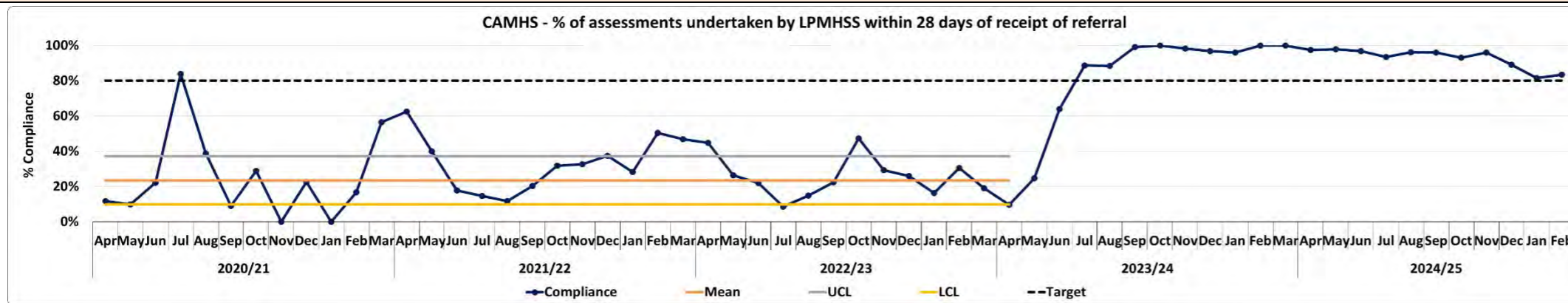
- Use of Text Remind and Broadcast Messenger to manage patient choice and reduce refusal of offer and DNA rates.
- Insourcing – completed and supported backlog clearance.
- Participants continue to be booked direct to scope at SSP assessment resulting in better patient experience.
- Sustainability plan is ongoing to increase core lists to meet optimisation steps.
- Working with theatre services to develop robust general anaesthetic provisions.

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

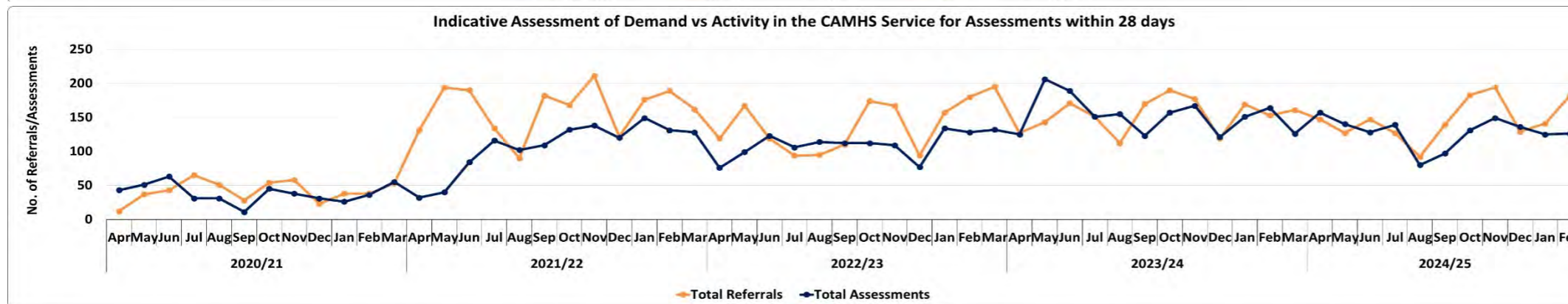
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement					
Performance Measure	Target	Key: <span style="color: orange;">—</span> Trend <span style="color: grey;">---</span> Target/Trajectory	Key: <span style="background-color: #d9ead3;">Hit Target</span> <span style="background-color: #f2dede;">Target Failed</span>	Latest Position	
<b>Cabinet Secretary's Accountability Conditions</b>	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		<span style="background-color: #f2dede;">1,679</span>	Mar-25
	Number of ambulance patient handovers over 1 hour	30% reduction on March 2024 baseline by December 2024 - Thereafter Zero		<span style="background-color: #f2dede;">860</span>	
	% 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		<span style="background-color: #f2dede;">60.5%</span>	
	Number of patients waiting more than 8 weeks for a specified diagnostic	95% of modalities to be zero by December 2024 - Thereafter Zero		<span style="background-color: #f2dede;">2,024</span>	
	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		<span style="background-color: #f2dede;">13,912</span>	
	Number of patients waiting more than 104 weeks for referral to treatment	Zero by December 2024		<span style="background-color: #f2dede;">1,296</span>	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80%		<span style="background-color: #d9ead3;">85.1%</span>	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		<span style="background-color: #d9ead3;">87.8%</span>	
	<b>Services Delivered Close to Home</b>	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		
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		<span style="background-color: #f2dede;">39.4%</span>	Jan-25
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		<span style="background-color: #d9ead3;">108.4%</span>	Apr 2024 to Feb 2025
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)		Increase compared to the same month in the previous year		<span style="background-color: #d9ead3;">2,352</span>	Jan-25
% 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%		<span style="background-color: #f2dede;">83.3%</span>	Feb-25
% 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%		<span style="background-color: #d9ead3;">98.0%</span>	

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: <span style="color: orange;">—</span> Trend <span style="color: grey;">---</span> Target/Trajectory	Key: <span style="background-color: #d9ead3;">Hit Target</span> <span style="background-color: #f2dede;">Target Failed</span>	Latest Position	
<b>Access Hospital Services Quickly</b>	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		<span style="background-color: #f2dede;">53.5%</span>	
	Median emergency response time to amber calls	12 Month Reduction Trend		<span style="background-color: #f2dede;">01:55:00</span>	
	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less		<span style="background-color: #d9ead3;">13</span>	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less		<span style="background-color: #f2dede;">63</span>	
	% 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%		<span style="background-color: #f2dede;">66.0%</span>	Mar-25
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	100%		<span style="background-color: #f2dede;">94.8%</span>	
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Zero		<span style="background-color: #f2dede;">66</span>	
	Number of patients (all ages) waiting more than 14 weeks for audiology	Zero		<span style="background-color: #f2dede;">682</span>	
	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		<span style="background-color: #f2dede;">44,207</span>	
	Number of patients waiting more than 52 weeks for treatment	Month on month reduction towards the national target of zero by 30th June 2025		<span style="background-color: #f2dede;">24,244</span>	
% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%		<span style="background-color: #f2dede;">31.1%</span>		
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%		<span style="background-color: #f2dede;">59.7%</span>		

### % of assessments undertaken by LPMHSS within 28 days of receipt of referral (83.3%) - Target 80%



Mental Health Measure Part 1a - the number of assessments undertaken within 28 days of referral - performance had notably improved in this area of the CAMHS service since the summer of 2023, with compliance currently standing at 83.3% and continuing to exceed the WG target of 80%.

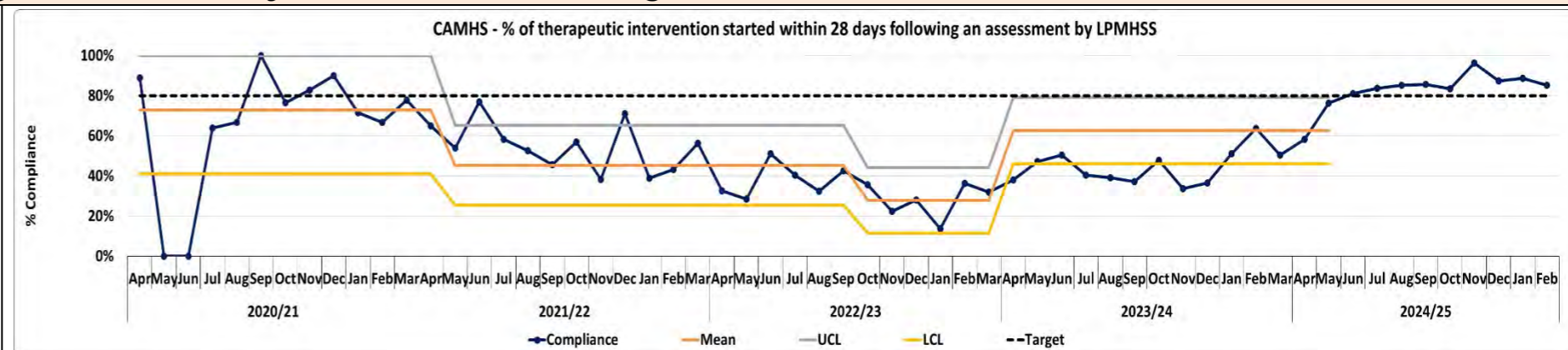


As seen in the chart to the left, the number of assessments each month is fairly stationary, given the variability in the number of working days in the month with the exception of August 2024.

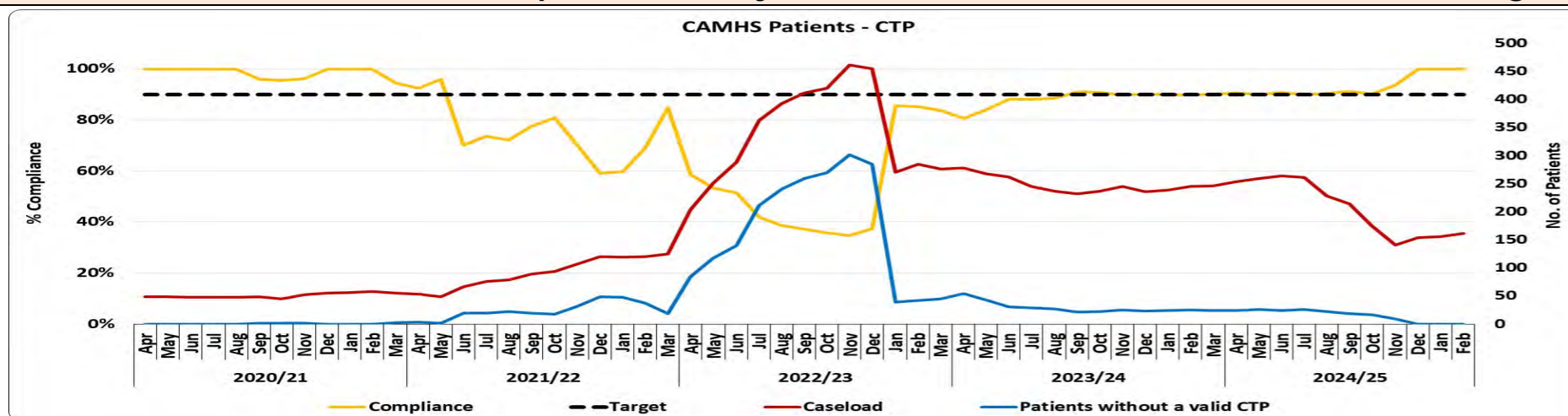
### % of therapeutic intervention started within 28 days following an assessment by LPMHSS (85.1%) - Target 80%

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS dipped to 85.1% during February, but continuing to surpass the WG set target of 80%.

The Directorate continues to develop its local groups and the digital SilverCloud offer. The Qlik information system is supporting the Directorate to monitor compliance on a real time basis which is helping to manage compliance and maintain the achievement of the set target.



### % of HB residents who are in receipt of secondary MH services who have a valid CTP (100%) - Target 90%



**Part 2** of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month continued to observe a compliance rate of 100% during February; above the WG standard of 90% for the third consecutive month.

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

## 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?

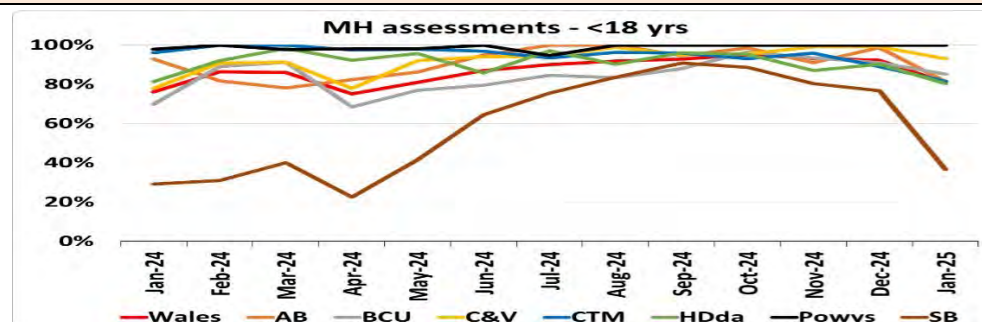
### Outputs of improvements:

- 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 February we had 155 patients on the waiting list, which is an increase of 41 patients on the previous month although the average waiting time remains at 3 weeks.
- Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered in February was 72, which is similar to the monthly average delivered throughout 2024/25. The average waiting time for intervention is also 3 weeks.
- As clinical teams have worked through the waiting list backlog our performance against the interventions target has steadily increased.
- The introduction of referral-based access to the online digital platform SilverCloud early last year further helped with interventions.
- Part 2:** The results of the caseload audit completed at the end of last year is helping us to focus on quality in relation to CTP's.

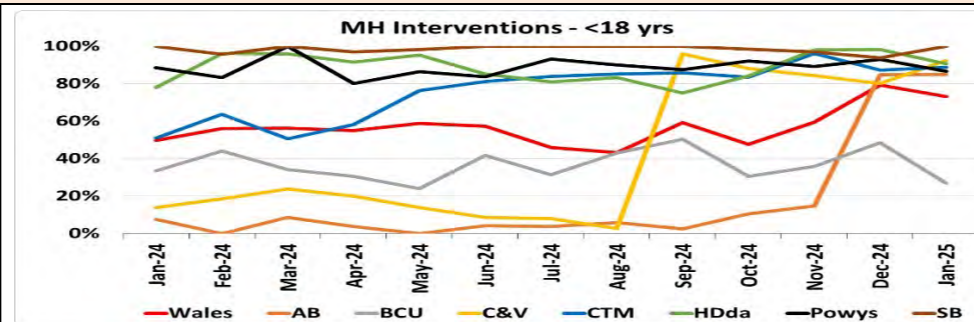
### Main areas of risk:

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

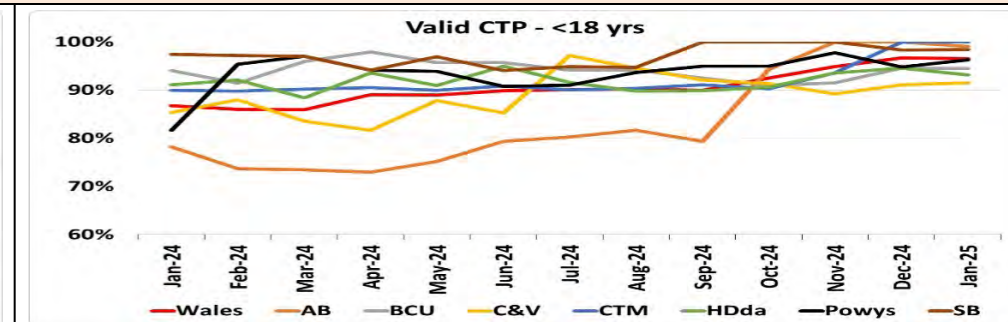
## How do we compare with our peers?



Status as at January 2025		
Health Board	Compliance	Rank
Powys	100.0%	1st
C&V	93.0%	2nd
BCU	85.2%	3rd
<b>CTM</b>	<b>81.6%</b>	<b>4th</b>
AB	81.4%	5th
HDda	80.3%	6th
SB	36.6%	7th



Status as at January 2025		
Health Board	Compliance	Rank
SB	100.0%	1st
C&V	92.3%	2nd
HDda	90.6%	3rd
<b>CTM</b>	<b>88.8%</b>	<b>4th</b>
Powys	86.7%	5th
AB	85.0%	6th
BCU	27.0%	7th



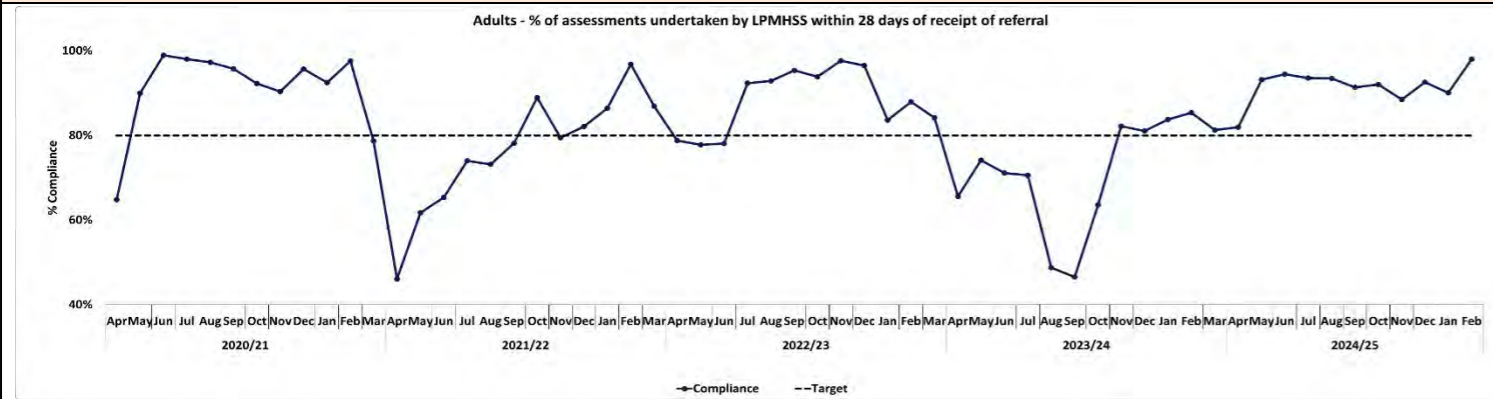
Status as at January 2025		
Health Board	Compliance	Rank
<b>CTM</b>	<b>100.0%</b>	<b>1st</b>
AB	99.1%	2nd
SB	98.4%	3rd
Powys	96.3%	4th
BCU	94.5%	5th
HDda	93.2%	5th
C&V	91.5%	7th



# CTMUHB Mental Health & Learning Disabilities Care Group

## Adult Mental Health Services – February 2025

### % of assessments undertaken by LPMHSS within 28 days of receipt of referral (98.0%) - Target 80%



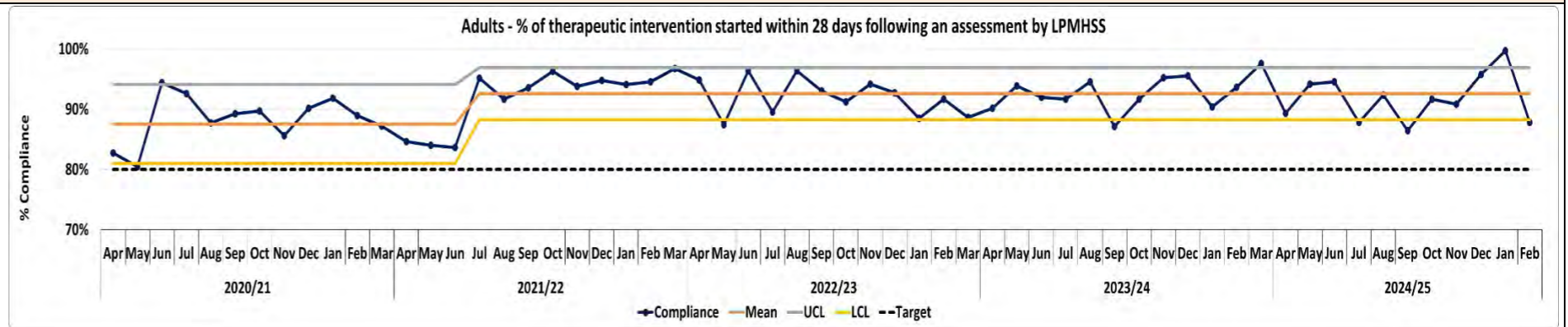
Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during February was 98% and continues to stand above the WG target of 80%.

Referrals during the month fell from 1,010 in the previous month to 714 during February; just under the 12 month average of 732 referrals.

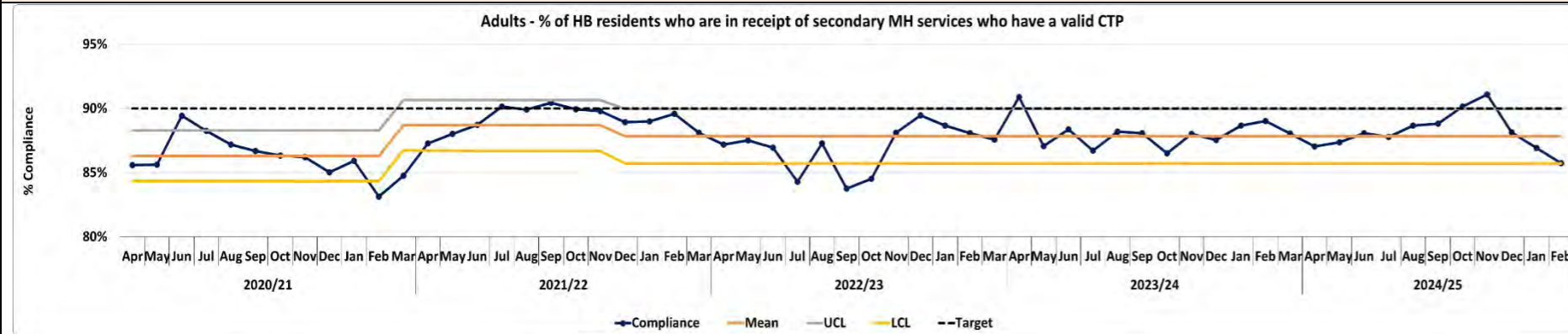
### % of therapeutic intervention started within 28 days following an assessment by LPMHSS (87.8%) - Target 80%

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during February fell to 87.8% from 99.8% in the previous month, but continues to surpass the WG target of 80%.

During the month, 303 of the 345 interventions commenced within the 28 day timeframe.



### % of HB residents who are in receipt of secondary MH services who have a valid CTP (85.7%) - Target 90%



**Part Two** of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month saw a compliance rate of 85.7% during February, falling further below the 90% WG standard.

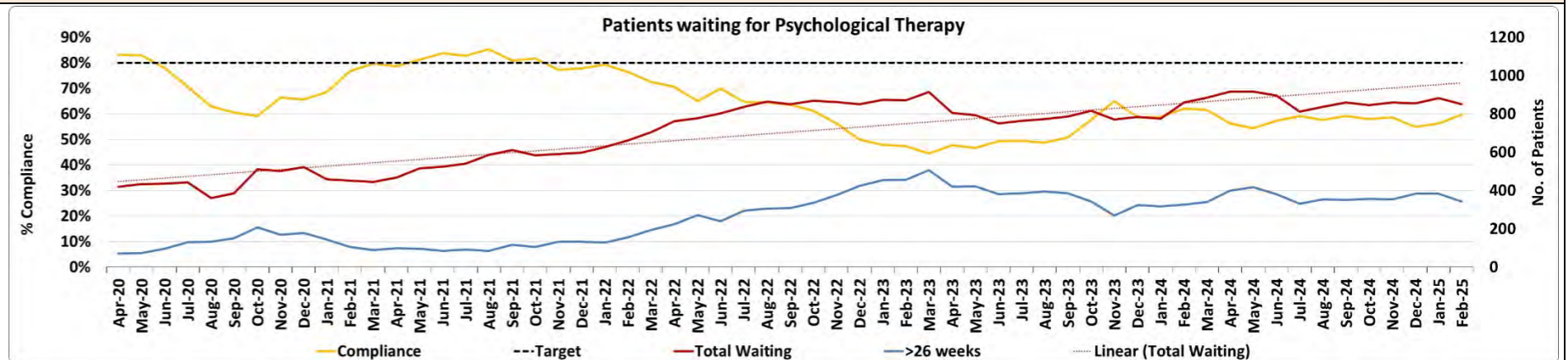
**Part 3:** There were no requests made for an adult assessment under Part 3 of the Mental Health Measure during February.

### % of patients waiting less than 26 weeks to start a Psychological Therapy (59.7%) - Target 80%

During February, Psychological Therapies compliance was 59.7%, 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 61.6%.

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 February the waiting list stood at 852 patients; more than double the volume seen pre-Covid and during the last 12 months the list has ranged between 813 and 918 patients.



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

## How are we doing?

**Part 1a:** During February, performance across all teams continued to remain above target and we are continually monitoring demand.

**Part 1b:** Performance continues to be above target at 87.8%.

**Part 2:** Overall compliance for both Adult, Older Adult and Learning Disability Services was 85.7% and compliance for the services is shown below:

- Adult Services – 84%
- Older Adult Services – 90.6%
- Learning Disability Services – 89.9%

**Psychological Therapies:** The overall position for Psychological Therapies waiting list for February stands at 852 patients, which is a small decrease of 31 compared to the previous month and also a fall in referral rates from 191 in January to 113 this month has been observed. Those patients waiting over 26 weeks currently stands at 343 service users.

The Psychological Therapies Waiting Lists associated with this WG metric is comprised of 8 waiting list service areas across adult and older adult mental health services. As at February, the area with the highest number of waiting patients is Local Primary Mental Health Support Services.

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

**Part 1a:** Focus on sickness management where we experience high levels of absence and strategic review of staff with frequent or long absence.

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

**Part 2:** Performance for both Adult and Older Adult Services declined compared to the previous month and we remain below the 90% target for the third consecutive month. Staffing issues within Adult Mental Health Services is the main contributory factor for affecting performance of this measure. This is being monitored weekly and remains on the agenda of the Senior Management Team meetings.

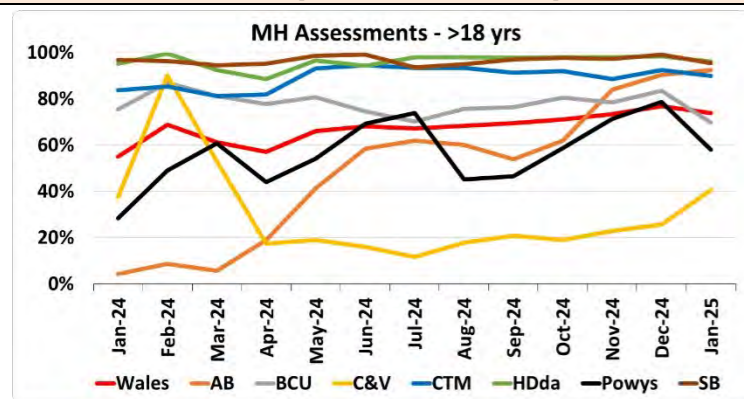
The proportion of Adult Service residents who have a valid Care Treatment Plan varies by the lead practitioner. Performance improvement requires continued data monitoring and engagement service wide. There has been a delay in rolling out an updated data monitoring tool, however, interim measures have been put in place to ensure teams receive the data they require until a solution is found.

**Psychological Therapies:** There is ongoing work to clearly identify and record on the LPMHSS waiting lists the types of therapy service users are waiting for to allow efficient allocation of service users to staff resource. Inconsistent administration support in this area is also proving difficult, but this will improve as this is defined within the new structure.

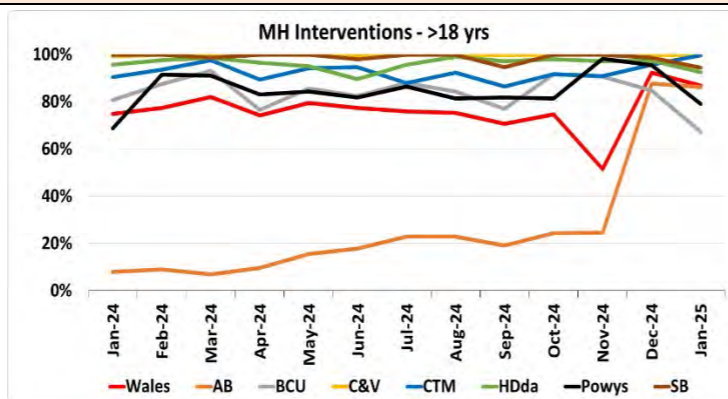
### Actions taken to improve position:

- Some further capacity is expected with the use of locums until March 2025.
- ProblemShared remaining sessions have been optimised by enrolling LPMHSS service users.
- Development and implementation of an access policy.
- Demand and capacity analysis.
- Recruitment into vacancies.

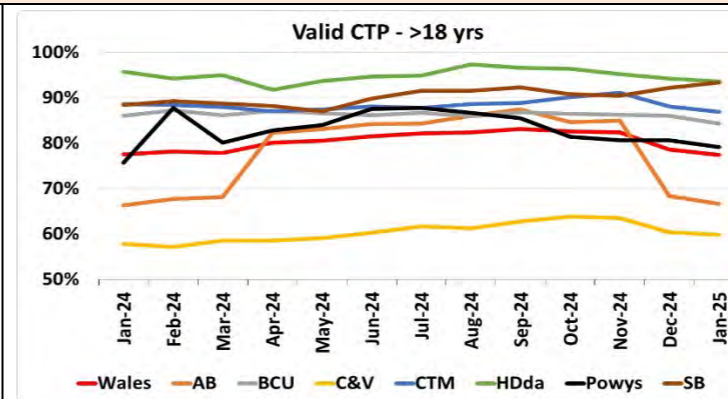
## How do we compare with our peers?



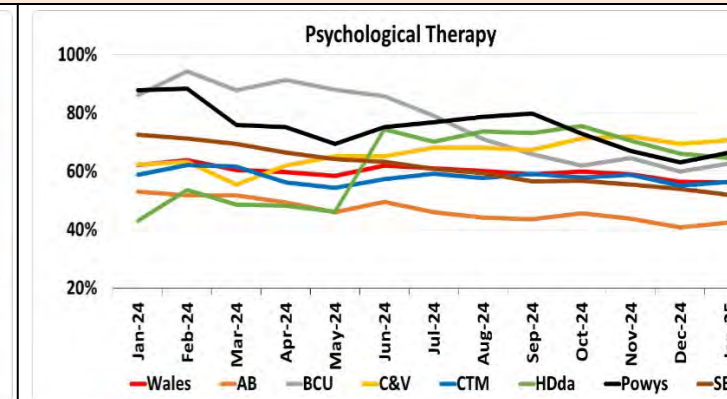
Status as at January 2025		
Health Board	Compliance	Rank
HDda	96.2%	1st
SB	95.4%	2nd
AB	92.6%	3rd
<b>CTM</b>	<b>90.0%</b>	<b>4th</b>
BCU	69.8%	5th
Powys	58.0%	6th
C&V	40.6%	7th



Status as at January 2025		
Health Board	Compliance	Rank
<b>CTM</b>	<b>99.8%</b>	<b>1st</b>
C&V	99.4%	2nd
SB	94.4%	3rd
HDda	92.5%	4th
AB	86.1%	5th
Powys	79.0%	6th
BCU	67.4%	7th



Status as at January 2025		
Health Board	Compliance	Rank
HDda	93.6%	1st
SB	93.4%	2nd
<b>CTM</b>	<b>86.9%</b>	<b>3rd</b>
BCU	84.3%	4th
Powys	79.1%	5th
AB	66.6%	6th
C&V	59.8%	7th



Status as at January 2025		
Health Board	Compliance	Rank
C&V	70.8%	1st
Powys	66.4%	2nd
HDda	64.5%	3rd
BCU	62.8%	4th
<b>CTM</b>	<b>56.4%</b>	<b>5th</b>
SB	52.0%	6th
AB	42.5%	7th

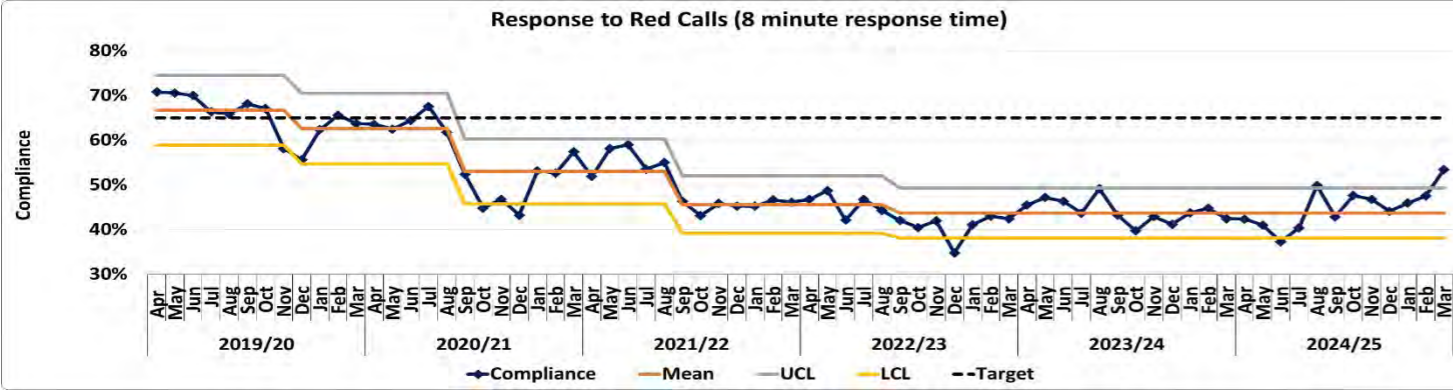


# CTMUHB Unscheduled Care Group

## Emergency Ambulance Services – March 2025

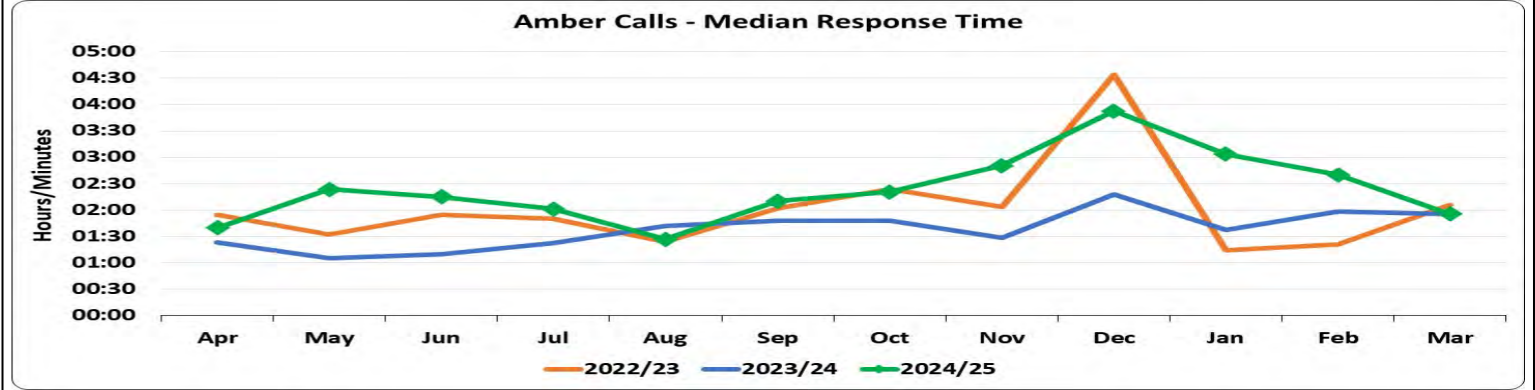
% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)

March 2025 – 53.5%



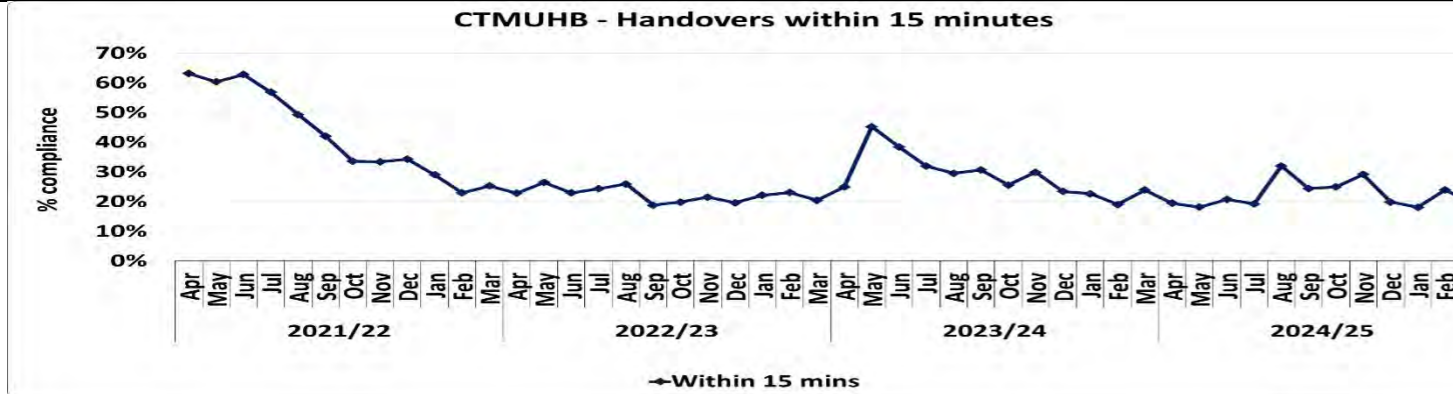
Median emergency response time to Amber Calls – Target is 12 month reduction trend

March 2025 - 1 hour 55 minutes



% of ambulance patient handovers within 15 minutes – Target is improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes.

Total handovers – 1,945 of which 376 (19.3%) of handovers were within 15 minutes



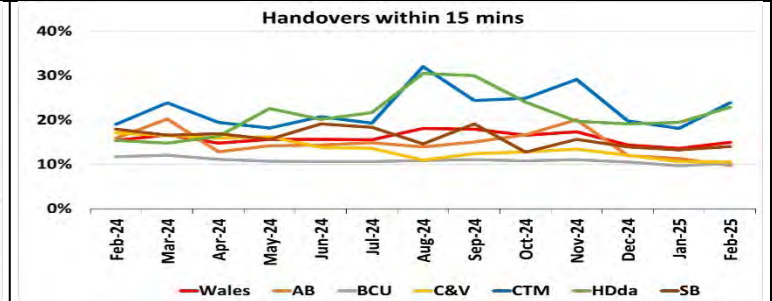
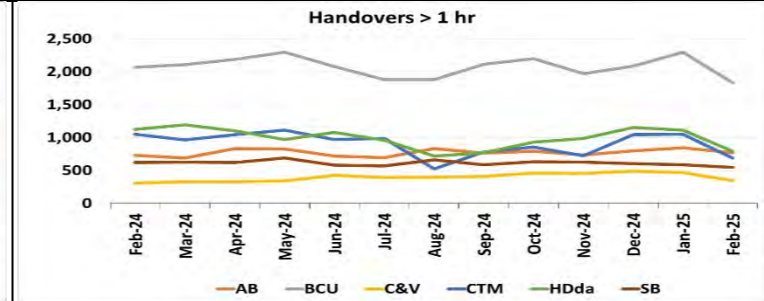
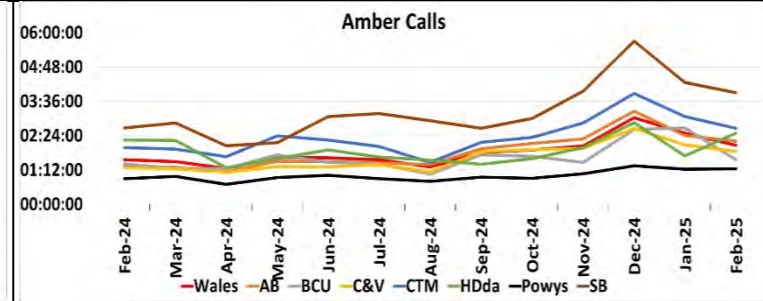
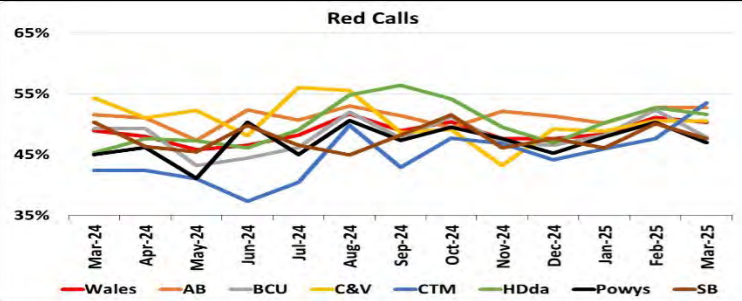
Number of ambulance patient handovers over 1 hour – Revised WG Target: 30% reduction from March 24 number by December 2024; thereafter Zero

860 handovers were over 1 hour (55.8% of handovers were within 1 hour)

Period	Handovers	PCH % <15 mins	% <60 mins	Handovers	RGH % <15 mins	% <60 mins	Handovers	POW % <15 mins	% <60 mins	Total Handovers	CTMUHB % <15 mins	% <60 mins
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%	49.8%
May-24	865	15.7%	45.9%	715	20.6%	50.9%	644	18.8%	53.9%	2224	18.2%	49.8%
Jun-24	796	14.7%	49.2%	759	30.0%	66.0%	596	16.9%	47.8%	2151	20.7%	54.8%
Jul-24	856	17.1%	53.4%	785	21.5%	60.8%	560	19.5%	49.3%	2201	19.3%	55.0%
Aug-24	756	21.6%	63.5%	667	47.8%	85.5%	567	27.3%	73.2%	1990	32.0%	73.6%
Sep-24	822	22.9%	61.4%	751	25.8%	61.0%	547	24.7%	68.2%	2120	24.4%	63.0%
Oct-24	811	17.6%	47.7%	808	30.3%	61.4%	475	28.2%	74.1%	2094	24.9%	59.0%
Nov-24	806	20.7%	58.9%	792	39.8%	66.3%	391	24.8%	67.0%	1989	29.1%	63.4%
Dec-24	782	15.3%	48.2%	909	24.4%	53.7%	416	18.3%	47.4%	2107	19.8%	50.4%
Jan-25	788	16.8%	51.9%	950	17.3%	45.1%	371	23.7%	59.8%	2109	18.1%	50.2%
Feb-25	639	19.2%	60.9%	787	28.8%	58.8%	316	21.2%	63.6%	1742	23.9%	60.4%
Mar-25	694	15.6%	59.1%	873	21.8%	50.5%	378	20.6%	61.9%	1945	19.3%	55.8%



### How do we compare with our peers?



Status as at March 2025		
Health Board	Compliance	Rank
CTM	53.5%	1st
AB	52.7%	2nd
HDda	51.6%	3rd
C&V	50.5%	4th
BCU	47.8%	5th
SB	47.6%	6th
Powys	47.0%	7th

Status as at February 2025		
Health Board	Compliance	Rank
Powys	01:14	1st
BCU	01:33	2nd
C&V	01:50	3rd
AB	02:12	4th
HDda	02:28	5th
CTM	02:39	6th
SB	03:53	7th

Status as at February 2025		
Health Board	Compliance	Rank
C&V	351	1st
SB	549	2nd
CTM	689	3rd
AB	769	4th
HDda	795	5th
BCU	1,833	6th

Status as at February 2025		
Health Board	Compliance	Rank
CTM	23.9%	1st
HDda	22.9%	2nd
SB	14.0%	3rd
C&V	10.5%	4th
BCU	10.2%	5th
AB	9.8%	6th

Emergency Ambulance Services continued overleaf:



How are we doing?

Response to Red Calls per WAST Operational Area				
Mar-25	Total Responses	Responses within 8	% within 8 mins	12 Month Average
Merthyr	136	93	68.4%	59.2%
RCT	383	179	46.7%	40.2%
Bridgend	259	144	55.6%	44.3%
CTM	778	416	53.5%	45.0%

Response to Red Calls: Response times to life-threatening calls for the CTM area during March improved to 53.5%; the highest compliance rate seen August 2021 (55%), with the 12 month average being 45%. The volume of Red Calls during March totalled 778; similar to the twelve month average and slightly higher than the equivalent period of 2024 (728).

The National compliance was 50.3% and continues to remain below the minimum expected standard of 65% of Red Calls to be responded to within 8 minutes, although March saw CTM receive the better response times out of all the other health boards in Wales.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 1 hour and 55 minutes during March; just over an hour shorter than the previous month, but the same as the equivalent period of 2024. The chart (page 14, top right) demonstrates fluctuations with response times ranging between 87 and 232 minutes during the past twelve months.

Ambulance Handover Compliance & Lost Hours: During March ambulance conveyances to ED totalled 1,945, which is 14.6% (332) fewer than the equivalent period of last year. Performance against the 15 minute handover remains low at 19.3%, with the number of patients and ambulance crews detained longer than an hour totaling 860. The 12 month average is 889 patient breaches, which is around 6% higher than the equivalent time span of the previous year (Apr 23 to Mar 24).

During March there were a total of 2,519 hours lost to the ambulance service following notification to handover at our emergency departments, representing a 21% (678 hours) reduction on the same period of 2024 (waits longer than 15 minutes are counted).

Hospital Handovers in minute time groups								
Mar-25	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Total Handovers
PCH	108	133	89	80	133	89	62	694
RGH	190	106	89	56	163	98	171	873
POW	78	56	53	47	59	25	60	378
CTM	376	295	231	183	355	212	293	1,945

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 21 during February. The ED services were able to meet all of those requests, with the expected standard being 100%.

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Feb-24	18	17	94.4%	16	16	100.0%	6	6	100.0%	40	39	97.5%
Mar-24	10	10	100.0%	14	12	85.7%	5	5	100.0%	29	27	93.1%
Apr-24	11	11	100.0%	7	7	100.0%	5	5	100.0%	23	23	100.0%
May-24	10	9	90.0%	17	17	100.0%	11	11	100.0%	38	37	97.4%
Jun-24	13	12	92.3%	10	9	90.0%	12	11	91.7%	35	32	91.4%
Jul-24	9	9	100.0%	11	11	100.0%	9	9	100.0%	29	29	100.0%
Aug-24	11	10	90.9%	4	4	100.0%	8	8	100.0%	23	22	95.7%
Sep-24	9	9	100.0%	10	10	100.0%	12	11	91.7%	31	30	96.8%
Oct-24	23	23	100.0%	10	10	100.0%	6	6	100.0%	39	39	100.0%
Nov-24	16	16	100.0%	11	10	90.9%	3	3	100.0%	30	29	96.7%
Dec-24	18	18	100.0%	18	17	94.4%	10	9	90.0%	46	44	95.7%
Jan-25	14	14	100.0%	25	24	96.0%	9	8	88.9%	48	46	95.8%
Feb-25	6	6	100.0%	11	11	100.0%	4	4	100.0%	21	21	100.0%

Please note that due to changes in verification processes within WAST, the Red Release data now has a time lag and consequently, at the time of writing this report, the most reliable data available is to end of February 2025 (data may be subject to change).

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 1<sup>st</sup> November for a 3 month trial. Exploring funding to extend into the new financial year.
- Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Formulations of ED Delivery Plan and Improvement Targets, including;
  - Improvement in 4 hour handover by April 2025
  - 80% of patients handed over within 1 hour by July 2025
  - 100% of patients handed over within 4 hours by July 2025
- Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
  - Nav Hub/Care Home pathway development
  - SDEC
  - Extend UTC
- Implementation of Strategic Transformation of Acute Medicine Programme (STAMP) across all 3 acute sites.
- Acute Clinical Service Plan workshop held early April.
- Bi-weekly team meetings established with WAST.
- D&C mapping to identify Invest to Save opportunities for additional medical recruitment.
  - Invest to Save Request to Uplift Medical Workforce business case submitted for PCH
  - Recruitment of 2 Specialty Doctors and 2 Junior Clinical Fellows in PCH and RGH
  - Paediatric Emergency Medicine Consultant post has now been appointed to.

What are the main areas of risk?

- Although some additional uncommissioned capacity areas have closed, some areas remain open across all sites, but is under daily review by Directorate Management Team.
- System flow remains highly impacted by capacity within social care.
- Persistent high escalation levels across all sites.
- Clinical Decision Making capacity is insufficient to meet demand in line with WG targets. Subsequently there is a heavy reliance on locum and agency staff to support rotas across the three Emergency Departments. That being said, demand and capacity exercise and realignment of outturn funding has identified opportunities to invest in more Emergency Medicine posts.



# CTMUHB Unscheduled Care Group

## Emergency Unit Waits – March 2025 (Provisional Position) - Total Attendances = 17,349

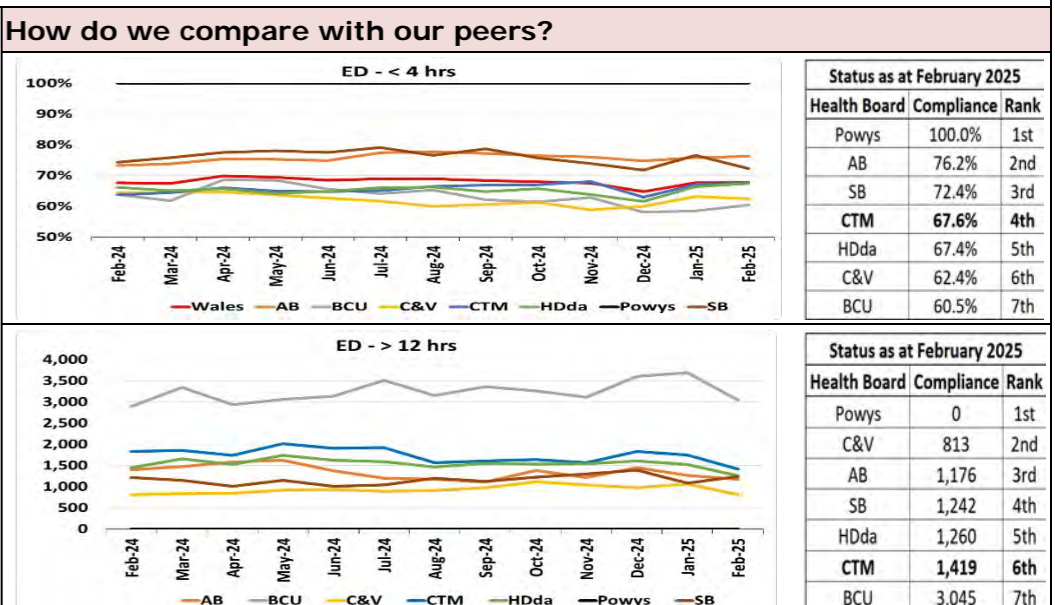
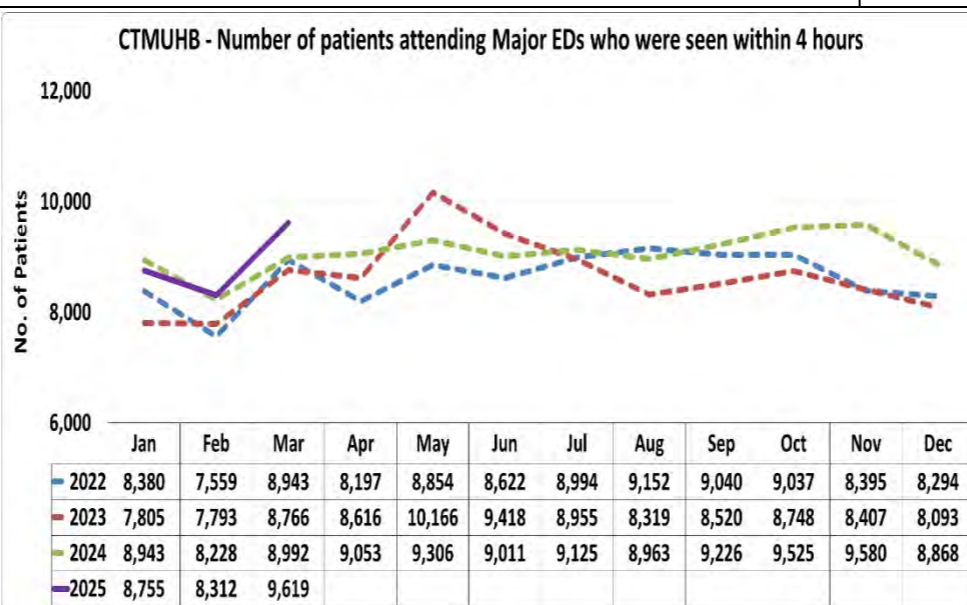
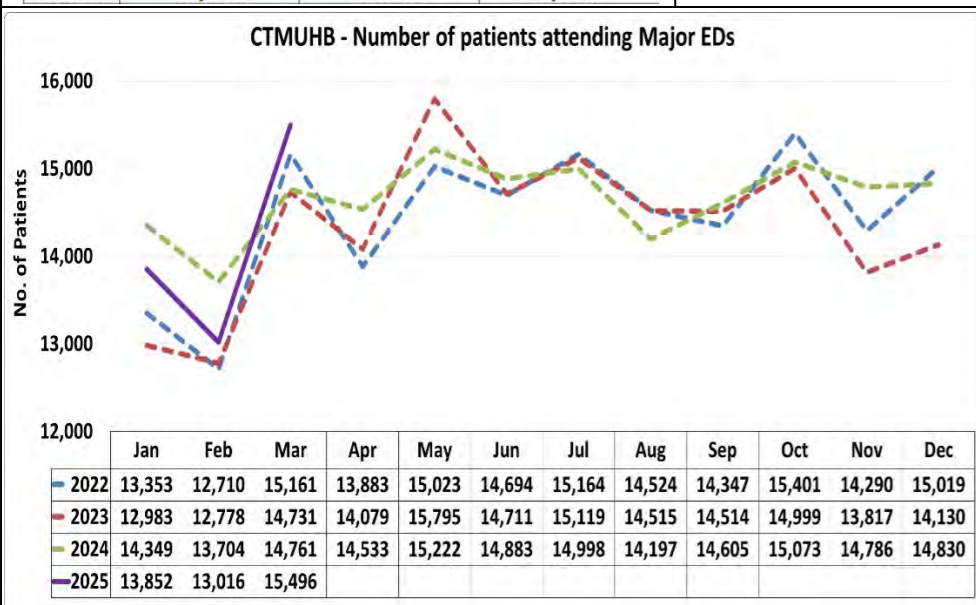
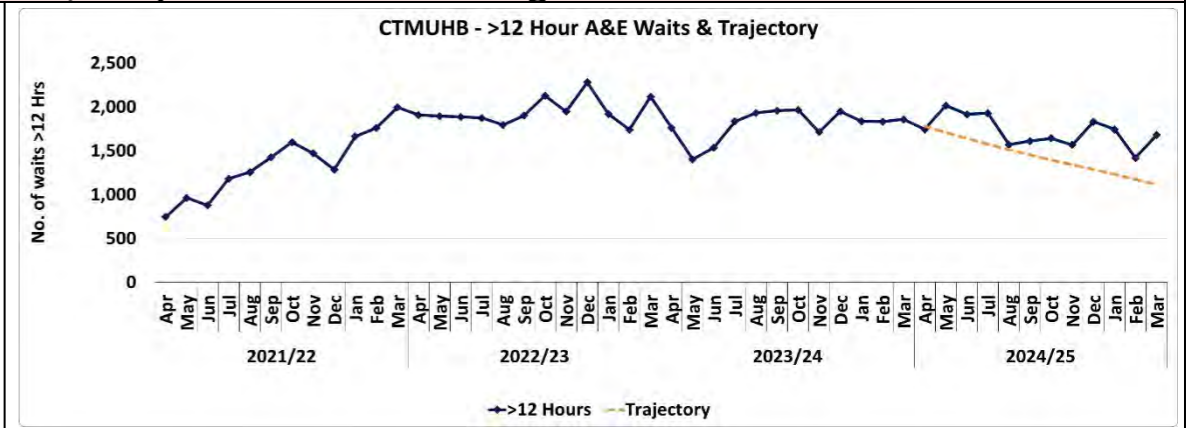
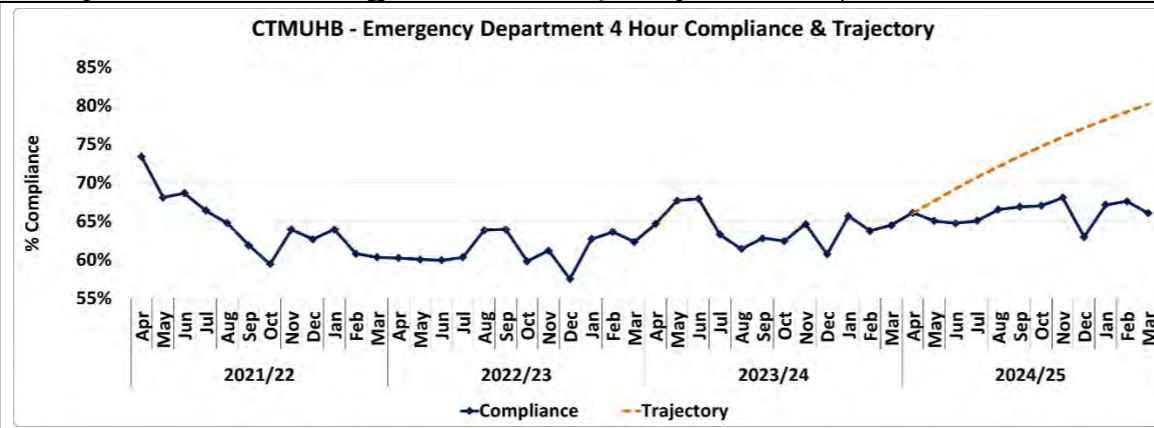
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target is improvement compared to the same month in the previous year, towards the national target of 95%

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.

**66.0% were seen within 4 hours (Patients Waiting >4 hours 5,893)**

**1,679 patients were waiting over 12 hours**

Period	Attendances	CTMUHB 4 Hrs %	> 12 Hrs
Mar-24	16,251	64.5%	1,856
Apr-24	16,181	66.1%	1,745
May-24	16,947	65.0%	2,015
Jun-24	16,650	64.7%	1,915
Jul-24	16,808	65.1%	1,928
Aug-24	15,640	66.5%	1,569
Sep-24	16,241	66.9%	1,610
Oct-24	16,821	67.0%	1,641
Nov-24	16,334	68.1%	1,566
Dec-24	16,095	63.0%	1,832
Jan-25	15,507	67.1%	1,745
Feb-25	14,524	67.6%	1,419
Mar-25	17,349	66.0%	1,679



### How are we doing?

The chart above shows that throughout March the total number of ED attendances at our three acute hospital sites was around 5% higher than observed during March 2024 and March 2023. Overall numbers of Minor Injuries and ED attendances totalled 17,349, which is 6.8% higher than those observed during the equivalent period of last year (16,251).

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during March is provisionally 66.0%, which as it currently stands is the same as the 12 month average, but continuing to remain well below the WG compliance target of 95%.

The twelve hours performance observed that 1,679 patients were waiting in excess of 12 hours and for the past year the rate of 12 hour patient breaches has been around 11% of the total attendances and we continue to sit outside of our planned 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 1<sup>st</sup> November. This is slowly starting to improve patient experience and ED performance/waiting times.
- Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.
- Implementation of STAMP across all 3 acute sites.
- Development of ED Internal Professional Standards.
- Job planning underway to identify time that can be reallocated to “shop floor” activity
- Developing plans for additional ACP post to support 7/7 Acute Medicine in RGH & PCH
- Invest to save Consultant, Middle Grade and Junior Clinical Fellow posts approved for POW and PCH.
- Developing plans to also support additional COTE consultant to provide “Front Door Frailty” at PCH.
- Formulations of ED Delivery Plan and Improvement Targets, including:
  - 50% reduction in 12-hour ED waits by July 2025.
  - Zero tolerance for patients waiting >48 hours.

### What are the main areas of risk?

- Additional uncommissioned capacity remains open across all sites.
- System flow remains highly impacted by capacity within social care.
- Any increase may result in uncommissioned capacity being utilised to manage demand.
- Persistent high escalation levels across all sites.
- Heavy reliance on locum and agency staff to support rotas across the three Emergency Departments. This will reduce as recruited posts receive start dates and further invest to save opportunities are realised.



Data sourced from the National Hip Fracture Database (NHFD)

Improvement actions & risks

Data reported Quarterly – latest period to December 2024

(please note that the information below is updated quarterly)

**National Falls & Fragility Fracture Audit Programme**

Annualised values based on cases averaged over 12 months to end of December 2024 (except KPI's 6 & 7 which are delayed to allow for follow up data to be included). Source National Hip Fracture Database

Key Steps	KPI - Expected WG target of 75%	Wales Average	NHFD overall performance	Average cases		
				PCH	RGH	POW
				231	318	228
Getting to the right place	0 Admission to specialist ward	13%	9%	36%	8%	33%
	1 Prompt orthogeriatric review	72%	89%	0%	0%	56%
Getting up after surgery	2 Prompt surgery	55%	58%	71%	55%	80%
	3 NICE compliant surgery	67%	70%	54%	70%	59%
	4 Prompt mobilisation	75%	82%	62%	57%	73%
	5 Not delirious post op	60%	66%	0%	1%	77%
Getting back home again	6 Return to original residence	75%	74%	75%	65%	74%
	7 Bone medication	58%	51%	1%	12%	52%

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

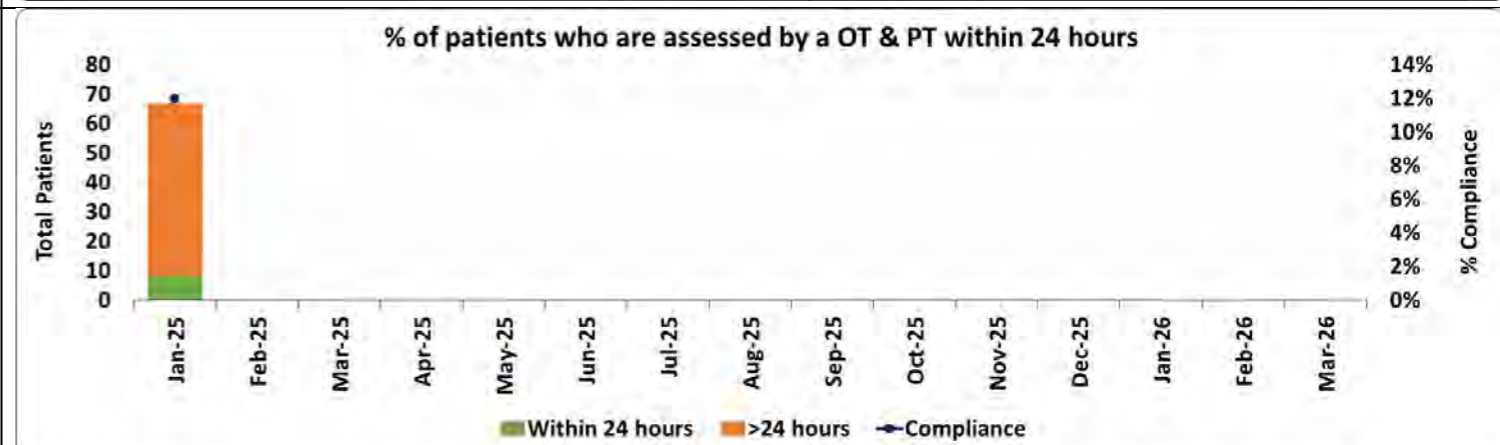
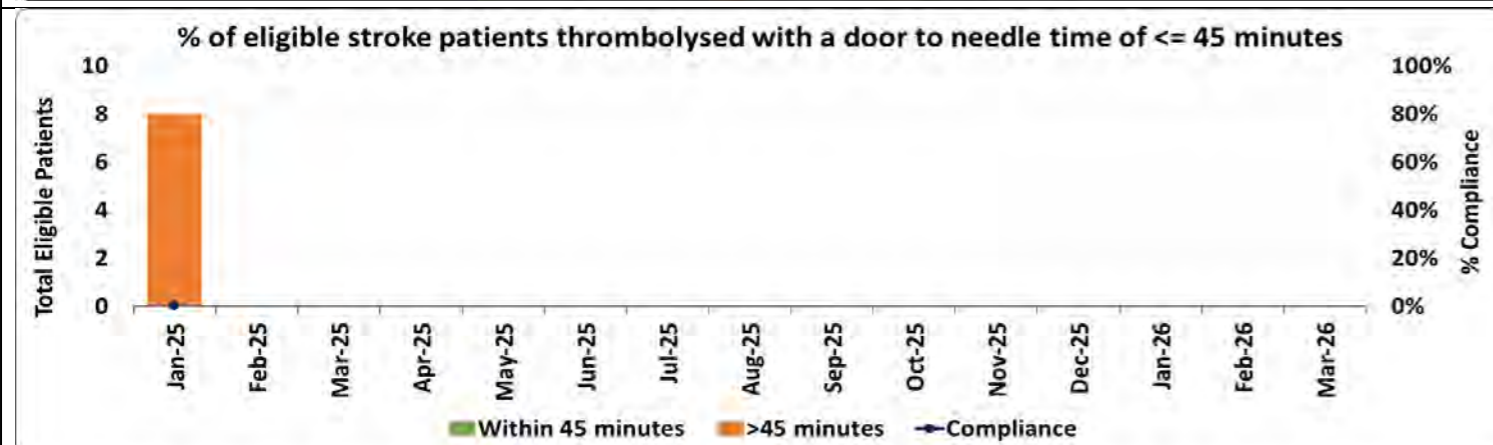
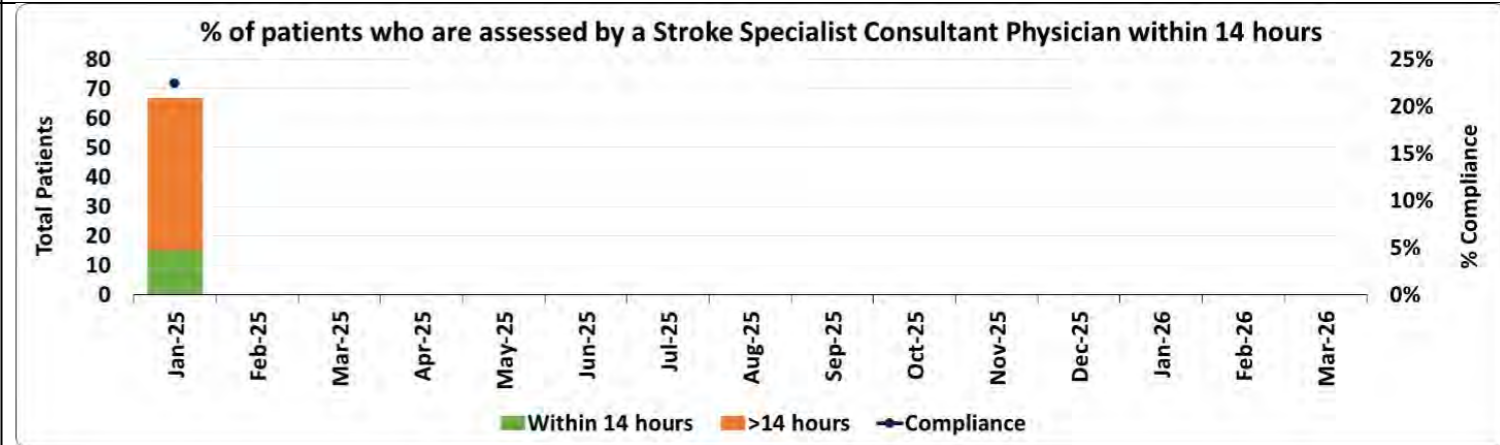
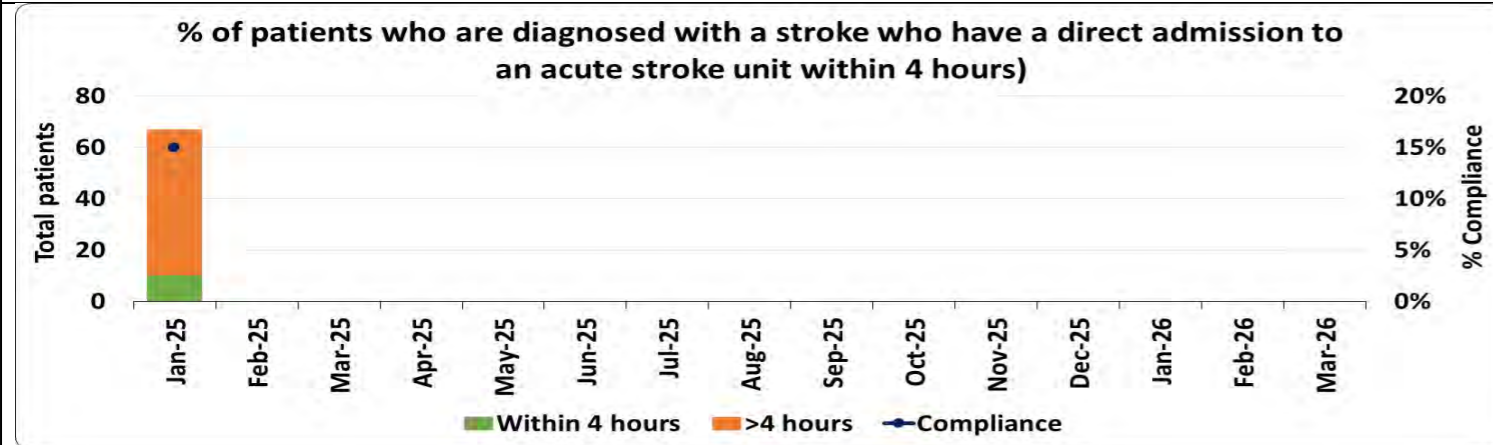
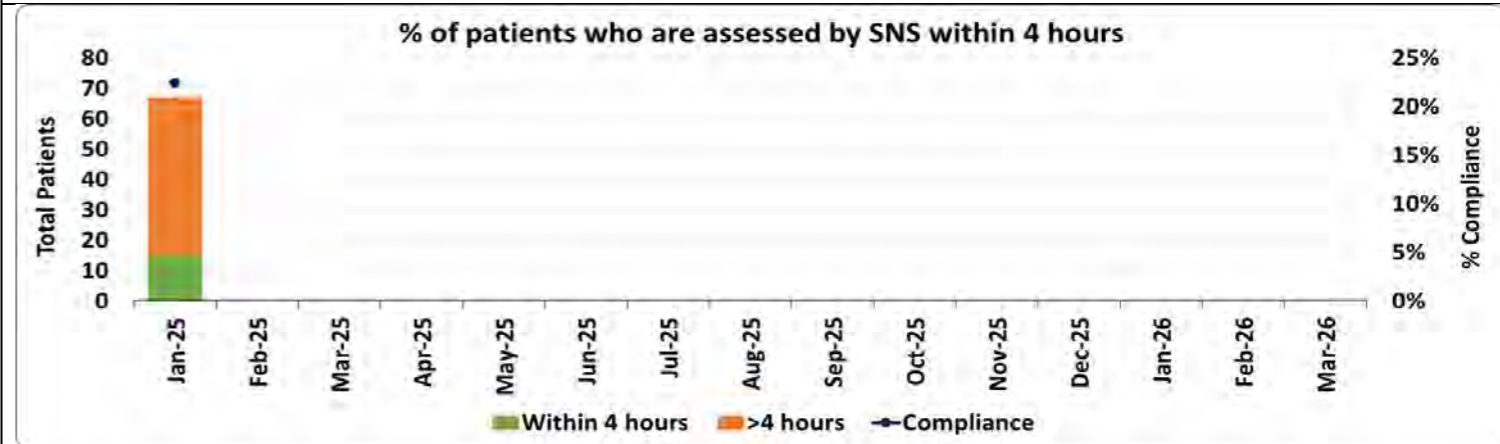
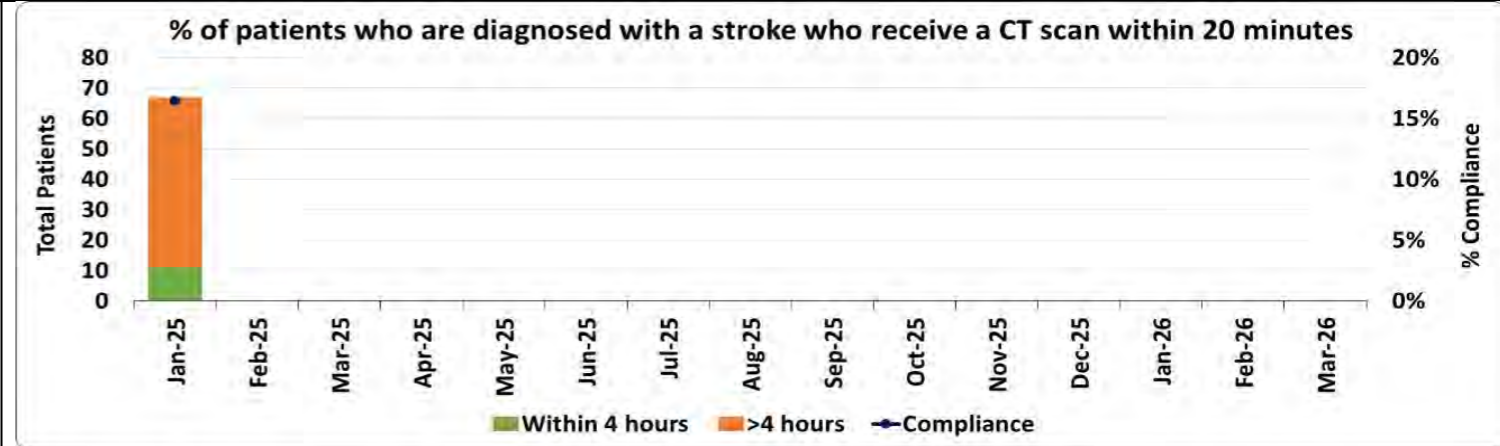
Please note that the critical incident declared at POW during October 2024 will have a direct impact on the KPI's above due to the system changes that were required to safely decant the POW site.

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

The national SSNAP data standards were amended at the end of September 2024, with new targets introduced, as shown below. The availability of formal performance data from SSNAP is expected shortly, despite the efforts of the NHS Executive to acquire the data earlier.

There have been challenges with reporting based on locally held data and as it currently stands we are only able to report January 2025, with the unvalidated position shown in the tables below:

Stroke Quality Improvement Measures (sourced locally until SSNAP reporting resumes)		
Current month stats: January 2025		
<b>% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (&lt; 4 hours)</b>		
Admissions	No. within 4 hrs	% Compliance
67	10	14.9%
<b>Percentage of eligible stroke patients thrombolysed with a door to needle time of &lt;= 45 mins</b>		
Total Thrombolysed	Thrombolysed <= 45 mins	% Compliance
8	0	0.0%
<b>% of patients who are diagnosed with a stroke who receive a CT scan within 20 minutes</b>		
Patients diagnosed as stroke	Scanned <= 20 mins	% Compliance
67	11	16.4%
<b>% of patients who are assessed by SNS within 4 hours</b>		
Admissions	Assessed <=4 hrs	% Compliance
67	15	22.4%
<b>% of patients who are assessed by a stroke specialist consultant physician within 14 hours</b>		
Admissions	Assessed <=14 hrs	% Compliance
67	15	22.4%
<b>% of patients who are assessed by OT &amp; PT within 24 hours</b>		
Admissions	Assessed <=24 hrs	% Compliance
67	8	11.9%



Stroke continued on the next page...

**How are we doing?**

- Stroke services have been maintained within the CTM footprint, despite significant challenges arising as a consequence of changes to senior specialist medical staffing availability. During January the UHB services were provided by 2 substantive and 1 locum consultant, a position which has since improved with the appointment of a second locum consultant to mitigate sickness, maternity leave and vacancies.
- During January, 14.9% (10 out of 67) of stroke patients were admitted directly to the Stroke Unit within 4 hours. Reviewing data pre the temporary change, this performance measure has overall remained fairly static. 56% of stroke patients were admitted in January outside of the core stroke service hours which will have an impact on admission to the Stroke Unit within 4 hours.
- 8 eligible patients were thrombolysed, although none of these received it within the 45 minute window. The target and ambition is to achieve 20% of patients being thrombolysed for CTM.
- 16.4% of patients (11 out of 67) had a CT scan within 20 minutes. This KPI has changed from CT scan within 1 hour to CT scan within 20 minutes which has had a significant impact on performance outcomes (*42 out of 67 patients had their CT scan within 1 hour which equates to 62.7%*).
- 16.7% of patients (11 out of 67) were assessed by a Stroke Nurse Specialist within 4 hours. This is a new SSNAP target introduced with the SSNAP changes implemented in October and we will continue to monitor this performance.
- 22.4% of patients (15 out of 67) were seen by a Consultant Stroke Physician within 14 hours – this standard has changed from 24 hours since the new SSNAP changes were introduced. This standard will continue to be difficult to achieve whilst the consultant cover is an 8 – 5 resident Rota - Monday to Friday.
- 11.9% of patients (8 out of 67) were assessed by OT & PT within 24 hours - this target remains a challenge due to the lack of 7 day working, plus increased number of patients on the ward and staffing challenges as a result of the relocation such as vacancies & sickness.

**What actions are we taking & when is improvement expected?**

- Due to further deterioration in specialist medical staff shortages, the health board needed to make an urgent, temporary change to stroke services at PCH and centralise Stroke services to the RGH site on the 8<sup>th</sup> January 2025. This supports being able to robustly staff a consultant and junior rota, however, the consultant rota still remains at risk as we are reliant on the two current locums remaining in post.
- The UHB is exploring options for expanding the use of our community rehabilitation bed base for Stroke patients, potentially increasing the number of commissioned beds from 8 to 27. If agreed and enacted, this would support flow out of the Stroke Unit at RGH and support improving patients being admitted to the Stroke Unit within 4 hours of admission to hospital.
- The temporary move to RGH has facilitated the creation of a dedicated therapy bay on the Stroke Unit which has been a positive addition and greatly improved from previous therapy offerings.
- Weekly Stroke re-design meetings are in place with MDT representation to support progressing longer term plans for the service.
- MDT Stroke Unit Improvement huddles have been established to cover 'wins, concerns of the day and rapid problem solving'.
- PCH TIA clinics have been centralised to the RGH site to support building a more resilient consultant rota. POW clinics are unable to move until at least May due to the ICT infrastructure (POW still on SB systems).
- Central monitoring has now been installed on the Stroke Unit at RGH which will decrease the need for additional 1:1 staffing for patients.
- Live advert out for Stroke Consultant post which has resulted in a number of potential candidates expressing an interest.
- Interim nursing model being worked through to support upcoming lateral moves and vacancies on the Stoke Unit. There has been a reliance on non-stroke specialist agency nurses which has impacted on patients being able to access full therapeutic interventions.

**What are the main areas of risk?**

- Upcoming vacancies and lateral moves within the nursing teams - mitigation plan in place.
- High reliance on locum consultants to enable the service to run adequately.
- Unable to move POW Stroke clinics to RGH until May due to different ICT systems.
- RGH demand – increased diagnostic demand for Doppler, Echo and MRI.
- Instability with temporary nursing shift patterns / transport requests.
- Increased pressure on WAST due to having to transfer self-presenters; mitigated by commissioned EMS crew.
- The ability to report data has been disrupted by a combination of the changes in how SSNAP requires data to be recorded manually.
- Lack of 7/7 working for CNS/Medical or Therapy teams.
- Lack of psychology support available to our patients post-acute stroke.
- The lack of flow out of the Stroke Unit for patients who no longer needs to be on the acute pathway.
- Ring-fencing stroke beds continues to be a challenge due high numbers of clinically optimised patients awaiting social care, community hospital and nursing home beds.



Diagnostics - March 2025 (provisional position)

Number of patients waiting >8 weeks for a specified diagnostic – revised Target is for 95% of modalities to be Zero



Diagnostics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,079	9,563	7,759	7,236
2024/25	6,549	6,646	6,989	6,403	6,031	5,417	3,764	3,412	3,329	3,426	3,037	2,024

Number of Patients waiting >8 Weeks for a Diagnostic Test March 2025		
Cardiology Cardiology Services	Echo Cardiogram	36
	Cardiac CT	0
	Cardiac MRI	0
	Diagnostic Angiography	98
	Stress Test	5
	DSE	0
	TOE	0
Heart Rhythm Recording	Heart Rhythm Recording	0
	B.P. Monitoring	0
Bronchoscopy		0
Colonoscopy		430
Gastroscopy		337
Cystoscopy		297
Flexi Sig		328
Radiology	Non-Cardiac CT	0
	Non-Cardiac MRI	0
	NOUS	1
Imaging	Non-Cardiac Nuclear Medicine	0
	Fluoroscopy	0
Physiological Measurement	Urodynamics	213
Neurophysiology	EMG	271
	NCS	8
<b>Total</b>		<b>2,024</b>

How are we doing?

**Diagnostics:** Over the last 12 months good progress has been made to reduce the number of patients waiting more than 8 weeks prior to receiving their diagnostic test, which has seen a 72% (5,212) reduction since the equivalent period of 2024.

Provisionally, at the end of March, 2,024 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is a third less than the February reported position. However, the current position has not met the desired trajectory as shown in the chart above.

The NOUS service has made excellent progress in reducing the number of patients waiting in excess of 8 weeks for their diagnostic with just 1 breaching patient remaining.

Imaging times have improved with no patients waiting beyond 8 weeks for their fluoroscopy.

Cardiology diagnostic tests have also made good progress with an overall reduction of 66% on the previous month. 139 patients are currently waiting beyond 8 weeks for their diagnostic test.

Waiting times for Diagnostic Endoscopy have however increased, with 1,392 patients waiting more than the target of 8 weeks a 15.7% increase on 2023/24 year end position (1,203).

What actions are we taking & when is improvement anticipated?

**Radiology:**

- Year-end performance successfully yielded anticipated results following the investment schemes.
- Trajectories for NOUS and CT show scanning capacity shortfalls with the additional demand trends. Further additional funding has been requested to staff the unfunded CT sessions at POW. D&C has demonstrated a maintained increased growth in demand for CT. There are no ongoing approved waiting list schemes currently running with an expected growth in waiting numbers.
- Continuing to observe a sustained improved breast performance; CTM best performing HB for breast services.
- A business case has been submitted to continue with 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.
- Radiology reporting timescales are at an appropriate level due to the uplifted outsource budget.

**Endoscopy:**

- At the beginning of March the new temporary diagnostic endoscopy facilities located at RGH opened. The Vanguard unit will increase endoscopy and surgical capacity across the Health Board. To minimise disruption to services caused by roof replacement work at POW, CTM has worked with Vanguard to replace capacity whilst the work is ongoing. The units allow the Health Board to treat patients more quickly whilst also tackling waiting times.

What are the main areas of risk?

**Neurophysiology:** The service has now developed a plan that will clear the Nerve conduction studies backlog (started in November 2024). Exploring further option of outsourcing for the EMG waits.

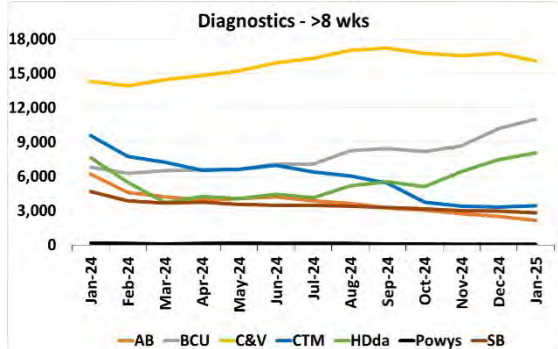
**Radiology:**

- 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.
- There are no additional CT funded schemes running at present and there is an observed growth in patients breaching >8 weeks.
- The business case for additional CT staffing is yet to be approved.
- Sustained increase In Hours/Out of Hours CT emergency demand at RGH.
- Increased pressure at RGH due to changes in pathways since the POW Critical Incident - bolstered by temporary staff.
- NOUS waiting list has been maintained with additional resources for 2024/25. Recruitment and training are underway to help build a resilient workforce, but this will take time to embed. National changes to obstetric protocols will put further pressure on the service and reduce capacity to scan NOUS patients going forward.
- Further approval for the maintenance plan is required to continue WLI/additional clinics into 2025/26.
- There has been an observed growth in the >8 week NOUS position since all the additional funded initiatives ceased end of March 25.

**Endoscopy:**

- Across site working continues to improve, but WPAS interface still remains a risk to develop a pooled waiting list and we note a risk to the May go live date of the PAS aggregation.
- GI pathway audit completed and action plan developed. This will allow the pan CTM endoscopy service to operate within a standardised approach.

How do we compare with our peers?



Status as at January 2025		
Health Board	Compliance	Rank
Powys	70	1st
AB	2,173	2nd
SB	2,839	3rd
<b>CTM</b>	<b>3,426</b>	<b>4th</b>
HDda	8,068	5th
BCU	10,999	6th
C&V	16,088	7th



# CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

## Therapies – March 2025 (provisional position)

The 2024/25 Performance Framework is measuring three performance indicators for therapy services and from April 2024 there has also been a change in the reporting of Weight Management services. As this service is multi-disciplinary involving a number of different therapists all contributing to patient care, Weight Management services was over inflating waiting times for Dietetics. Therefore the change applied from April means that DATs data will not be directly comparable to previous years.

Number of patients waiting >14 weeks for a specified therapy (excluding Audiology) - Target is Zero (**March 2025 = 66**)

### How are we doing?

Number of patients waiting >14 weeks for Audiology – Adult Hearing Aids - Target is Zero (**March 2025 = 682**)

During March there were 66 patients waiting in excess of 14 weeks for an initial therapy assessment.

% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional – Target is 100% (**March 2025 = 94.8%**)

There are 682 adults waiting beyond the target for a hearing aid fitting, which is an increase of 168 patients from the previous reported position.

### 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 first line interventions to enable improved access and timeliness for those needing AHP provision.
- Admin team continue to work on improving use of WPAS and pursuing set up of text and remind function for greater efficiency – already initiated in the Children’s Speech & Language Therapy service.

**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.

2024/25 Therapies >14 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Excluding Adult Hearing Aids	60	45	41	22	46	42	43	47	23	29	63	66
Adult Hearing Aids	135	180	188	172	109	80	144	219	320	428	514	682

Number of Patients waiting >14 Weeks for a Therapy March 2025	Total Waits	Waits >14 wks	% >14 wks
Arts Therapy	17	2	11.8%
Dietetics	842	3	0.4%
Occupational Therapy	184	0	0.0%
Physiotherapy	1,589	58	3.7%
Podiatry	605	0	0.0%
Speech & Language	568	3	0.5%
<b>Total</b>	<b>3,805</b>	<b>66</b>	<b>1.7%</b>
Audiology (Adult Hearing Aids)	1,670	682	40.8%
<b>Grand Total</b>	<b>5,475</b>	<b>748</b>	<b>13.7%</b>

% of children waiting less than 14 Weeks for AHP March 2025	Total Waits	Waiting < 14 wks	% <14 wks
Arts Therapy	17	15	88.2%
Dietetics	198	197	99.5%
Occupational Therapy	81	81	100.0%
Physiotherapy	442	385	87.1%
Podiatry	47	47	100.0%
Speech & Language	387	386	99.7%
<b>Total</b>	<b>1,172</b>	<b>1,111</b>	<b>94.8%</b>

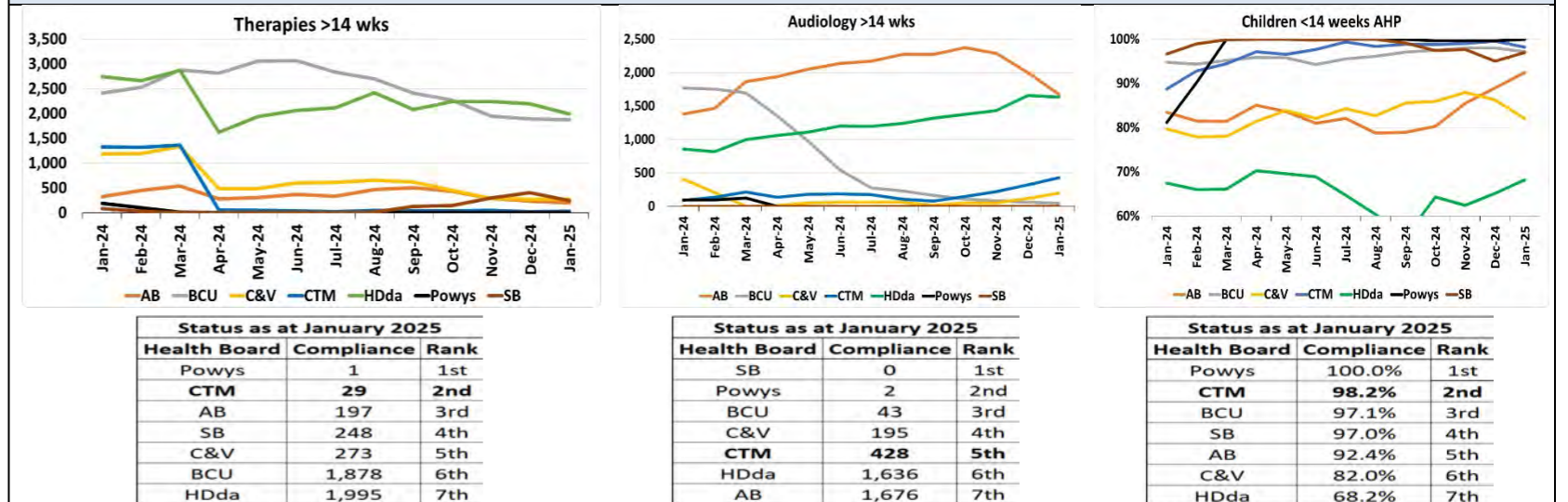
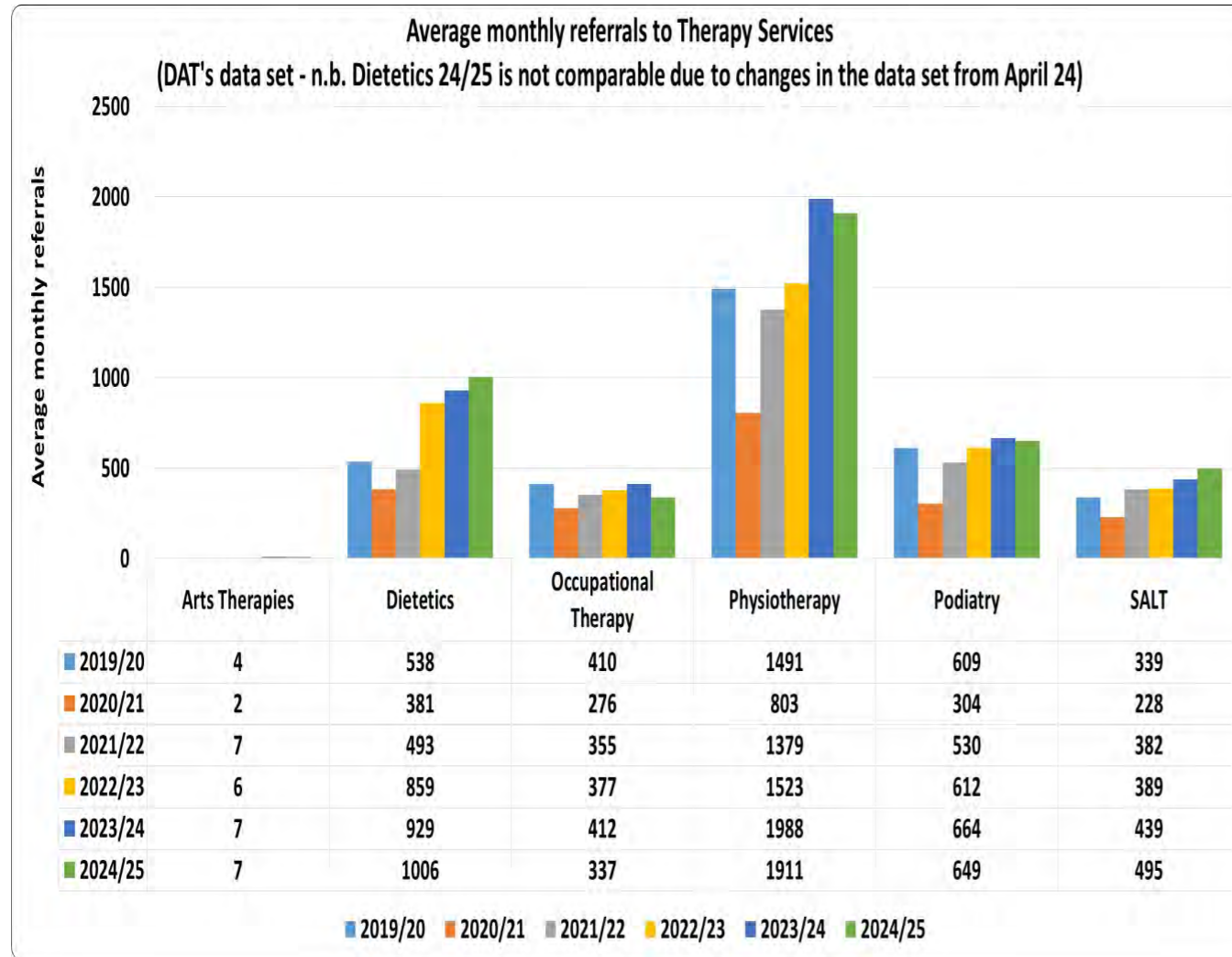
### What are the main areas of risk?

Ongoing increase in referrals to physiotherapy services, with no additional resource investment resulting in increased waiting times. Monitoring staff wellbeing, as this has been highlighted as an area of concern with staff.

Concerns remain in being able to see referred patients in a timely manner in line with RTT and clinical presentation/pathology. Year on year increase in referrals to Speech & Language Therapy service which, in combination with increase in complexity, will increase waiting times and possible breaches without additional workforce resource.

Audiology are now required to see out of area patients. This change in approach will increase demand on our service and therefore increase wait times. This demand is unknown, so the extent of the risk is unclear. As GPs become aware of the new approach, we may see many more out of area referrals coming into the service. We are auditing the number of out of area patients and we hope an agreement can be put in place to ensure we have funding for these additional patient pathways and increased *life-long* hearing aid provision.

### How do we compare with our peers?

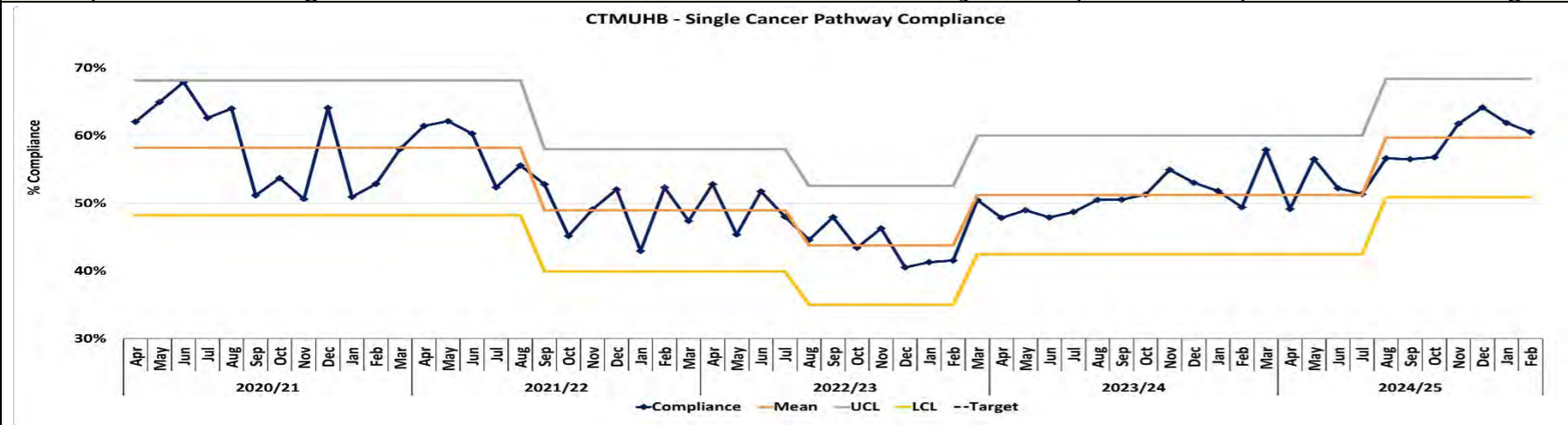




# CTMUHB Planned Care Group

## Single Cancer Pathway (SCP) February 2025 – 60.5%

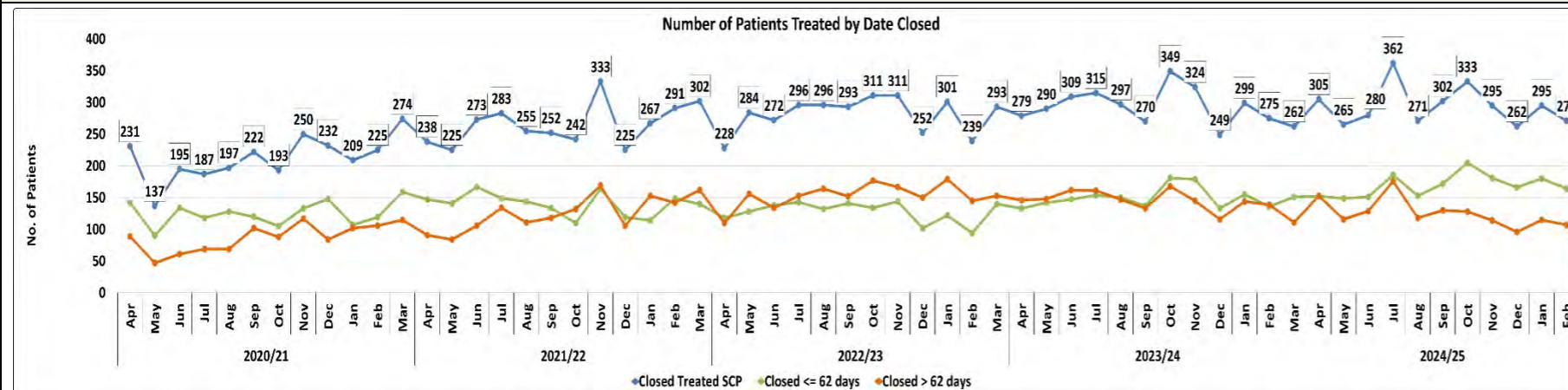
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Revised Target: 70% performance by March 2025



Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 70%
Head and neck	5	6	11	45.5%
Upper GI	12	7	19	63.2%
Lower GI	12	19	31	38.7%
Lung	20	6	26	76.9%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	40	8	48	83.3%
Brain/CNS	3	0	3	100.0%
Breast	26	7	33	78.8%
Gynaecological	9	10	19	47.4%
Urological	27	36	63	42.9%
Haematological	8	5	13	61.5%
Children's	1	0	1	100.0%
Other	1	2	3	33.3%
<b>Total</b>	<b>164</b>	<b>107</b>	<b>271</b>	<b>60.5%</b>

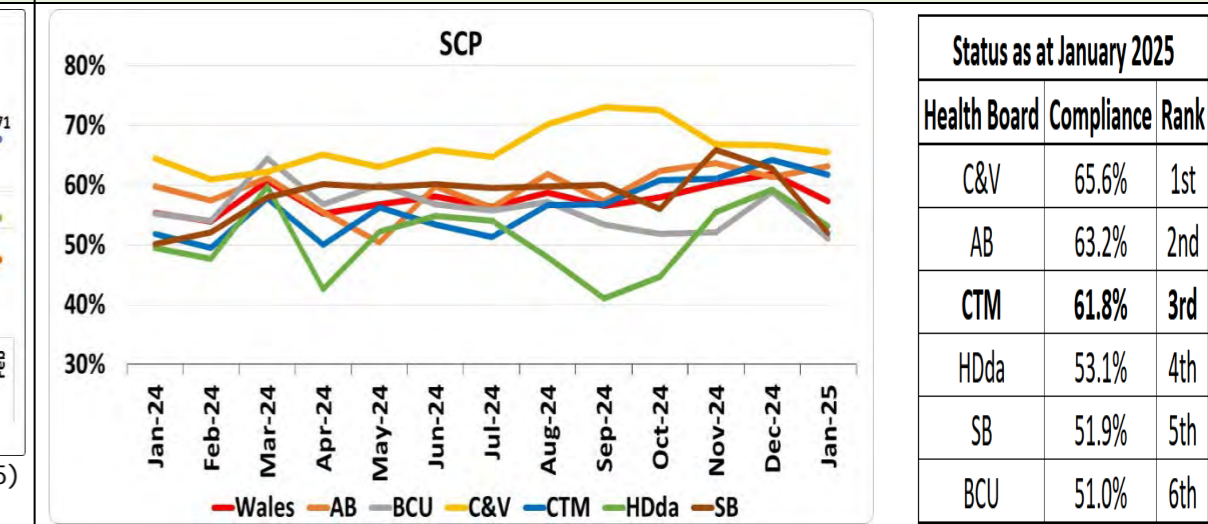
Compliance during February was 60.5% and stands just above the current mean of 59.7%. The WG expectation is 70% of patients to be treated within 62 days by March 2025. Five of the tumour sites reached the desired target threshold of 70% this period, as seen in the table above. Predicted compliance for March currently stands at 58.5%. The delays at first outpatient (22%) and diagnostic stage (52%) continue to be the most significant factors in not achieving the target and remain our greatest concern. Diagnostic delays remain in radiology, endoscopy and pathology with tertiary delays for diagnostics & treatments also continuing.

### Patients Treated by Closed Date

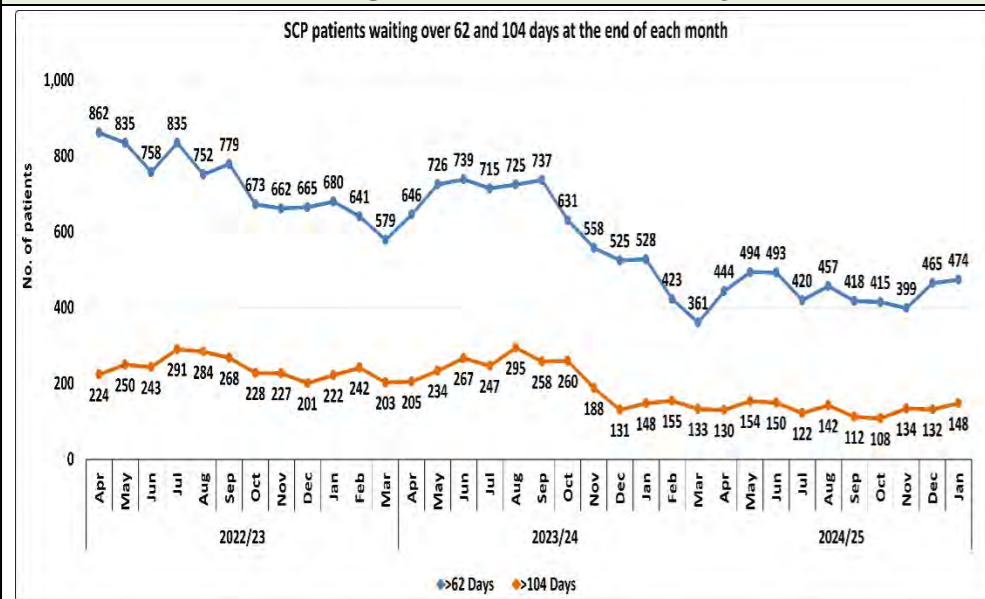


Cancer treatment volumes have remained reasonably stable during the past 12 months with the monthly average (Mar 24 to Feb 25) equating to 292 per month and the monthly average seen in the equivalent time span of 2023/24 being 296.

### How do we compare with our peers?



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



### What actions are we taking & when is improvement anticipated?

- Rollout of digital vetting continues.
- Continuing outsourcing of pathology.
- Vanguard mobile endoscopy units on the Royal Glamorgan site will increase endoscopy capacity. Patient procedures started first week of March.
- Increased focus on time to first appointment through capacity review, booking analysis and standing item in the regular Friday cancer performance meeting.
- Urology diagnostic task & finish group setup to improve urology diagnostic performance.

### What are the main areas of risk?

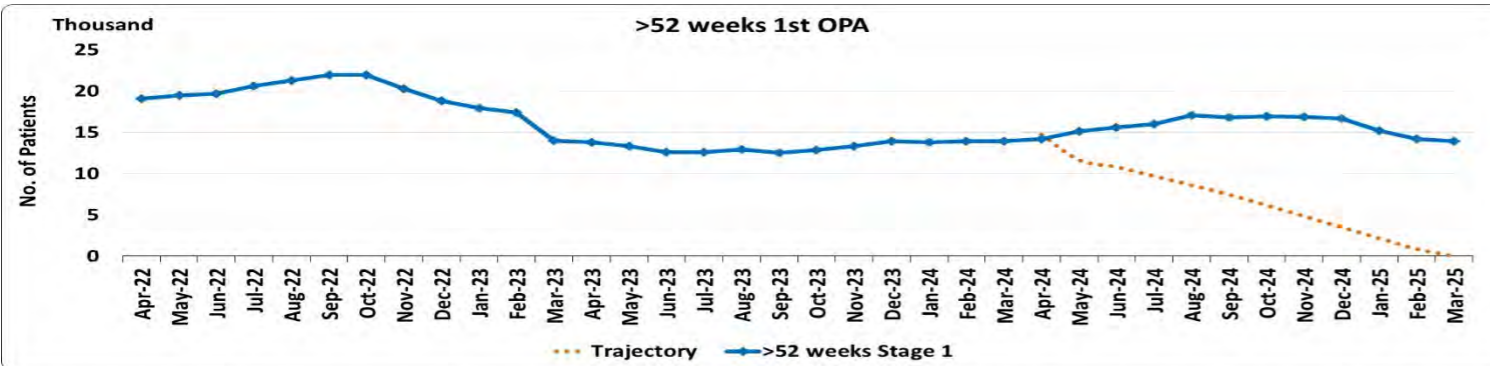
- National shortage of isotope affecting breast and urology cancer pathways.
- Sustainability of CTM Pathology and impact when disaggregating services from SBUHB.
- Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
- Implementation of genomic testing for new targeted therapies.
- Long wait for Bowel Screening Wales referrals.
- Admin and nursing resource to undertake additional outpatient lists.
- Business continuity issues due to relocation of POW activity, despite prioritisation of cancer activity.
- Loss of endoscopy capacity following removal of capacity at POW.
- Single consultant for laparoscopic nephrectomies.



# CTMUHB Planned Care Group

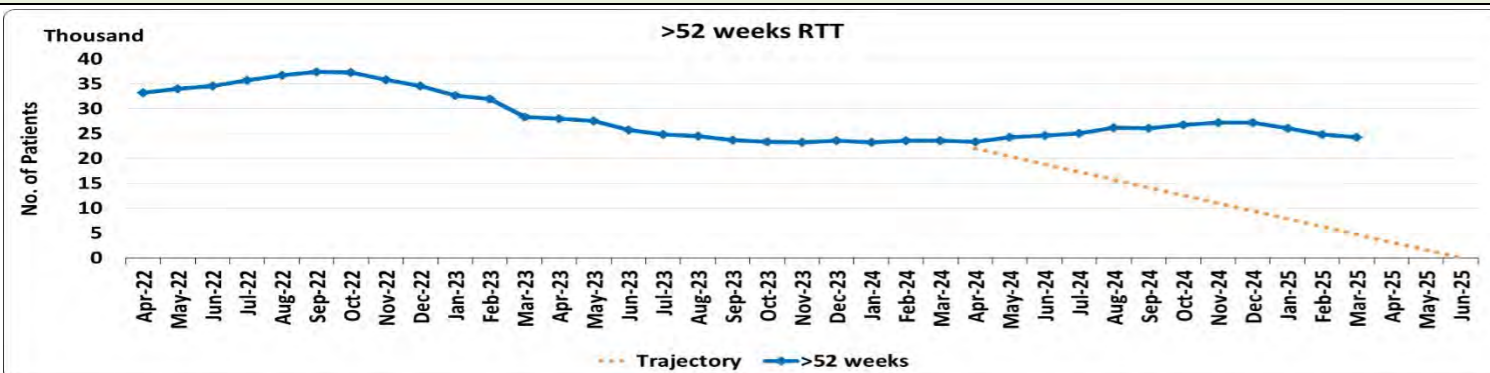
## Referral to Treatment Times (RTT) – March 2025 (Provisional Position)

Number of patients waiting over 52 weeks for a new outpatient appointment (13,912) Target is Zero by March 2025



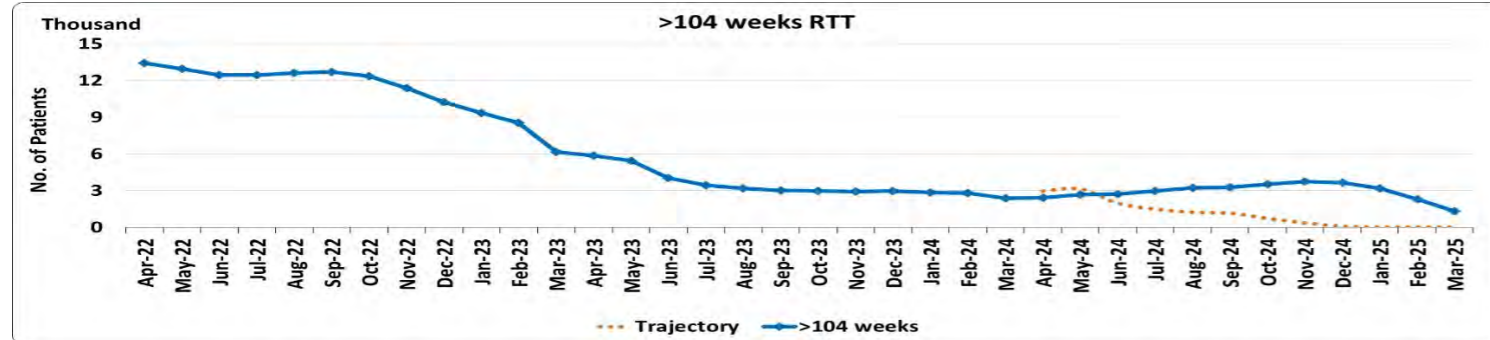
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1<sup>st</sup> Outpatient Appointment) at the end of March is 13,912; a 2% (304) reduction on the February reported position, but is above the desired trajectory of no patients waiting for an appointment by the end of March, as shown above.

Number of patients waiting >52 weeks RTT (24,244) – Target is month on month reduction towards the national target of Zero by 30<sup>th</sup> June 2025



The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of March is 25,025, which as it currently stands is a reduction of 518 patients on the February reported position, resulting in 19,540 patients waiting longer than the forecasted level, as shown above.

Number of patients waiting >104 weeks RTT (1,296) Target is Zero

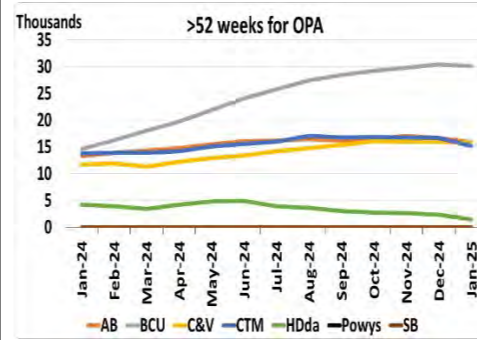


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of March is 1,296. As it currently stands this is a reduction of 981 patients from the reported February position.

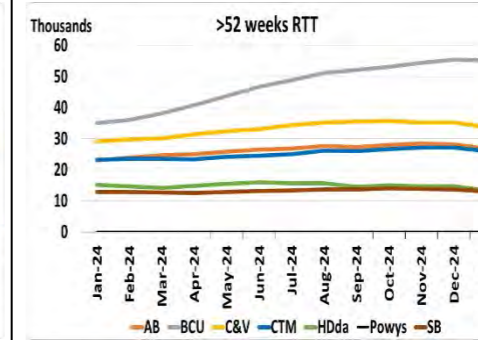
Total number of open pathways per specialty - March 2025 (provisional)

Specialty	Urgent patients waiting >12 Weeks	All patients waiting >36 to 52 Weeks	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Anaesthetics	153	285	344	0	1616
Breast Surgery	8	57	0	0	616
Cardiology	1393	959	789	0	6413
Clinical Immunology	99	77	92	0	332
Colorectal	378	266	236	0	2677
Dermatology	564	843	753	0	5548
Diagnostics	0	2	3	0	3392
Ear, Nose & Throat Service	818	1926	3968	210	11989
Endocrinology	0	4	0	0	345
Gastroenterology	1211	559	426	1	3553
General Medicine	652	398	451	0	2882
General Surgery	812	797	735	0	5507
Geriatric Medicine	15	7	3	0	228
Gynaecology	2116	1700	1731	0	9348
Haematology (Clinical)	64	81	66	0	473
Nephrology	74	52	29	0	268
Ophthalmology	764	2897	4720	0	16095
Oral Surgery	413	433	670	0	3035
Orthodontics	102	76	27	0	450
Orthopaedics	2708	2245	4414	1080	14183
Paediatrics	97	373	312	0	3323
Rapid Diagnostic Centre	0	1	1	0	154
Respiratory Medicine	158	390	516	0	2965
Restorative Dentistry	25	37	38	0	163
Rheumatology	301	329	255	0	1973
Sport and Exercise Medicine	0	2	0	0	9
Therapies	0	1	0	0	1143
Urology	1621	1276	2058	0	8277
Vascular Surgery	29	194	311	5	1008
<b>Total</b>	<b>14,575</b>	<b>16,267</b>	<b>22,948</b>	<b>1,296</b>	<b>107,965</b>

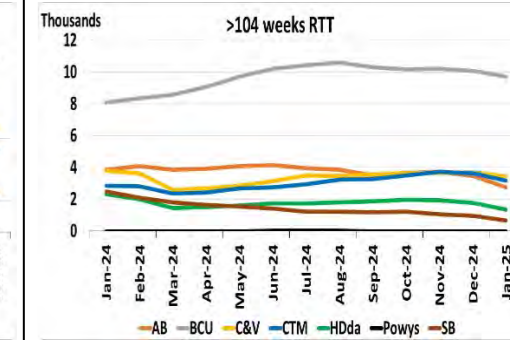
### How do we compare with our peers?



Status as at January 2025		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
HDda	1,432	3rd
<b>CTM</b>	<b>15,186</b>	<b>4th</b>
C&V	15,819	5th
AB	15,915	6th
BCU	30,173	7th



Status as at January 2025		
Health Board	Compliance	Rank
Powys	22	1st
SB	13,029	2nd
HDda	13,439	3rd
<b>CTM</b>	<b>26,027</b>	<b>4th</b>
AB	26,812	5th
C&V	33,714	6th
BCU	55,191	7th



Status as at January 2025		
Health Board	Compliance	Rank
Powys	0	1st
SB	670	2nd
HDda	1,349	3rd
AB	2,741	4th
<b>CTM</b>	<b>3,189</b>	<b>5th</b>
C&V	3,423	6th
BCU	9,715	7th

RTT continued on the next page...

What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
<p><b>Urology:</b></p> <ul style="list-style-type: none"> <li>Additional clinics have been planned and diagnostic WLI sessions.</li> <li>Patients have been contacted for those who waited over 2 years to establish if diagnostic is still required.</li> <li>Long waiting Botox patients have been reviewed in clinic and approximately 30% of those patients have now been discharged.</li> <li>Ensured all theatre sessions have been backfilled.</li> <li>A&amp;C staff have been contacting patients the day before their clinic/diagnostic appointment to ensure they are still able to attend in an attempt to reduce Did Not Attends (DNA's).</li> <li>Validation continues.</li> </ul> <p><b>Dermatology:</b></p> <ul style="list-style-type: none"> <li>Zero position achieved for 104 weeks at end of March and we anticipate this position will be maintained into the new financial year. WLI clinics and validation have been utilised to achieve this position.</li> </ul> <p><b>Ophthalmology:</b></p> <ul style="list-style-type: none"> <li>Zero position achieved for 104 weeks at end of March and likewise we anticipate holding the same position through April. Regional collaboration and outsourcing were used to achieve this position.</li> </ul> <p><b>Gastroenterology:</b></p> <ul style="list-style-type: none"> <li>Significant clinical and admin validation of waiting lists has been undertaken.</li> <li>Additional capacity has been acquired for in-house diagnostics.</li> <li>Clinical team looking at streamlining pathways and processes and increasing capacity pan CTM</li> </ul> <p><b>ENT:</b></p> <ul style="list-style-type: none"> <li>Stage 1 – movement of 300 patients from RGH to POW with ongoing WLI activity.</li> <li>Stages 2/3 – ongoing validation and support from radiology to accommodate short notice requests/reporting.</li> <li>Stage 4 – Eye theatres in Bridgend created an additional 25 slots per week - ongoing WLI activity - robust clinical validation.</li> </ul> <p><b>Orthopaedics:</b></p> <ul style="list-style-type: none"> <li>Extensive validation undertaken.</li> <li>Organising further training for admin staff to ensure pathways are managed timely &amp; appropriately, thus reducing the need for detailed validation in the future.</li> <li>Commenced a 10 bedded area (Elective Orthopaedic Unit) with plans to increase to 17 beds from mid April.</li> <li>Vanguard theatres commencing mid April, initially with less complex cases. This will free up space in main theatres for cases that are more complex.</li> <li>Large proportion of patients successfully outsourced (ongoing).</li> </ul> <p><b>General Surgery/Vascular:</b></p> <ul style="list-style-type: none"> <li>Consultants and nursing teams (including theatres and OPD) all undertook additional work on weekends to ensure that no patients were waiting more than 104 weeks for treatment in General Surgery.</li> <li>In depth admin pathway validation was undertaken, ensuring good lines of communication with patients when discussing dates for appointments.</li> <li>Radiology – achieving insourcing capacity</li> </ul> <p><b>OMFS:</b></p> <ul style="list-style-type: none"> <li>Sustaining 104 week position by undertaking WLI clinics</li> <li>Stage 2 &amp; 3 validation</li> <li>Stage 4 sustained position by reallocating lists to tackle the long waiting patients.</li> </ul> <p><b>Gynaecology:</b></p> <ul style="list-style-type: none"> <li>Administrative and clinical validation work is ongoing to manage demand into 2025.</li> </ul> <p><b>Paediatrics:</b></p> <ul style="list-style-type: none"> <li>Regular RTT and performance review meetings continue.</li> </ul> <p><i>{n.b. Stage 1 is initial Outpatient stage, Stage 2 is Diagnostics, Stage 3 is Follow-up and Stage 4 is Inpatient or Daycase treatment}</i></p>	<p><b>Urology:</b></p> <ul style="list-style-type: none"> <li>Limited consultant/nursing uptake on weekends due to remuneration rates plus risk of burnout.</li> <li>There have been incorrect admin booking processes applied resulting in high DNA rates due to patients not being contacted to establish availability and to agree TCI dates. This has been rectified and the correct admin process has been communicated to staff.</li> </ul> <p><b>Dermatology:</b></p> <ul style="list-style-type: none"> <li>There will shortly be a vacancy for a Paediatric Consultant, so will be a risk to service until we are able to appoint a replacement.</li> </ul> <p><b>Ophthalmology:</b></p> <ul style="list-style-type: none"> <li>Insufficient capacity within pre-operative assessment and theatres.</li> </ul> <p><b>Gastroenterology:</b></p> <ul style="list-style-type: none"> <li>Biggest risk to the service is demand outweighing capacity.</li> </ul> <p><b>ENT:</b></p> <ul style="list-style-type: none"> <li>Risks with WPAS transactions due to the 2 systems. Lists kept by both sites ensuring all activity is captured appropriately.</li> <li>Late in month dates for first appointments for long waiting patients - causing late conversions.</li> </ul> <p><b>Orthopaedics:</b></p> <ul style="list-style-type: none"> <li>Digital transcription not rolled out as yet.</li> <li>POW Orthopaedic service continues to operate from RGH, exacerbating resource capacity deficits.</li> <li>Vacancies across the service.</li> </ul> <p><b>General Surgery/Vascular:</b></p> <ul style="list-style-type: none"> <li>Lack of specialist radiography staff in house and regionally to undertake Doppler scans.</li> <li>Emergency pressures on all sites reducing access to elective bed capacity.</li> </ul> <p><b>Gynaecology</b></p> <ul style="list-style-type: none"> <li>Inpatient gynae cases remain as a risk due to small number of inpatient beds and not enough capacity on a weekly basis.</li> <li>Uptake of backfill lists to increase capacity at risk due to consultant rate card for surgeons and anaesthetists.</li> </ul>



# CTMUHB Planned Care Group

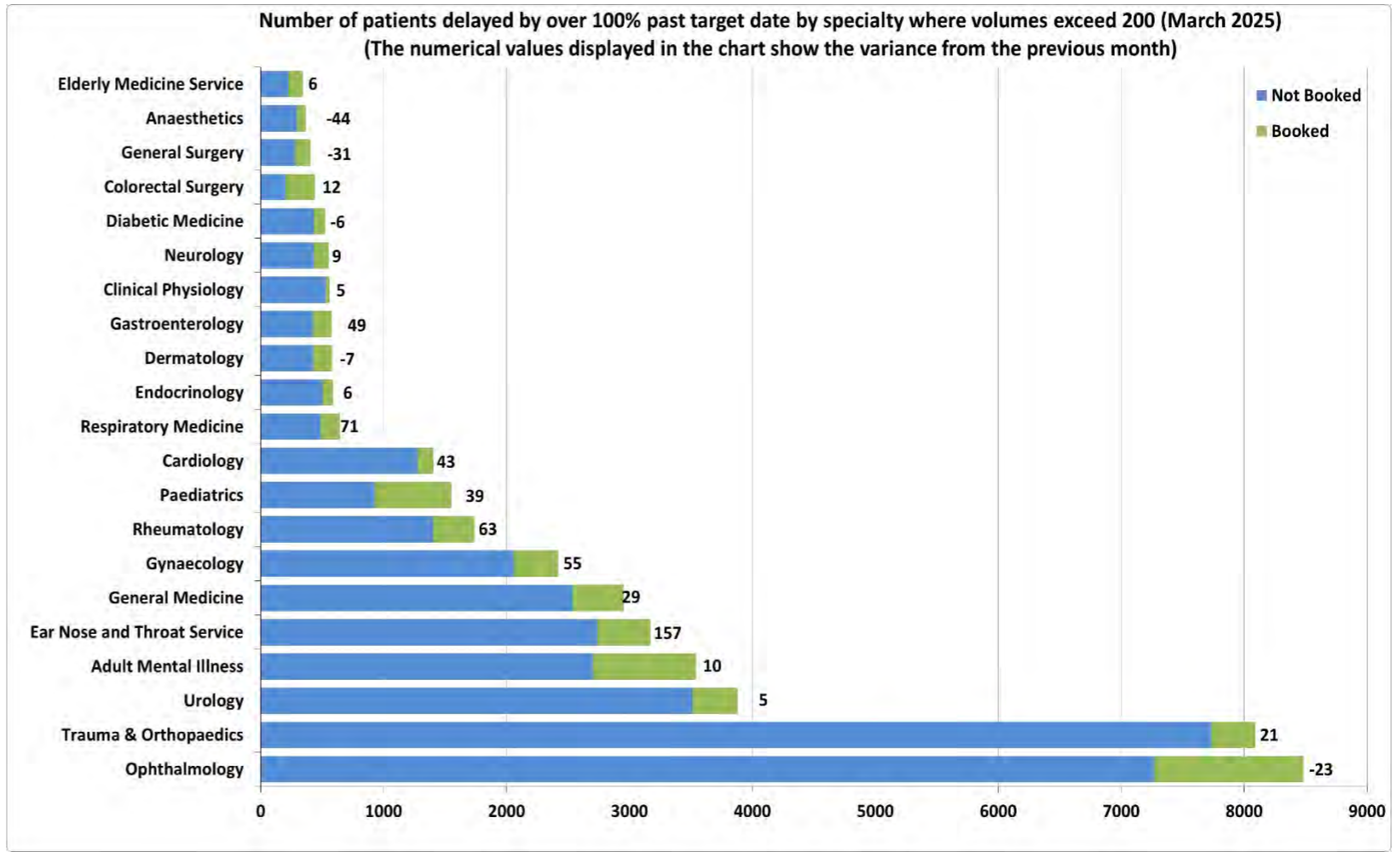
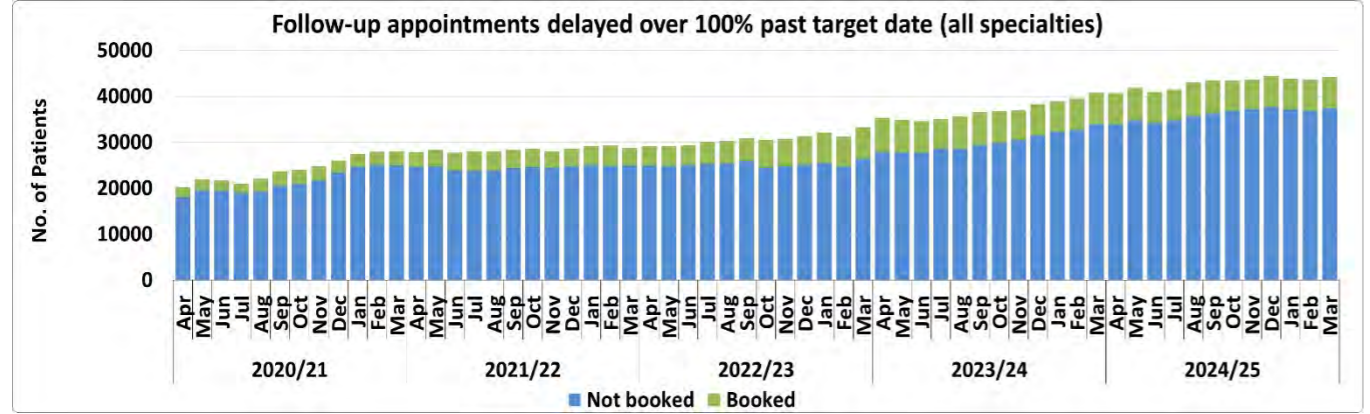
## Follow-up Outpatients Not Booked (FUNB) – Provisional Position March 2025

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

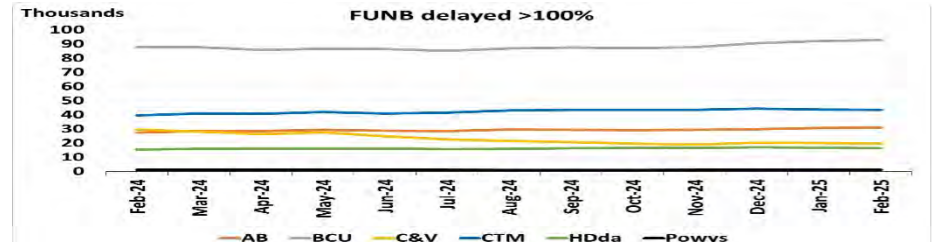
No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	91,338	57,937	149,275

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

No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appointments delayed by 100%
37,360	6,847	44,207	29.6%



### How do we compare with our peers?



Status as at February 2025		
Health Board	Compliance	Rank
Powys	1,203	1st
HDda	16,445	2nd
C&V	19,694	3rd
AB	30,870	4th
SB	38,841	5th
CTM	43,555	6th
BCU	92,833	7th

### How are we doing?

The number of patients waiting for a follow-up appointment in CTM at the end of March 2025 provisionally stands at 149,275, which is a growth of 4.4% on the number of patients waiting during the equivalent period of 2024.

There are currently no patients without a documented target date.

Of the patients waiting, 44,207 (29.6%) have waited more than 100% longer than their clinician advised.

From April 2024 to February 2025, the average monthly follow-up activity was 1,372 (3.8%) attendances higher at 37,528, when compared with 2023/24 levels, but remains 1,978 (5%) lower than pre-Covid activity volumes.

### What actions are we taking & when is improvement

- Urology:**
- Recently the focus has been on RTT and reducing the long waiting patients, but lists have continued to be sent to consultants to validate.
- ENT:**
- Ongoing clerical and clinical validation.
  - Ongoing work to record PIFU and SOS outcomes.
  - More in depth work is planned for FUNB list during 2025.
- General Surgery/Colorectal:**
- Recently the focus has been on RTT and reducing the long waiting patients, but validation continues.
- Gastroenterology:**
- Clinical and admin validation continues
- OMFS:**
- Robust clinical validation continues.
- Gynaecology:**
- Validation processes continue for all patients exceeding their planned follow up timeframe.

### What are the main areas of risk?

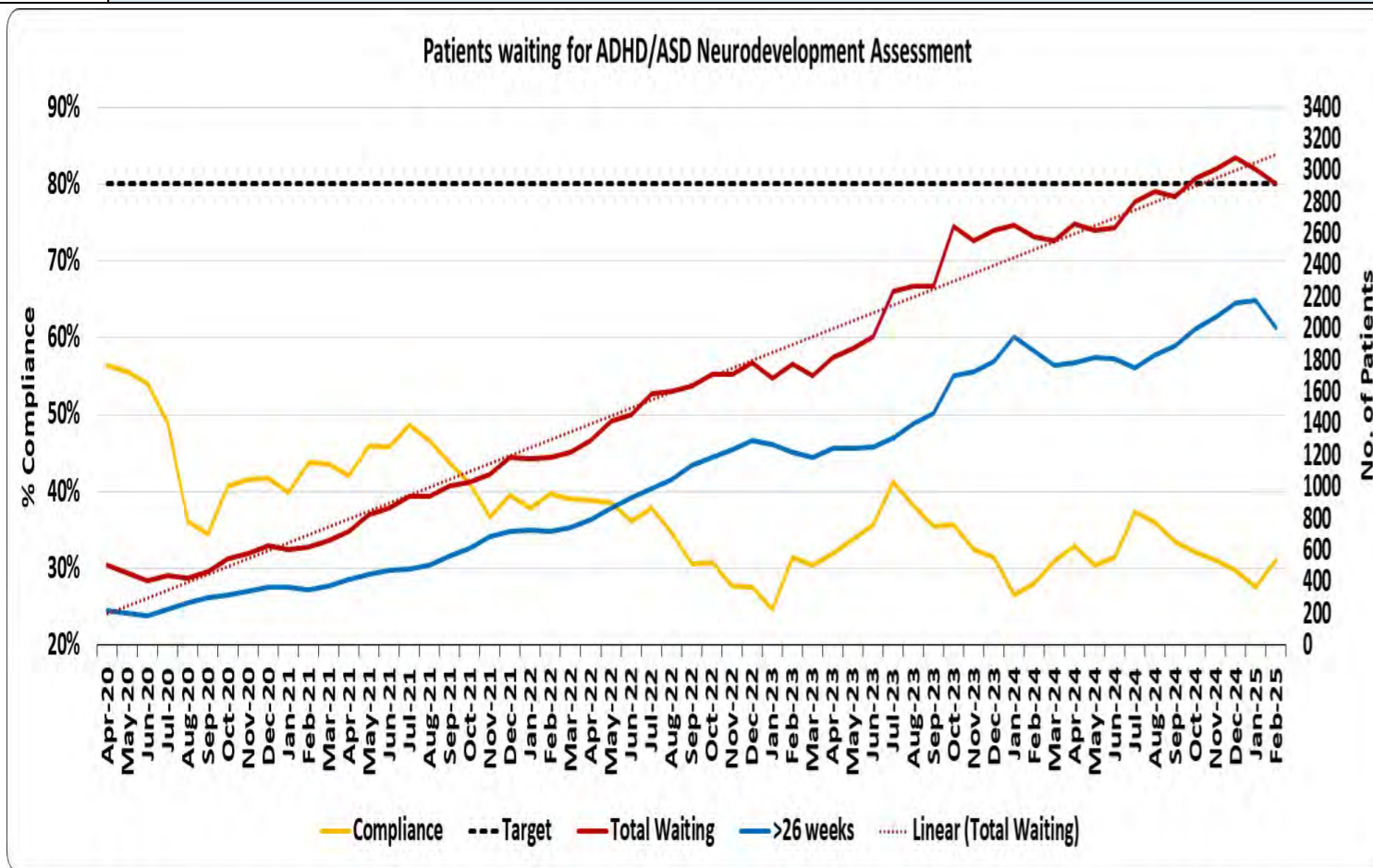
- Urology:**
- Urology pathways are not always easy to validate due to the complex nature of target dates and the correct activity to discharge a patient who has had to be seen by multiple clinicians.
- ENT:**
- RTT and Cancer demand consuming the available capacity, thus delaying appropriate follow-up.
- Gastroenterology:**
- Limited capacity for new and FUNB patients within current staffing models.
- Gynaecology:**
- Insufficient resource to undertake clinical validation.
  - Insufficient 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%)

February 2025 - 31.1%



### What actions are we taking & when is improvement anticipated?

- The Improvement Board is overseeing the impact of the Regional Partnership Board's allocation to Neurodevelopment (ND) services. Ongoing work in progress with local authorities, along with AHP posts to support pre/post diagnosis with third sector agencies as additional funding has been made available. This is being used to increase capacity within the workforce, namely locum SALT/CAMHS and additional/overtime hours for existing staff. We are now aware that this will continue into 2025/26.
- Pharmacy input supporting post-diagnosis follow-up titration & monitoring, releasing medical colleagues to support the waiting list further. Currently recruiting to fixed-term pharmacy tech. post to support this work.
- The service has undertaken a demand and capacity analysis. Re-alignment of the budgets and recruitment of AHP/Nursing colleagues means that now post holders have commenced, the available capacity will meet the current demand (if demand remains stable). However, this does not address the backlog of patients. Recently appointed CNS/AHP staff are actively supporting with the new patient and follow-up waiting lists. If we were able to recruit 2 x B7 AHP fixed term for two years, this would address the current backlog and result in no patient waiting over 52 weeks for an initial ND assessment by the end of March 2026. Currently there is no funding within the care group to support this, but remains on the agenda.
- Developing website in conjunction with local authorities and third sector will increase our self-management and "waiting well" offer, so that families feel supported whilst on the waiting list and informed of what the services provide before families start the assessment journey. Incorporating some of the "myth-busters" that families and referrers often report into the plans for our new co-produced referral paperwork will ensure that families and professionals know what to expect from the outset.
- Ongoing validation of waiting list, with transition and signposting to relevant services/agencies.
- We anticipate that the waiting list over the coming months will decrease as additional staff commence in post and capacity meeting the demand. Currently, the longest waiting patients have been waiting 100 weeks (3 children), with next longest wait being 94 weeks (4 children), with average waiting times now around 20-22 months for 4-18 year olds (and 12 months for children referred to us when they were 2 or 3 years old).
- ND event held at the end of 2024 with leads from Health, Education, Social Care, 3<sup>rd</sup> Sector and Parent/Carer Network - WG/NHS Executive to publish new guidelines imminently which support CTM model. Agreement sought to pilot 'fast-track' pathway for autism referrals in children/young people aged 5 or above, to reduce adding to ND waiting list for full assessment and a pilot has commenced in Bridgend.
- Supporting our regional partners to develop skills in using ND profiling tools either while/before a referral to ND assessment team is being considered.
- New paperwork for referrals for school-aged children has been launched which we anticipate will start to reduce the number of inappropriate referrals we receive.

### How are we doing?

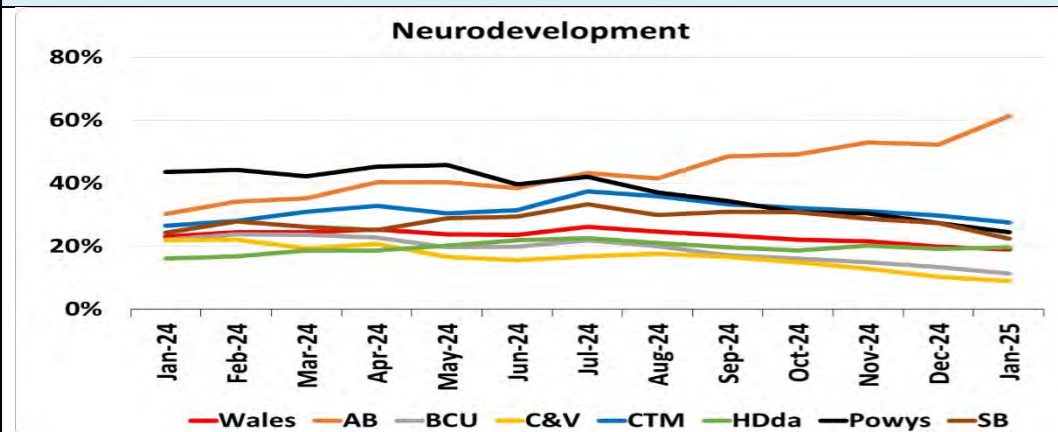
We have observed that the waiting list for assessment has grown incrementally year on year, from 510 patients at April 2020 to currently stand at 2,915 patients (Feb 25); with the greatest growth occurring during 2023/24. During the period analysed in the chart above, average monthly accepted referrals have increased from 38 to 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 31.1%.

During the past 12 months compliance has been fluctuating between 27.6% and 37.4%, with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

Funding via NDIP allocated for 2024/25 has allowed an additional 745 new patients and 1,050 follow up patients to be seen in addition to core activity.

### How do we compare with our peers?



Status as at January 2025		
Health Board	Compliance	Rank
AB	61.4%	1st
CTM	27.6%	2nd
Powys	24.4%	3rd
SB	22.5%	4th
HDda	19.7%	5th
BCU	11.3%	6th
C&V	8.9%	7th

### What are the main areas of risk?

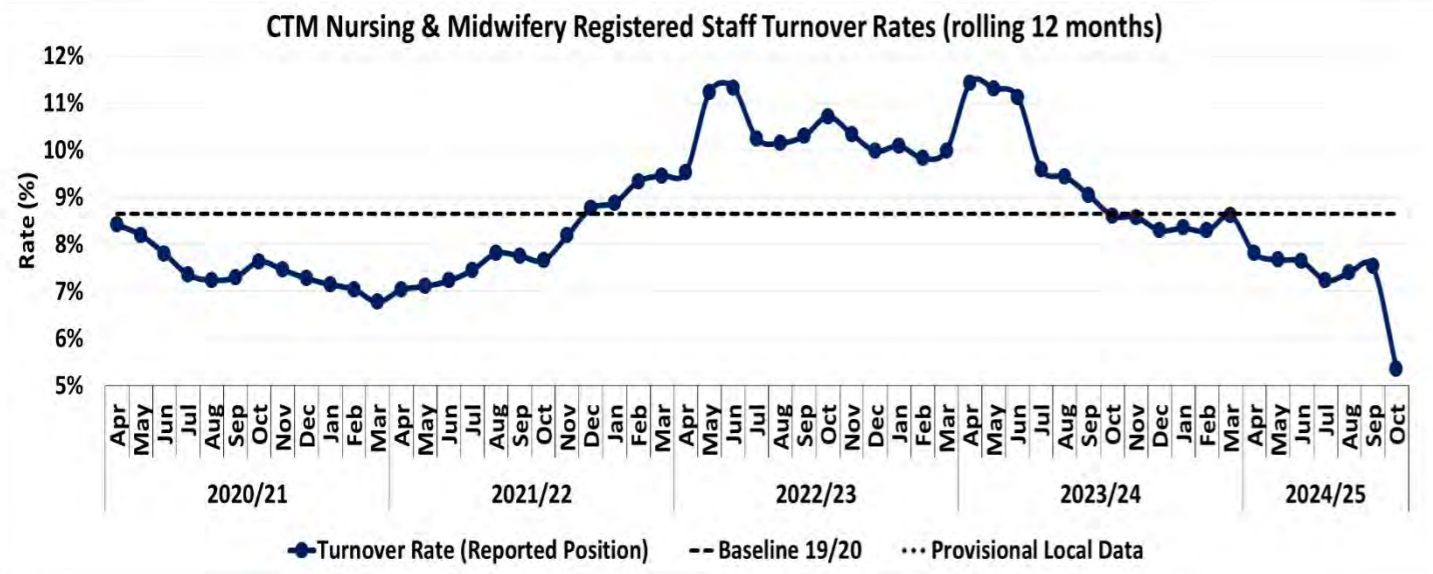
- A demand and capacity review was undertaken early last year with templates implemented and fixed on WPAS to ensure forecast remains accurate. Vacancies within the ND team, namely ADHD nurses, had created additional waits for children/young people for ADHD assessments, although these are now starting to be brought back in line in terms of waiting times with assessments for autism, as the posts have been recruited to.
- At the start of April 2024, the service had identified what was required to bridge the gap of the deficit in capacity to meet the demand at the time (investment of 2 x B7 AHP for 2 years). However, trends show an increase in demand of approximately 20% year on year and whilst NDIP funding has allowed us to maintain our position, this will not improve waiting times alone.

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

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Performance Measure		Target	Key: <span style="color: green;">●</span> Trend <span style="color: black;">---</span> Target/Trajectory	Key: <span style="background-color: #d9ead3;">Hit Target</span> <span style="background-color: #f4cccc;">Target Failed</span>	
				Latest Position	
<b>Motivated &amp; Sustainable Workforce</b>	% of sickness absence rate of staff	12 Month Reduction Trend		6.9%	Feb-25
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2019-20 (8.65%)		5.35%	Oct-24
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		4.4%	Feb-25
<b>Training &amp; Development</b>	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%		67.9%	01/03/2025 (Please note that there is a time lag in reporting medical staff appraisals and consequently data for Jan to Mar 25 does not currently include medical staff)

## Turnover rate for N&M registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2019/20



Please note that there is a time lag in reporting 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 **reported** position at October 2024, for N&M registered staff leaving NHS Wales, reduced further to 5.35%. The equivalent timespan of the previous year saw rates of 8.61%. (November 2022 to October 2023).

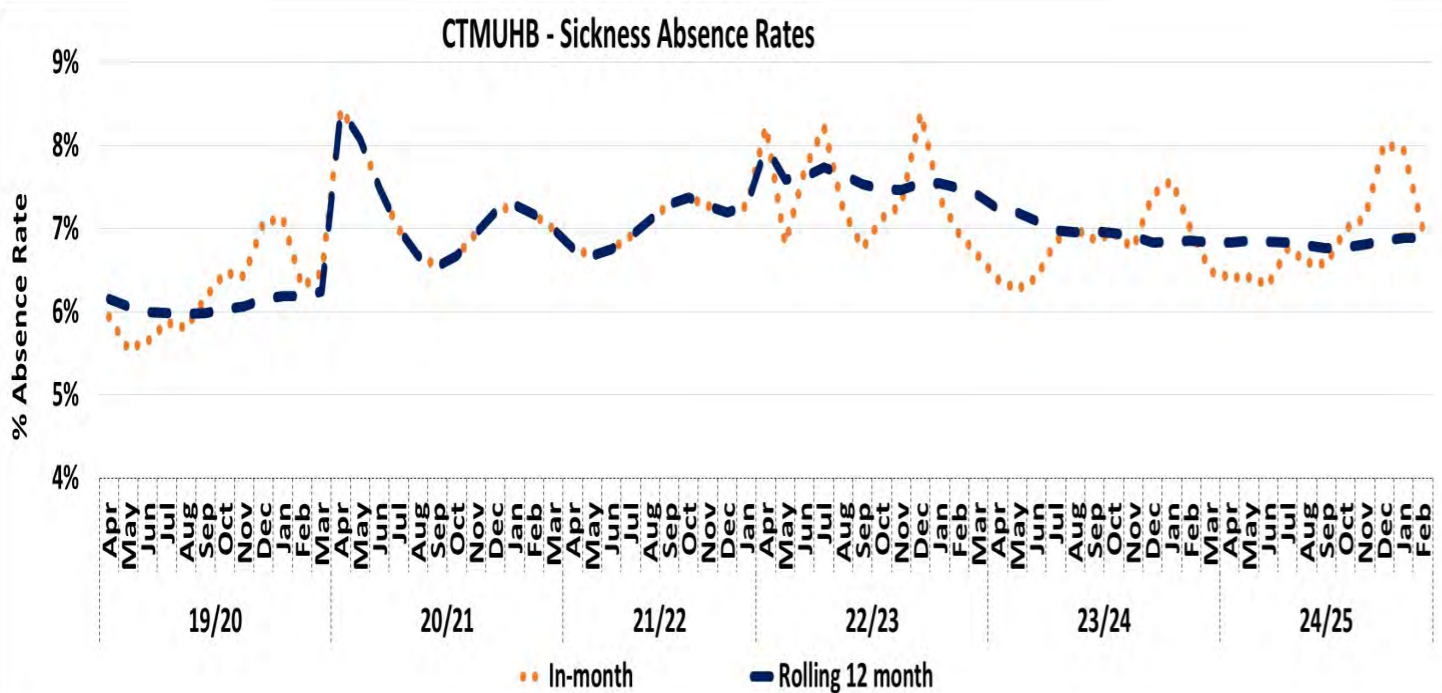
This trend is also reflected in the Medical and Dental turnover, with a rate of 6.01% at the end of January 2025 compared to 9.67% at the end of February 2024.

Healthcare Support Worker (HCSW) turnover remains high at 10.8% at February, but this is down from a peak of 12.75% at November 2023.

As turnover is showing a positive downward trend this reduces the risk of losing skills, expertise and workforce. However, we continue to focus on reducing turnover by using schemes and mechanisms to help staff remain in CTM. The data around the reasons why people leave the Health Board is not providing sufficient and robust data, so work is underway to improve the data collection via the moving on questionnaire.

The turnover rates continue to be monitored with Care Groups and Professional Groups to ensure there is a continued reduction for improved workforce sustainability.

## % of sickness absence rate of staff – Target is 12-month reduction trend February 2025 (6.89%)



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

The rolling twelve-month sickness rate to February 2025 is 6.89% and is at a similar level to the equivalent rolling period of the previous year (6.85%). The in-month sickness rate is 6.99% and is also similar to February 2024 (6.98%).

The staff group with the highest sickness level is Estates and Ancillary with 12.27%, which is a slight decrease on their last reported position of 13.48% at the end of January, likely as a result of seasonal variation. Sickness remains higher than the desired target of 4.5%.

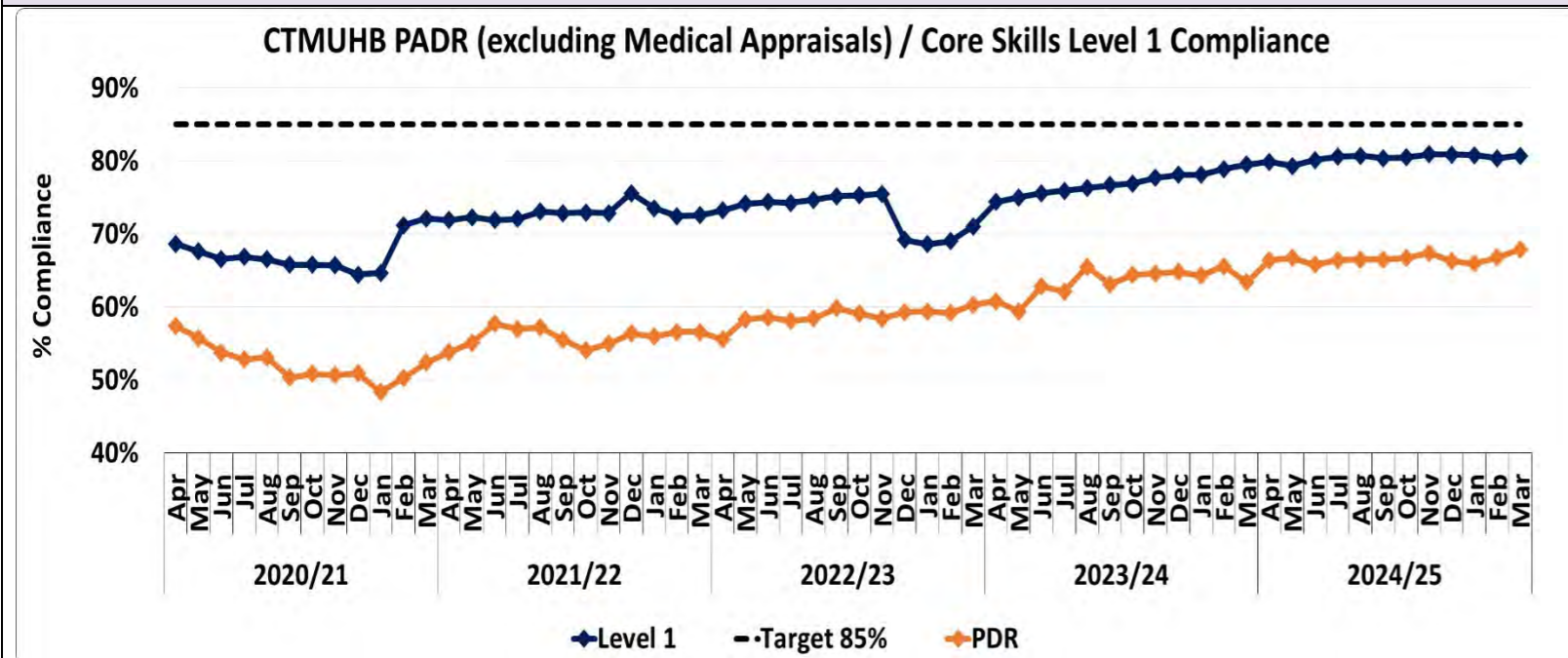
The Health Board's primary sickness reason remains Anxiety/Stress/Depression/other psychiatric illness, resulting in 35% of the total days lost to sick absence. The second highest reason is Other Musculoskeletal problems at 8.5% of the days lost. This position is reflected in the reasons for long term absences, but the principal reason for short term absences is Cold/Cough/Flu, with 22.2% of the days lost in short term absences.

To support the achievement of a reduction in sickness absence rates, the People Services Team (PST) are focussing activities under three broad areas - awareness, skills development and case management. Activities include weekly distribution of sickness absence levels by Care Group, advice and training on relevant policies and signposting to the wellbeing framework, Employee Assistance Programme and Occupational Health.

In February, the PST responded to 54 requests for advice related to attendance management. These requests ranged from general policy questions to longer term support to implement return to work plans and conclude formal attendance management processes. The data from these monthly requests is reviewed by the team to highlight trends and improve the products available to support increased attendance at work. Most recently this has included a refreshed suite of template letters available to managers to support balanced conversations during absence management processes.

The team have also implemented a new third stage sickness tracker to reduce formal case management timelines and are reviewing the template reports to assist managers with implementing a fair and transparent case management approach. Delivery of Managing Attendance at Work online training and in person continues to be available across the health board with a focus on equipping colleagues to confidently meet the requirements of the All Wales Managing Attendance at Work policy. Finally, the team also continue to review monthly long term sickness absence reports to target support for complex and long term (6+ month) sickness absence cases and attend long term sickness meetings to improve consistency in the application of CTM absence management principles.

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training) – Target 85% - March 2025 (67.9% - Excludes medical appraisals)



Please note there is a time lag in reporting medical appraisals & consequently data for the period January to March 2025 does not currently include medical staff.

CTM Level 1 Core Mandatory Training Compliance	
March 2025	
Equality, Diversity & Human Rights	85.8%
Health, Safety and Welfare	85.7%
Safeguarding Adults	85.6%
Safeguarding Children	84.8%
Moving & Handling	84.0%
Information Governance	81.6%
Fire Training	79.2%
Violence & Aggression	79.2%
Infection Prevention and Control	77.1%
Resuscitation	64.4%
<b>HB Overall Compliance</b>	<b>80.7%</b>

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

Overall, PDR compliance is improving slowly, currently standing at 67.9% (excludes medical appraisals). Compliance for the past year has ranged between 65.8% and 67.9%, recognising that this remains below the WG target of 85%.

### PADR – Your Conversation

Overall PADR compliance remains stable at 67.9% as at the end of March 2025. Work is ongoing to continue to improve this compliance rate with:

- Full educational offer available taking staff through PADR process from a systems (ESR), individual and manager perspective.
- “Making the most of PDR – Your Conversation” workshop being delivered with management teams, to encourage engagement in development conversations.
- CTM-specific PADR and Pay Progression FAQs and more general guidance being continually updated.

Beyond the above, a full review of the PADR process and educational offer will commence from April 2025, following receipt of the ongoing Shared Services internal audit. This will include improved manager guidance (as part of the PADR process and paperwork) around pay progression.

### Core learning compliance

Overall Health Board compliance for level 1 subjects remains buoyant at 80.7% as at end of March 2025 with compliance for all levels of training at 73.6%.

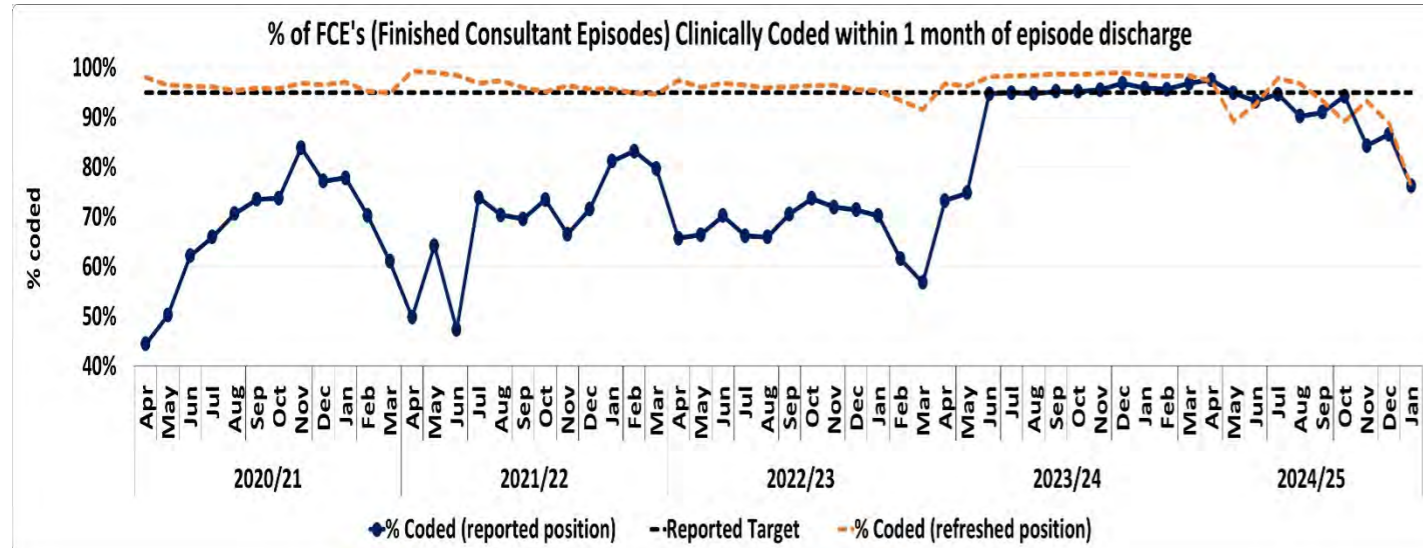
Ongoing work aimed at continuing to improve compliance rates:

- Subject Matter Experts and associated training teams are continuing to provide greater numbers of face to face training sessions.
- Learning and Development team supporting in the design of eLearning packages to shift face to face sessions to virtual modules, increasing the options for compliance.
- Improved usage and training of local training coordinators to use full ESR functionality to manage booking processes more effectively and minimise ‘did not attends’.
- Provision of the appeals process, Core Learning Drop-in Sessions across the Health Board and the development of improved Subject Guides, all aimed at removing barriers to compliance.

2.5 Welsh Government Performance Indicators: Quadruple Aim 4 - Improvement & Innovation enabled by data & focused outcomes

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: Hit Target	Target Failed	
			Green = Target Met / Red = Under		
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		76.3%	Jan-25
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		96.4%	
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		248	Mar-25
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%		100.0%	Feb-25
	% 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			85.7%	
Safe Services	% 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%		60.1%	Feb-25
	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		19.3%	Mar-25

**% 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 – January 2025 – 76.3%**



## How are we doing?

The reported position for January 2025 is 76.3% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale, which as it currently stands falls short of the set target of 95% due to the downtime experienced as a result of the auto-coding system being upgraded and disruption caused as a result of the POW roof incident.

As of the start of April, the coded position from April 2024 to March 2025 currently stands at 88.3%, with the backlog accrued during April to January largely coded and is at 95.2%. We anticipate that the use of the autocoder we will again achieve the 95% target for 2024/25

Compliance for the correction of errors within 35 days was 97.3% during December with 36 of the 37 errors corrected within the requisite timescale.

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

Coding team are working with the urology and dermatology teams to record outpatient events including procedures to data standards in real time using FHIR forms.

Current Coded Position as at 3rd March 2025				
2024/25	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-24	11,616	11,495	121	99.0%
May-24	11,873	11,773	100	99.2%
Jun-24	10,938	10,800	138	98.7%
Jul-24	11,949	11,792	157	98.7%
Aug-24	10,581	10,371	210	98.0%
Sep-24	10,645	10,040	605	94.3%
Oct-24	11,487	10,456	1031	91.0%
Nov-24	10,883	10,303	580	94.7%
Dec-24	10,370	9,485	885	91.5%
Jan-25	10,564	9,035	1529	85.5%
Feb-25	9,792	7335	2457	74.9%
Mar-25	10,709	3109	7600	29.0%
<b>Total</b>	<b>131,407</b>	<b>115,994</b>	<b>15,413</b>	<b>88.3%</b>
<b>Uncoded 2024/25 (Apr 2024 - Mar 2025)</b>		<b>15,413</b>	<b>11.7%</b>	

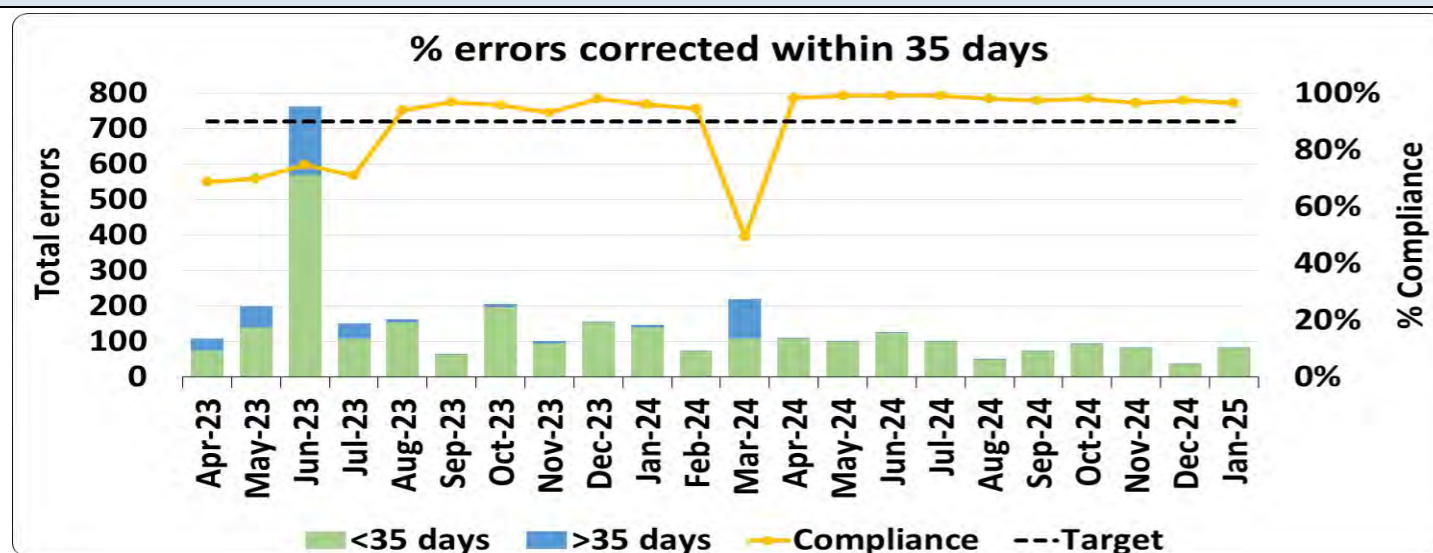
## What actions are we taking & when is improvement anticipated? What are the main areas of risk?

The upgrades to the autocoding 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.

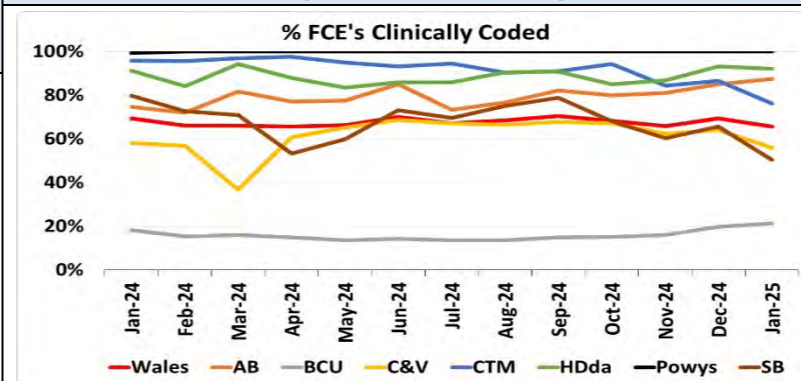
The changes in ward moves associated with the POW roof have had a disruptive impact on coding demand patterns and changes to the flow and availability of the medical record. Best endeavours are being relied upon until a more consistent pattern of service activity is observed which will enable coding 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.

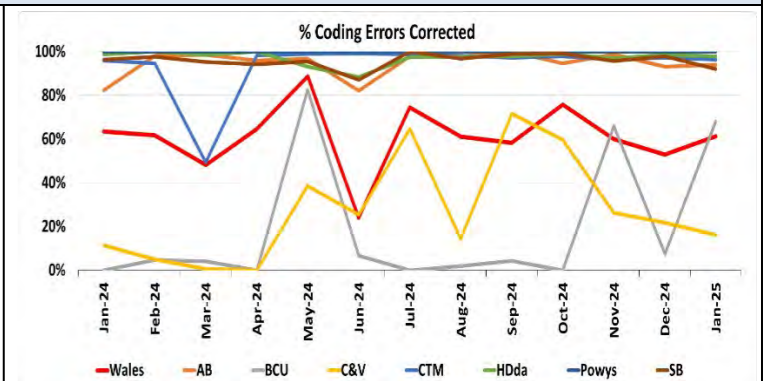
**% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - January 2025 – 96.4%**



## How do we compare with our peers?



Status as at January 2025		
Health Board	Compliance	Rank
Powys	100.0%	1st
HDda	92.0%	2nd
AB	87.4%	3rd
CTM	76.3%	4th
C&V	56.0%	5th
SB	50.4%	6th
BCU	21.4%	7th

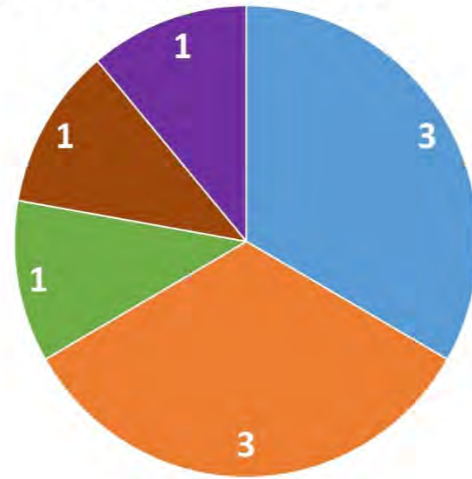


Status as at January 2025		
Health Board	Compliance	Rank
Powys	100.0%	1st
HDda	97.8%	2nd
CTM	96.4%	3rd
AB	93.9%	4th
SB	92.1%	5th
BCU	68.0%	6th
C&V	16.0%	7th

**Number of Pathways of Care delayed discharges**  
**Target is 12 month reduction trend**  
**Mental Health Delays = 9 / Non Mental Health Delays = 239**

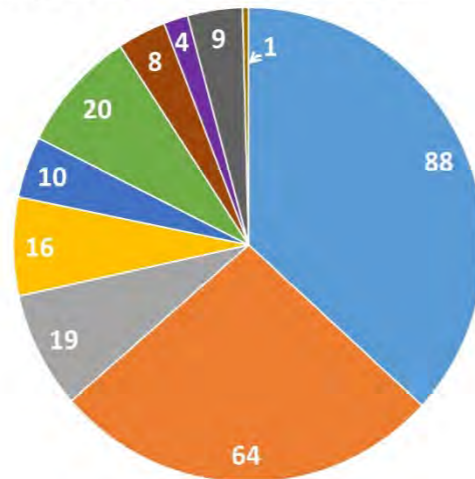
### Mental Health - Reasons for Patient Pathway of Care Delays March 2025

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



### Non-Mental Health - Reasons for Patient Pathway of Care Delays March 2025

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



### How are we doing?

248 Pathways of Care Delayed Discharges were reported in the March snapshot census. This is 71 delayed patients lower than the 12 month average of 310.

Assessment issues accounts for the majority of delays, 40.4% (91) as detailed in the table below:

Reason for Delay	Mar-25	12 month average	Assessment Delay Flag - March 2025	
Assessment Issues	91	125 40.4%	Awaiting Social worker allocation	4
Care Home placement arrangements	67	58 18.7%	Awaiting completion of assessment by social care	12
Home care related issues	19	48 15.6%	Awaiting completion of assessment Nursing	23
Transfer related issues	16	22 7.1%	Awaiting Continuing Healthcare (CHC) Assessment	10
Disagreements/Legislation	21	22 7.2%	Awaiting joint assessment	24
Step down to recover and assess	10	14 4.5%	Awaiting completion of assessment AHP	17
Housing Related Issues	9	8 2.4%	Awaiting completion of assessment Pharmacy	1
NHS Bed related issues	1	3 1.0%	<b>Total Assessment Issues</b>	<b>91</b>
Funding Issues	5	5 1.6%		
Home adaptation/equipment issues	9	4 1.3%		
<b>Total</b>	<b>248</b>	<b>310</b>		

### What actions are we taking & when is improvement anticipated?

- Targeted action to reduce delays for Nursing Needs Assessment. A digital roll-out and auditable process is planned for July.
- Bed days for delays for disagreement have increased. A working group has been established to focus on bed days lost for Clinically Optimised Pathway delays.
- Review of the Trusted Assessor role to align with social care queries for pathway 1 discharges.
- Integrated Care Home Commissioning Group to review processes and capacity into care homes.
- Re-designing of EToC (Electronic Transfer of Care) planned for re-launch in June to reduce errors and missing information on the form.

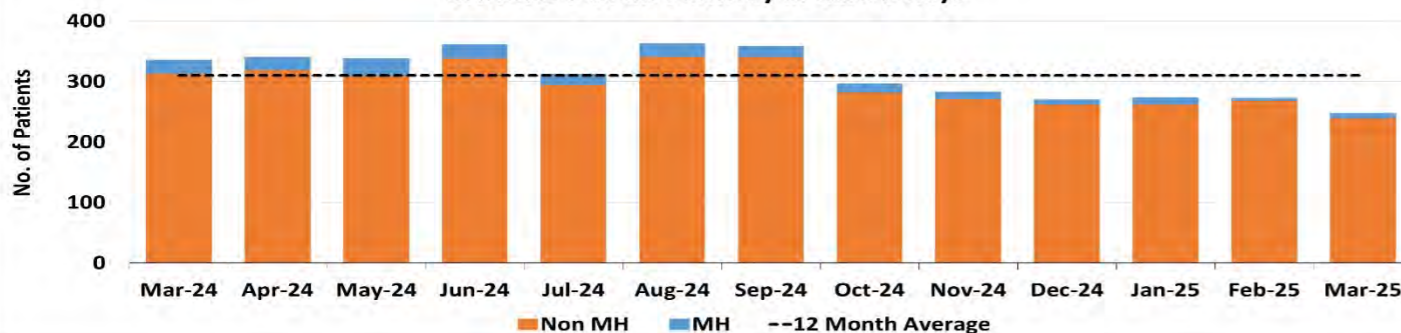
### Delays by Local Authority - March 2025

Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Vale of Glamorgan	Total
PCH	2		3	9		4	11		29
POW		31	3		2			3	36
RGH		8		2			39		49
YCC		5		8			31	1	45
YCR		2					49		51
YGT		12					16		28
Glanrhyd		10							10
<b>Grand Total</b>	<b>2</b>	<b>68</b>	<b>3</b>	<b>19</b>	<b>2</b>	<b>4</b>	<b>146</b>	<b>4</b>	<b>248</b>

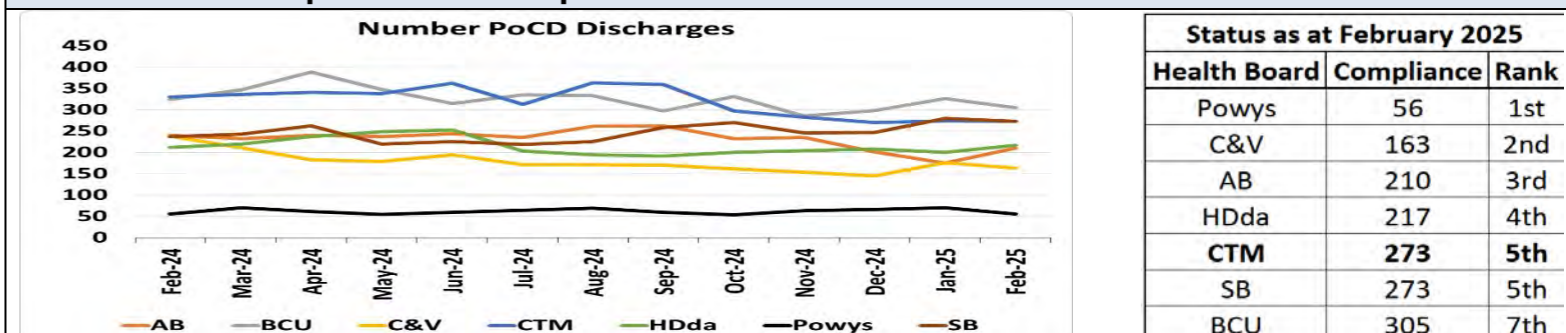
### What are the main areas of risk?

- Whilst the number of delays has reduced the 'days lost' has increased. This reflects the level of complexity of some patients in the system who are not able to find a suitable residential placement or subject to Court of Protection.
- Development of the Integrated Discharge Team has been delayed.
- Capacity in the independent sector for residential beds & nursing beds
- Increasing length of delay related to court of protection.
- Community capacity of registrant to support the D2RA process.

### CTMUHB Patient Pathway of Care Delays



### How do we compare with our peers?



Status as at February 2025		
Health Board	Compliance	Rank
Powys	56	1st
C&V	163	2nd
AB	210	3rd
HDda	217	4th
<b>CTM</b>	<b>273</b>	<b>5th</b>
SB	273	5th
BCU	305	7th

## Finance Update – Month 12

Updates on the financial position become available on the 9<sup>th</sup> 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.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /</b> <b>Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /</b> <b>Link to CTMUHB Strategic Areas</b>	Living Well
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /</b> <b>Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Data to Knowledge
	If more than one applies please list below: Data to Knowledge
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> <b>Link to Domains of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Effective
	Efficient, Equitable, Person Centred, Timely, Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) /</b> <b>Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
<b>Cyfreithiol / Legal</b>	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.	
<b>Enw da / Reputational</b>	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.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.	

## 5. Recommendation

- 5.1 The Operational Delivery Committee is asked to **NOTE** the Integrated Performance Dashboard.



**Agenda Item**

9.1.1

**Operational Delivery Committee**

**Workforce Metrics Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29 April 2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Tanya Challenger, Workforce Information Manager Sharon Page, Workforce Efficiency Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Nicola Evans, Interim Assistant Director of Strategic Workforce Planning
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Hywel Daniel, Executive Director for People

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
FTE	Full time equivalent
HCSW	Healthcare Support Worker
PST	People Services Team
ESR	Electronic Staff Record
EVP	Employee Value Proposition



PADR	Performance Appraisal and Development Review
EVP	Employee Value Proposition
NWSSP	NHS Wales Shared Services Partnership
ANCIPS	Annual National Conference of Indian Psychiatric Society
M&D	Medical and Dental
NMR	Nursing and Midwifery Registered
COO	Chief Operating Officer
C&F CG	Children and Families Care Group
C&H CG	Corporate and Hosted Care Group
DTPS CG	Diagnostics, Therapies, Pharmacy and Sciences Care Group
MH&LD CG	Mental Health and Learning Disabilities Care Group
PC CG	Planned Care Group
P&C CG	Primary Care and Communities Care Group
UC CG	Unscheduled Care Group
APST	Additional Professional, Scientific, and Technical Staff Group
ACS	Additional Clinical Services Staff Group
A&C	Administrative and Clerical Staff Group
AHP	Allied Health Professionals Staff Group
E&A	Estates and Ancillary Staff Group
HS	Healthcare Scientists Staff Group
ST	Students Staff Group
RTW	Return to Work
YTD	Year to Date
DBS	Disclosure and Barring Service
OH	Occupational Health



## 1. Situation /Background

1.1 To report on the key workforce metrics for February 2025/March 2025, with historic trends identified as appropriate.

## 2. Specific Matters for Consideration

### Staff in post

The Health Board's FTE has increased slightly since the same month in 2024 (11,248.52 FTE at the end of March 2024 to 11,501.16 FTE at the end of March 2025). Increases have been seen in all clinical and administrative staff groups across the Health Board (apart from Estates and Ancillary where there is small decrease of 28.54 FTE).

### Turnover

The 12-month rolling turnover has continued to reduce from 11.35% at the end of March 2024 to 9.50% at the end of March 2025. Healthcare Support Worker (HCSW) turnover remains high at 10.37% at March 2025, but this is down from 11.83% at March 2024.

Nursing and Midwifery Registered has also reduced to 8.07% at the end of March 2025 (compared to 9.67% at the end of March 2024). This trend is also reflected in the Medical and Dental turnover with a rate of 6.14% at the end of March 2025 compared to 9.17% compared to the same period in 2024. For these staff groups, this is a continued downward trend on levels reported in 2022 and 2023.

Estates and Ancillary turnover is 14.54% which is a slight decrease on the rates for the same period in 2024 (15.51%). Almost two thirds (61.83% of the leavers in the reported period were due to retirement, this staff group has 3.69% of its total aged 56 and over (4<sup>th</sup> highest behind Nursing Midwifery Registered, Administrative and Clerical, and Additional Clinical Support).

### Lateral Moves Scheme

The Lateral Moves Scheme was launched in February 2024, initially for band 5 Registered Nurses and Midwives, the Scheme has been open to band 2 HCSWs since late 2024.

To date 134 transfer request have been received; 100 requests are from Registered Nurses and 34 from HCSWs. A number of requests were on hold as they related to the Stroke service changes, the majority of these have now been finalised and the staff moves progressed.

Overall, 45% of transfer requests have been completed, with nursing staff seeing an average of 32.9 days to agree a transfer and HCSW staff seeing an average of 13 days to agree a transfer. The time from transfer being agreed to their start date with the new team is 17.8 days for nursing and 12 days for HCSWs.

Plans to review the Scheme will be undertaken with the new Retention Lead who joins CTM in early June 2025.

### **Sickness absence**

The in-month sickness rate reported at the end of February 2025 was 6.99%. This is a slight increase on both the February 2023 position of 6.94% and on the February 2024 position of 6.98%. The staff group with the highest sickness level in February 2025 is Estates and Ancillary with 9.89% (which is a decrease from January 2025 of 12.23%). We recognise that there is variation in sickness reporting across the UHB, particularly in Medical and Dental, which remains a focus. Any targeted work to improve sickness absence reporting is likely to result in an increase in rates initially. Sickness remains above the 4.5% target and is one of the Ministerial priorities.

The primary reason for sickness remains as Anxiety/Stress/Depression/ other psychiatric illness resulting in 34.9% of days lost. The second highest reasons are Other Musculoskeletal problems. Other known causes - not elsewhere classified, is reported as at 8.5% of the FTE days lost. This position is reflected in the reasons for long term absences, but the principal reason for short term absences is Cold/Cough/Flu – Influenza with 22.7% of the FTE days lost in short term absences.

To support the achievement of a reduction in sickness absence rates, the People Services Team (PST) are focussing activities under three broad areas: awareness, skills development, and case management. Activities include weekly distribution of sickness absence levels by Care Group, advice and training on relevant policies, and signposting to the wellbeing framework, Employee Assistance Programme, and Occupational Health.

In March, the PST responded to 75 requests for advice related to attendance management which is an increase of over a third on requests received in February. Around 40% of these requests were for advice in the management of long-term sickness absence, 20% for advice on frequent short term sickness absence which has prompted a review under the Managing Attendance at Work policy. The remainder related to other general policy enquiries. The data is used to highlight trends and improve the products available.

Delivery of Managing Attendance at Work online training and in person continues to be available across the Health Board with a focus on equipping colleagues to confidently meet the requirements of the All Wales Managing Attendance at Work policy. Finally, the team also continue to review monthly long term sickness absence reports to target support for complex and long term (6+ month) sickness absence cases and attend long term sickness meetings to improve consistency in the application of CTM absence management principles.

### **PDR – Your Conversation**

Overall PDR compliance remains stable at 66.81% as at March 2025

Ongoing work aimed at continuing to improve this compliance rate:

- Full educational offer available taking staff through PDR process from a system (ESR), individual, and manager perspective.
- "Making the most of PDR – Your Conversation" workshop being delivered with management teams, to encourage engagement in development conversations.
- CTM-specific PDR and Pay Progression FAQs and more general guidance being continually updated.

Beyond the above, a full review of the PDR process and educational offer will be started this month following receipt of the Shared Services internal audit. This will include improved manager guidance (as part of the PDR process and paperwork) around pay progression.

### **Core learning compliance**

Overall Health Board compliance for level 1 subjects remains at 80.7% as at March 2025. Compliance for all levels of training continues to rise: 73.2% as at March 2025.

Ongoing work aimed at continuing to improve compliance rates:

- Subject Matter Experts and associated training teams are continuing to provide greater numbers of face-to-face training sessions.
- Learning and Development team supporting in the design of eLearning packages to shift face to face sessions to virtual modules, increasing the options for compliance.
- Improved usage and training of local training coordinators to use full ESR functionality to manage booking processes more effectively and minimise 'did not attends'.
- Provision of the appeals process, Core Learning Drop-in Sessions across the Health Board, and the development of improved Subject Guides, all aimed at removing barriers to compliance.

We are actively participating in an external review of NHS Wales' statutory and mandatory training, with a view to exploring opportunities to reduce, rationalise and improve the quality and impact of the current training offer. The report will be shared in May. Compliance for the new mandated anti-racism training module is currently at 23.6%, having gone live last month.

### **Recruitment**

The recruitment time to hire (vacancy creation to unconditional offer) year to date average position is reporting 76.7 days against a 71-day target in March 2025, with an average across 2024/25 of 77.6 days. This is a combined position for all substantive recruitment activity. There is scope for improvement in the time taken to shortlist posts. Care Group focussed recruitment performance reporting is now in place, with performance data shared monthly for the Care Groups to share within their teams as required.

Key recruitment focussed work streams currently underway include:

- **On the day recruitment** – we have trialled this approach for large scale selection events within Facilities Teams aligned to the reduction in variable pay (use of agency). The approach is to align to the ambitions of CTM2030 to promote local employment, improve accessibility and remove any potential barriers. The process is currently being evaluated to understand any lessons learned, the impact, benefits and to ensure sustainability.
- **Social Media and Branding** – the Health Board’s social media presence is increasing and a Facebook jobs page ‘Cwm Taf Morgannwg University Health Board Jobs’ was launched in January 2025 to increase visibility of our vacancies. There is now an operational process in place for managers to request a post to be promoted on our CTM platforms.
- **International recruitment** – the opportunity to bid for funding to support international medical recruitment campaigns in 2025/6 via NWSSP has been submitted and a decision from Welsh Government regarding allocation of funding is awaited. From 24/25 The Mental Health and Learning Disabilities Care Group participated in the Annual National Conference of Indian Psychiatric Society (ANCIPS) and have made offers to 3 Specialty Doctors who would join the Health Board later in 2025.
- **Job Fairs** – the Health Board is attending an increased number of job fairs across the regions. These include some focussed events arranged following the announcement of the closure of local organisations where we can share opportunities to come and work in the Health Board.
- **Welsh Language in Recruitment** – the Health Board has launched its bilingual approach to recruitment, including robust assessment of the level of Welsh language skills required for recruitment activity and a commitment to bilingual advertising.
- **Recruitment Training** – Developed and delivered job advert training in collaboration with the Welsh Language team and to improve engagement to our direct job adverts with the aim to increase substantive recruitment for the right skills linked to our employer value proposition (EVP).

### 3. Key Risks / Matters for Escalation

3.1 None.

### 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	Not Applicable
	If more than one applies, please list below:
	A Healthier Wales



<p><b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a></p>	<p>If more than one applies, please list below:</p>	
<p><b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b></p>	<p>Data to Knowledge If more than one applies, please list below:</p>	
<p><b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b></p>	<p>Efficient If more than one applies, please list below:</p>	
<p><b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b></p>	<p>No - Not Applicable If more than one applies please list below:</p>	
<p><b>Impact Assessment</b></p>		
<p><b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?</p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome:</p>	<p>If no, please include rationale below: Paper is for the presentation of metrics data only</p>
<p><b>Cydraddoldeb a'r Gymraeg</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / <b>Equality and Welsh Language</b> Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome for Equality (delete as appropriate):  NEUTRAL  Outcome for Welsh Language (delete as appropriate):  NEUTRAL</p>	<p>If no, please include rationale below: The report covers the presentation of workforce related data, there is no policy or service change included.</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw da / Reputational</b></p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p><b>Effaith Adnoddau (Pobl /Ariannol) /</b></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	



**Resource Impact**  
(People / Financial)

**5. Recommendation**

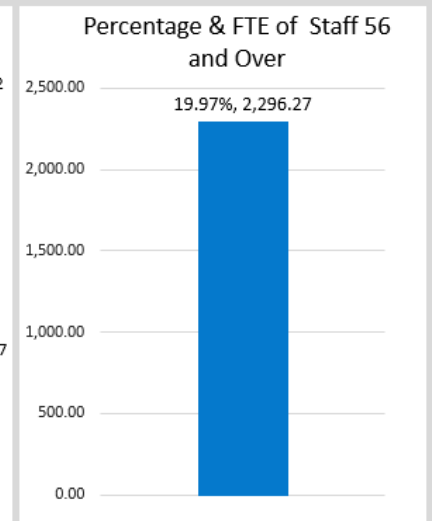
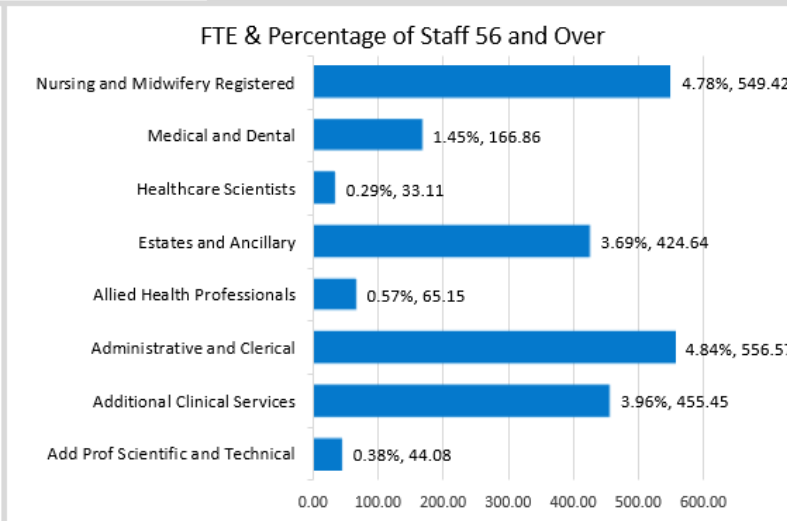
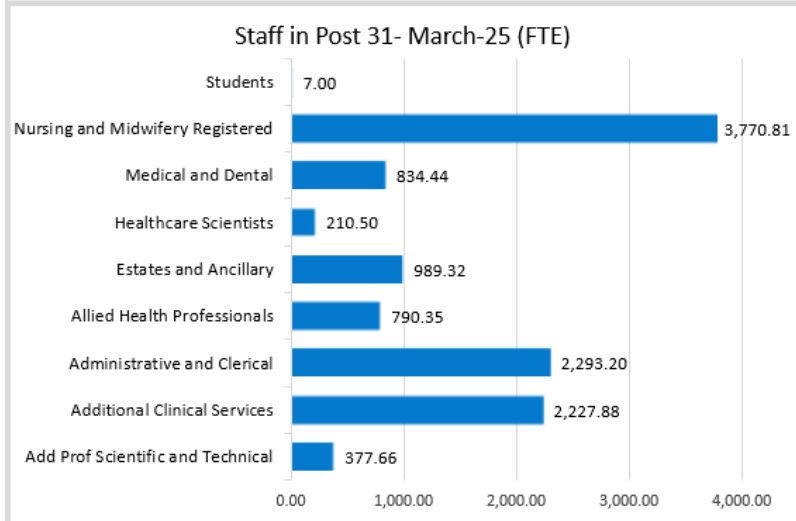
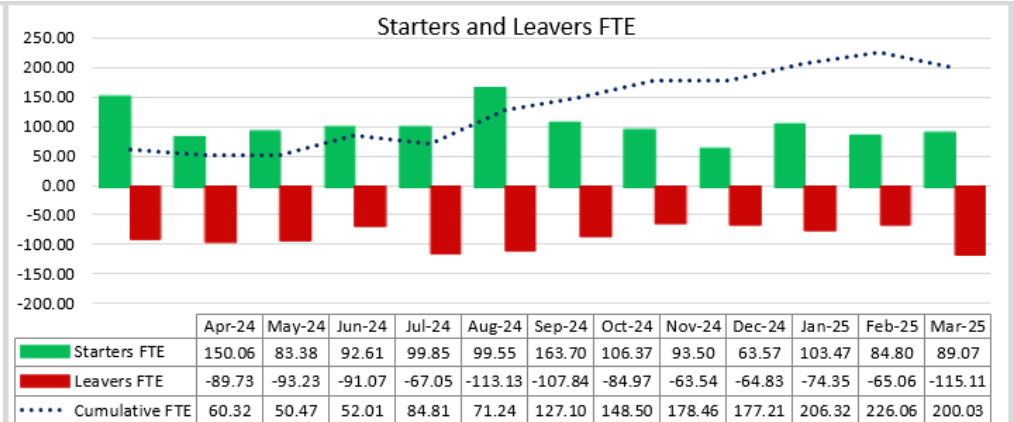
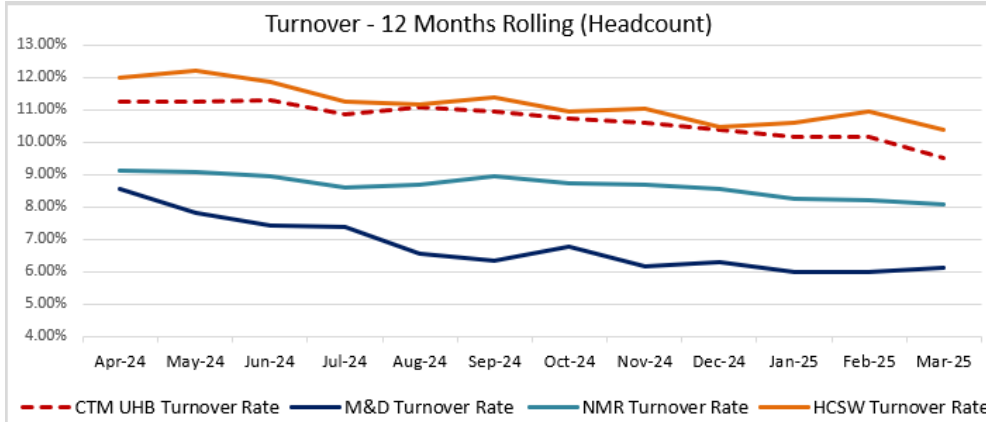
- 5.1 The Committee are asked to discuss the report and associated metrics and report and **NOTE** the detail.

**6. Next Steps**

- 6.1 The metrics report and style will be reviewed ahead of the next ODC for refinement and improvement. Members are invited to share feedback and observations on the content or any additional requirements.

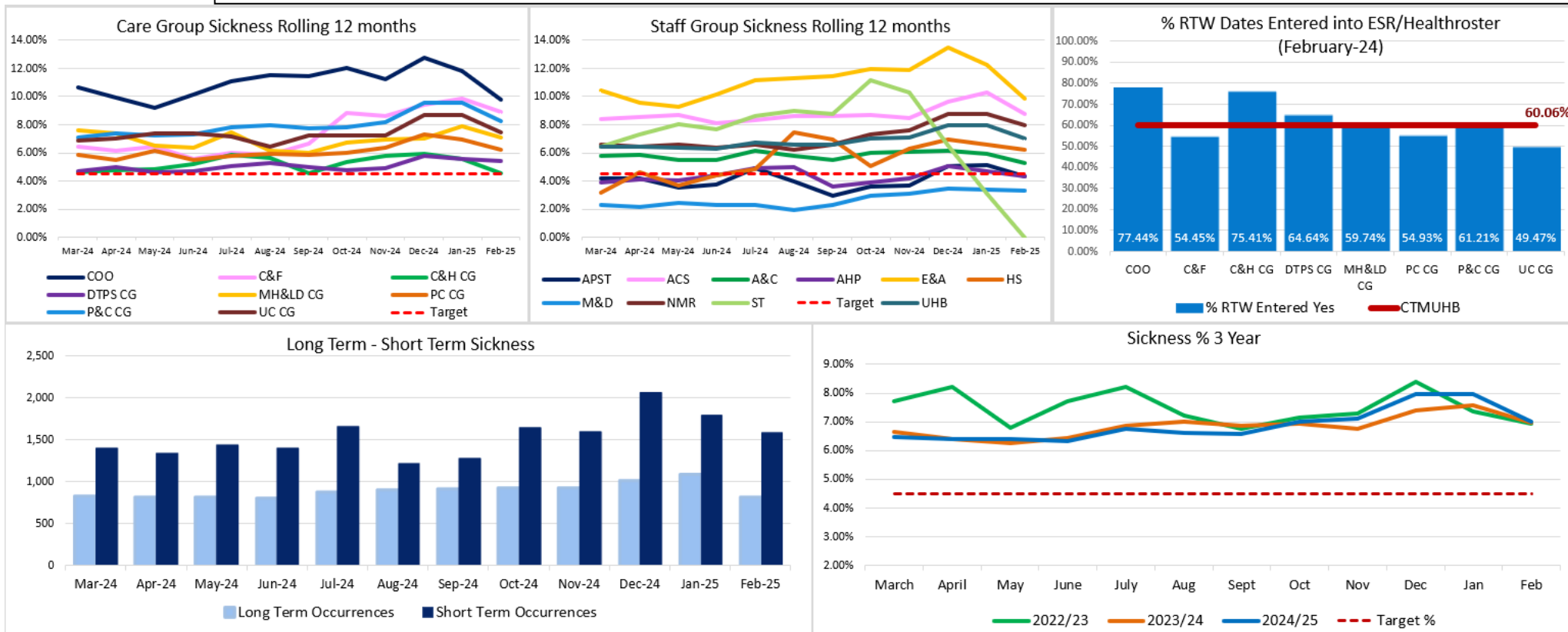


## Staff in Post and Turnover



## Sickness Absence

Short term absence is regarded as any period lasting less than 28 calendar days; long term sickness is regarded as any continuous period of 28 calendar days or longer. Sickness data below includes all sickness across the 12 month period with sickness split but long and short term absence below.

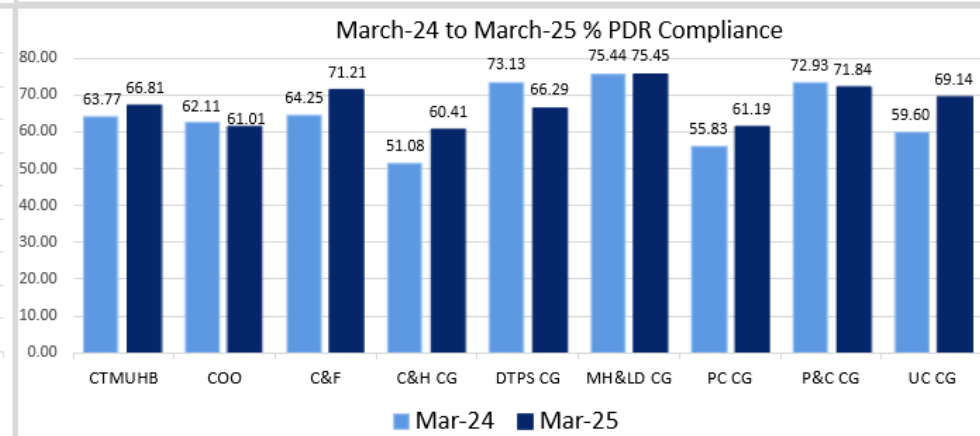
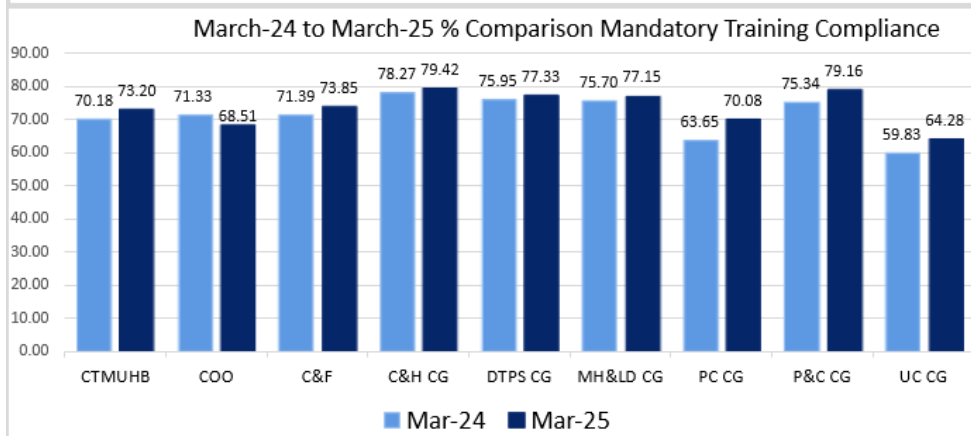
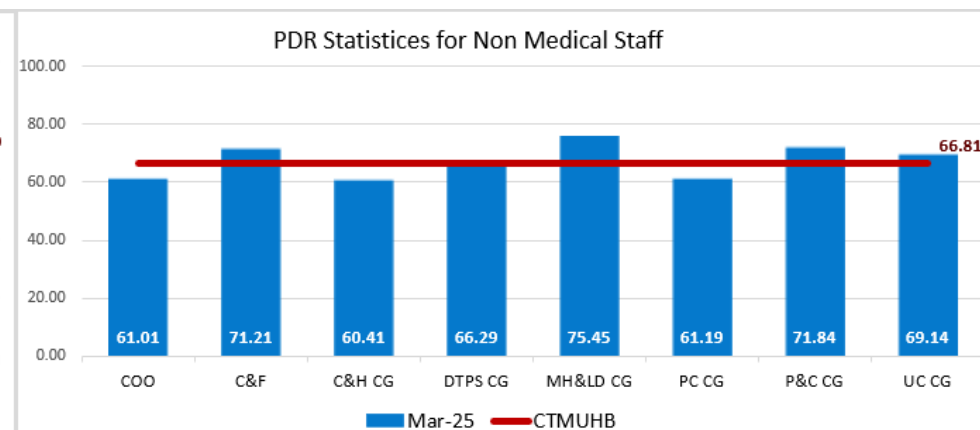
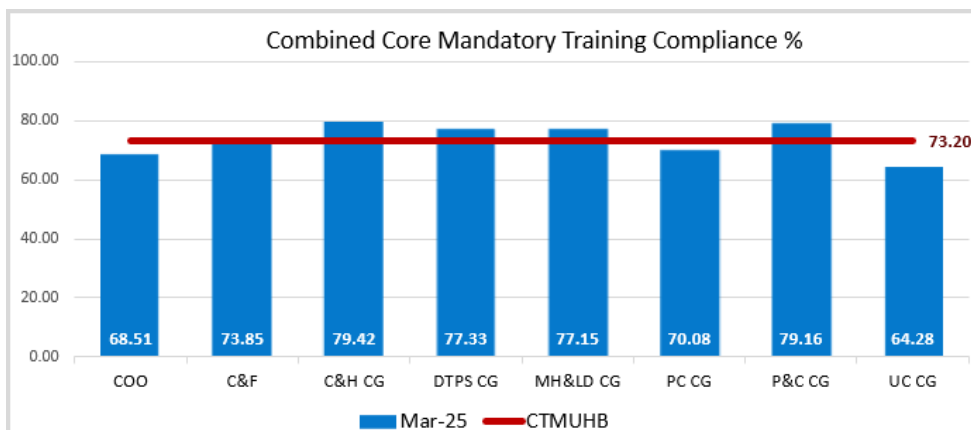


RTW interviews are taking place but either not completed for every absence or not being recorded on the system. The average compliance is 60.06%



## Training and Appraisals

The target is 85% with the red line indicating the average compliance rates in CTM.



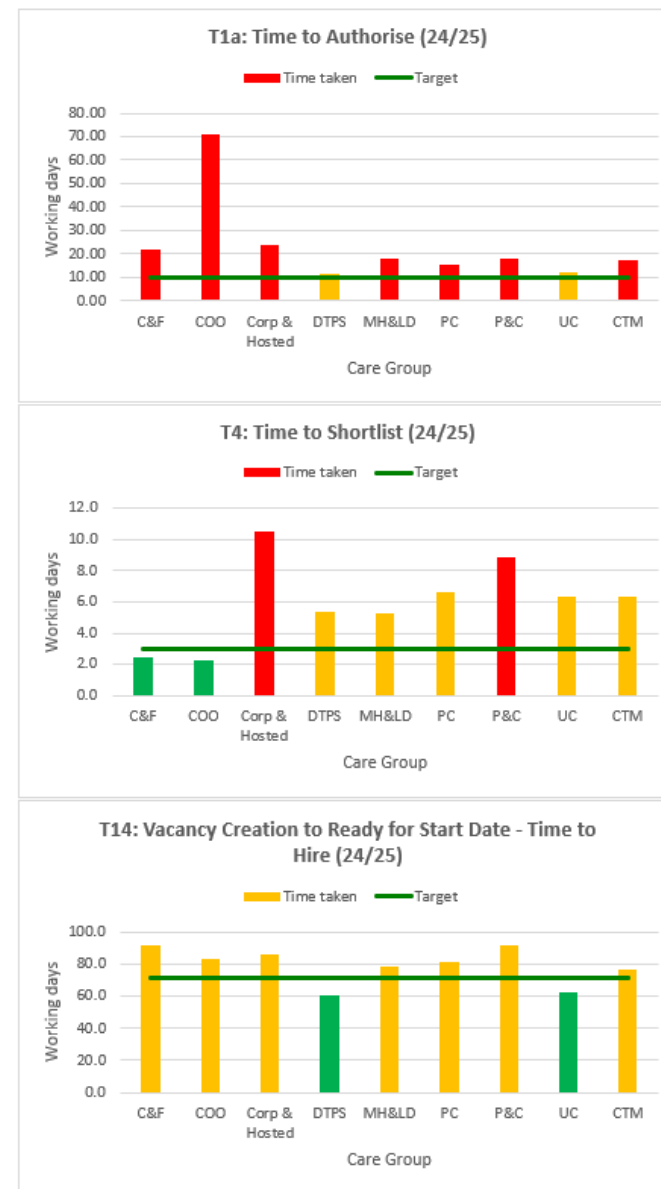


## Recruitment Performance

Recruitment Volumes	2024-25 Total
Number of posts advertised	2498
Number of FTE advertised	3231.6
Number of applications	83388
Number of applicants moved to interviews	11681
Number of applicants moved to Offer	2954
Number of Conditional Offers Sent	2636
Number of Occupational Health Clearances Received	2551
Number of DBS Checks	2224
Number of Start Dates Requested	2506

Trac Code	Target Times	Responsibility	Trac Recruitment Health Check Average Times in Working Days	2024-25 Average *
T0a	5	Manager	Notice Date to authorisation start date	55.7
T1a	10	Org	Time to approve vacancy request	17.5
T3	Variable but target 10	Manager	Duration of advertising	8.5
T4	3	Manager	Time to Shortlist	6.6
T5a	Variable 5 to 10 days	Minimum Requirement	Notification given to applicants for interview	8.7
T5b	3	Manager	Time to update interview outcomes	2.7
T6	4	NWSSP	Time to send offer letter	4.7
T8	-	Candidate / OH	Offer letter to OH clearance	6.9
T10	49	All	Advertising Start date to checks ok	66.9
T11	25	All	Offer Letter to Checks ok	36.2
T12	2	NWSSP	Checks ok to ready for start date	2.3
T12e	Variable	All	Checks ok to start date	17.8
T13	44	All	Vacancy Creation to offer letter issued	52.1
T14	71	All	Vacancy Creation to ready for start date	77.6
T23	27	All	From offer letter to ready for start date	26.5
T26	Variable	Manager & Candidate	Ready for start date to start date	17.5

\* Noting that RAG ratings/thresholds are based on All Wales performance measures





**Agenda Item**

9.2

**Operational Delivery Committee**

**Estates and Energy Performance Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Tim Burns, Assistant Director (Capital & Estates)
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Sally May, Executive Director of Finance & Procurement
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May Executive Director of Finance & Procurement

<b>Pwrpas yr Adroddiad / Report Purpose</b>	FOR NOTING
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Estates Governance Board Estates Senior Management	18/11/2024	NOTED

<b>Acronyms / Glossary of Terms</b>	
TEF	Targeted estate funding
PPM	Planned Preventative maintenance



## PART A - ESTATES PERFORMANCE

### 1. SITUATION/BACKGROUND

The purpose of **Part A** of this report is to provide the Operational Delivery committee with the 2024/25 estates operational planned and reactive maintenance performance data and to note the CTM’s estates performance against the 2023/24 all Wales national key performance indicators.

#### 1.1 Operational Maintenance Performance Indicators

The Estates department provides an essential 24 hour, 365 days a year service in the delivery of planned, reactive and help desk maintenance across the estate.

The department measure and monitor a range of indicators related to the service it provides to the organisation. These include the:

- % of statutory jobs undertaken each month.
- % of mandatory jobs undertaken each month.
- % of helpdesk requests completed each month.

The maintenance programme is managed via the Planet Facilities Management system; this enables the scheduling and operation of all planned and reactive maintenance jobs. The performance is reported quarterly to the Estates and Capital Governance Board, and monthly at the Estates Operational Management team meetings.

The department carry out over 66,000 jobs per annum, the split is noted in **table 1** with the corresponding completion ratios noted in **table 2**.

Year	2023/24	2024/25
Statutory PPM Jobs	15,983	15,983
Mandatory PPM Jobs	14,235	14,245
Response Desk Jobs	36,281	36,325

Year	2023/24	2024/25
Statutory PPM Jobs	89%	89%
Mandatory PPM Jobs	91%	91%
Response Desk Jobs	72%	77%

In light of the retention and recruitment challenges within the department, which are noted below, it is encouraging to report that the performance level in 2024/25 showed a slight improvement on the previous year.

During 2023/24 and 2024/25 the estates' operational function was digitized, the estates operatives were provided with mobile devices so that they are now able to work in real time, this has helped to smooth the effect of the staff shortages with performance not being materially affected.

It should be noted that for a range of reasons, such as gaining access to operational departments all jobs cannot be completed each month, the risk is minimised wherever possible by ensuring that where a particular statutory planned job is not undertaken one week/month, then it is undertaken on the following cyclical occasion. This is monitored by the Operational Head of Estates and senior operational estates managers at their monthly operational management meetings.

## 1.2 Recruitment and retention

During the last 2-3 years the department has experienced significant challenges recruiting staff, **table 3** shows the number of times posts have been advertised before an appointment has been made. There is a particular problem appointing engineering staff with electricians being the most challenging. Posts have been advertised up to 9 occasions before the posts have been able to be filled.

There has been a particular challenge with retaining and recruiting the Senior Estates Manager's post both at Princess of Wales and Prince Charles Hospitals. The Senior Estates Manager's post at Princess of Wales has been filled by five post holders in just over 5 years and the post at Prince Charles was vacant for 14 months during which time the post was advertised on 7 occasions.

The national skills shortage is driving up salaries in the private sector that this and other Health Boards are unable to compete with.

This issue has been raised with CTM's Organisational Development department to see what can be done to reverse this recruitment and retention trend.



**Table 3 – Staff turnover**

YEAR	POST	BASE	Number of occasions advertised
23/24	Storekeeper	PCH	1
23/24	Electrician	PCH	4
23/24	OMM	RGH	1
23/24	Energy Support Officer	DSH	2
23/24	Carpenter	PCH	1
23/24	Fitter	POW	2
23/24	Maintenance Assistant	PCH	1
		POW-	
23/24	Carpenter	RGH	2
23/24	Fitter	PCH	4
23/24	Electrician	RGH	9
23/24	Carpenter	YCR	2
23/24	Senior Project Officer	DSH	1
23/24	Supervisor	POW	1
22/23	Supervisor	PCH	8
23/24	Electrician	POW	7
23/24	Senior Project Manager	RGH	1
23/24	Senior Project Manager	RGH	1
23/24	Estates Officer	POW	3
23/24	Senior Project Officer	RGH	1
23/24	Senior OEM	POW	2
23/24	Senior OEM	PCH	7
23/24	Estates Officer	PCH-YCC	6
23/24	Electrician	PCH	5
23/24	Fitter	RGH	1
23/24	Supervisor	POW	1
23/24	Maintenance Assistant - Band 2	YCC	1
23/24	Energy Support Officer	DSH	1
23/24	Senior Project Officer - Band 7	DSH	1
23/24	Fitter	RGH	1
23/24	Supervisor	PCH	1

Denotes post filled

## 2.0 All Wales National Key Performance Indicators

NHS Shared Services Partnership- Specialist Estate Services (NWSSP–SES) have collected Estates and Performance Monitoring system data (EFPMS) on behalf of Welsh Government since 2001-02. The importance of robust



EFPMS data cannot be over- emphasised as it is used to brief Ministers, Senior WG officials and NHS organisations.

Following discussions between WG and NWSSP –SES two important updates were agreed regarding EFPMS in Wales. These updates were implemented for the 2023/24 data collection exercise which was introduced to provide a more accurate picture of the NHS estate. The data has been collected and submitted in line with **table 4**, the results of this data collection is shown in **tables 5 and 6**.

**Table 4**

Site GIA	No Inpatient Beds	1 – 9 Inpatient Beds	10+ Inpatients Beds
Up to 150m <sup>2</sup>	Not Reported	Not Reported	Individually reported at site level.
151m <sup>2</sup> – 499m <sup>2</sup>	Other Reportable Sites	Other Reportable Sites	Individually reported at site level.
500m <sup>2</sup> or more	Individually reported at site level.	Individually reported at site level.	Individually reported at site level.

The most recently published All Wales Estates Condition and Performance indicators (2023/24) measure the percentage of the estate that is in a reasonable standard and fall within estate code category B \* or above. **Table 5** shows CTM’s position as a comparator against the other Health Boards in Wales.

- *Category B describes buildings that are "sound, operationally safe and exhibit only minor deterioration". This is considered a satisfactory condition, meaning that the building is fit for purpose and does not require immediate major repair or replacement. Category B is used as the minimum standard for managing back log maintenance.*

**Table 5** shows the estate performance of all the Health Boards and Trusts in Wales.



## National Key Performance Indicators

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

	Physical Condition (%)	Statutory & safety compliance (%)	Fire safety compliance (%)	Functional suitability (%)	Space utilisation (%)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	96	94	83	98	92
BETSI CADWALADR UNIVERSITY HEALTH BOARD	68	73	67	75	94
CARDIFF & VALE UNIVERSITY HEALTH BOARD	74	87	88	70	83
CWM TAF MORGANNWG UHB	89	93	98	100	96
HYWEL DDA UNIVERSITY HEALTH BOARD	86	88	67	90	99
POWYS TEACHING LHB	68	82	74	76	88
SWANSEA BAY UNIVERSITY HEALTH BOARD	76	75	98	87	97
VELINDRE UNIVERSITY NHS TRUST	45	98	98	88	99
WELSH AMBULANCE SERVICES NHS TRUST	75	94	94	75	99

In CTM the costs of the backlog programme are gathered by the estates teams from the following sources:-

- Local knowledge / experience of similar projects carried out;
- Costs based on professional judgement and experience;
- Costs from contractor quotations;
- Estimates from appointed consultants;
- 5 facet survey for the Bridgend estate;
- Targeted surveys for high-risk issues.

A proportionate level of risk assessed information to plan the discretionary works and statutory compliance programmes and respond to Welsh Government initiatives such as Targeted Estates Funding (TEF) and end of year slippage is contained within CTM's three year back log plan and risk register. This is evidenced by the approvals received from Welsh Government following scrutiny by NHS Wales Specialist Estates services.



The level and detail of costs will develop as and when proposals are firmed up and projects are approved to proceed. Our approach is to rely on our internal assessment of the backlog programme, supplemented by externally contracted, targeted survey information for high-risk areas as required. The revenue cost of undertaking 5 yearly six facet survey across all sites is cost prohibitive.

Estate risks are identified through the recognised governance process. CTM has well-established multi-disciplinary groups, with attendance at all groups by an Authorising engineer from NHS Wales Specialist Estates Services providing professional advice for high and low voltage electricity, fire, water, ventilation, medical gases and decontamination who report into the Directorate Health, Safety and Governance Board and subsequently onto the Board’s corporate risk register if necessary. Annual reports for each of these specialist area are reported at the Health, Safety and Fire Sub Committee.

**Table 6 All Wales Backlog Maintenance costs**

Backlog Maintenance Costs	High Risks (£)	Significant Risks (£)	Moderate Risks (£)	Low Risks (£)	Risk Adjusted Cost (£)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	52,102,285	51,059,640	62,619,550	64,976,498	205,992,186
BETSI CADWALADR UNIVERSITY HEALTH BOARD	98,681,338	155,587,061	75,257,833	49,812,937	260,273,459
CARDIFF & VALE UNIVERSITY HEALTH BOARD	34,630,801	86,773,066	35,030,808	16,064,393	109,098,019
<b>CWM TAF MORGANNWG UHB</b>	<b>38,465,474</b>	<b>45,065,438</b>	<b>22,604,330</b>	<b>2,351,162</b>	<b>84,412,685</b>
HYWEL DDA UNIVERSITY HEALTH BOARD	42,365,203	164,587,388	29,084,080	19,506,373	207,266,422
POWYS TEACHING LHB	5,594,561	27,219,296	14,463,280	12,828,223	33,982,241
SWANSEA BAY UNIVERSITY HEALTH BOARD	10,345,170	58,231,888	40,978,942	1,665,699	69,818,345
VELINDRE UNIVERSITY NHS TRUST	1,670,000	4,497,658	4,989,931	37,288	2,224,000
WELSH AMBULANCE SERVICES NHS TRUST	246,810	2,919,130	3,853,246	2,737,305	3,782,840
The complete dataset upon which this report is based is accessible from the NHS Wales Shared Services Partnership - Specialist Estates Services intranet and internet sites					

CTM continues to pursue all funding options from WG to address backlog maintenance and statutory compliance. Bids for funding were submitted to WG on the 31st January 2025. In total 58 bids were submitted for £25.8m

of Targeted Estates funding (TEF). Approval has been received for 53 of the bids totalling £23.628m. Notable schemes include the replacement of 4 air handling units in RGH Theatres, the creation of 2 negative pressure isolation rooms in PoWH and RGH (in 2026/27), the provision of centralised scope decontamination in PoWH as well as significant investment in the mental health estate. Detail of all the approved bids and other funding streams are included in the papers for this meeting namely the Capital update paper 2024/25 and 25/26.

The risk adjusted backlog for CTM is circa £84M. The breakdown of CTM Backlog costs by site / risk rating is shown in **Appendix A**

## **Part B - ENERGY PERFORMANCE 2023/24**

### **3.0 Energy Efficiency**

The purpose of **Part B** of this report is to provide the ODC with the 2023 /24 energy performance levels for its estate and show how they compare against Welsh Government's key performance indicators and the other Health Board's in Wales and to demonstrate the ongoing and planned works to reduce energy consumption and CO2 emissions.

CTM recognises that it has a responsibility to be energy and resource efficient by minimising unnecessary energy usage, reducing emissions & the impact on the environment and through its Green working group are actively engaged in responding to NHS Wales Decarbonisation Strategic delivery plan.

### **3.1 Energy Targets**

The NHS Wales Decarbonisation Strategic Delivery Plan is aligned to Welsh Ministers ambition for the public sector to be net zero by 2030. As the largest public sector organisation in Wales, the NHS has an important role to play to contribute towards this target.

The reduction of energy usage will deliver benefits of:

- Reducing cost which enables savings made to be reinvested.
- Minimizing the impact on the environment.



### 3.2 Monitoring

CTM utilises a software package to monitor the consumption and cost of energy. **Table 7** shows that both energy consumption and the consequential CO2 emissions have decreased over that last 3 years.

Acceleration in carbon reduction will be required in future years to meet the Welsh Government's Net Zero target by 2030.

**Table 7 - Energy consumption and CO2 emission trends**

YEAR	Energy consumption (kWh/m <sup>2</sup> )	CO2 (Kg/m <sup>2</sup> ) emissions
2021-2022	407	84
2022-2023	400	82
2023-2024	385	80

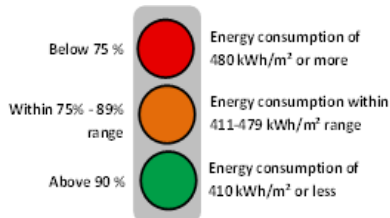


### 3.3 All Wales Benchmarks

The most recently published All Wales Dashboards are for 2023 / 2024 and are shown in **table 8**.

**Table 8**

2022 - 2023			2023 - 2024		
Energy Performance and Carbon Dioxide (CO <sub>2</sub> ) Emissions			Energy Performance and Carbon Dioxide (CO <sub>2</sub> ) Emissions		
	Net Energy Consumption (kWh/m <sup>2</sup> )	CO <sub>2</sub> Emissions* (kg/m <sup>2</sup> )		Net Energy Consumption (kWh/m <sup>2</sup> )	CO <sub>2</sub> Emissions* (kg/m <sup>2</sup> )
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	341	70	ANEURIN BEVAN UNIVERSITY HEALTH BOARD	332	68
BETSI CADWALADR UNIVERSITY HEALTH BOARD	382	82	BETSI CADWALADR UNIVERSITY HEALTH BOARD	388	79
CARDIFF & VALE UNIVERSITY HEALTH BOARD	344	78	CARDIFF & VALE UNIVERSITY HEALTH BOARD	334	79
CWM TAF MORGANNWG UHB	400	82	CWM TAF MORGANNWG UHB	385	80
HYWEL DDA UNIVERSITY HEALTH BOARD	472	103	HYWEL DDA UNIVERSITY HEALTH BOARD	421	95
POWYS TEACHING LHB	343	68	POWYS TEACHING LHB	369	76
SWANSEA BAY UNIVERSITY HEALTH BOARD	415	82	SWANSEA BAY UNIVERSITY HEALTH BOARD	409	82
VELINDRE UNIVERSITY NHS TRUST	367	81	VELINDRE UNIVERSITY NHS TRUST	337	76
WELSH AMBULANCE SERVICES NHS TRUST	141	31	WELSH AMBULANCE SERVICES NHS TRUST	127	28



The Energy consumption and CO<sub>2</sub> Emissions by CTM site is shown in **Appendix B**

### 3.4 CARBON REDUCTION AND ENERGY MANAGEMENT

CTM is committed to achieve the challenging targets set out in the NHS Wales Decarbonisation Strategic Delivery Plan. This plan sets out a series of aims and initiatives for Health boards in Wales to address in order to contribute towards Wales decarbonisation targets, including the aim for the public sector in Wales to be net zero by 2030. For building energy this translates to a 34% reduction in CO<sub>2</sub> emissions by 2030, with an interim 16% reduction in CO<sub>2</sub> by 2025.

CTM has an Environment & Sustainability Group which is the over-arching steering group for the decarbonisation agenda in the Health Board. In addition, it has the Green CTM Group which is the staff working group actively engaged in responding to the *NHS Wales Decarbonisation Strategic Delivery Plan*. The group gathers ideas and engages with staff about how the Health Board can deliver carbon net zero by 2030 in line with this delivery plan. CTM also has a dedicated Green Space intranet site, the home to the climate change work.

In terms of the carbon emissions from the energy usage of our buildings, the Capital & Estates Teams are committed to tackling these and to continually drive to reduce the carbon footprint of our building energy emissions. Set against the challenges of a growing estate and demand for services, this challenge can only be achieved through a major step-change in the way we manage and use energy.

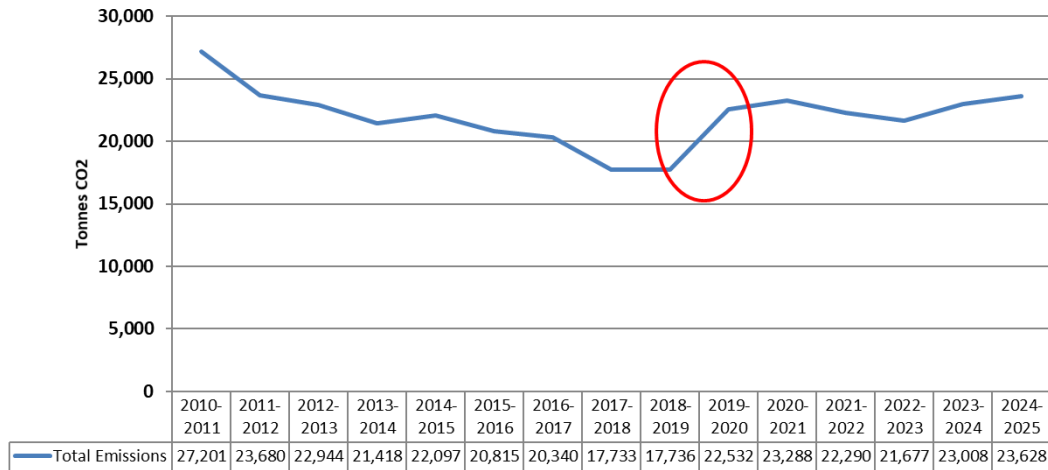
In terms of our energy costs, in 2024-25 these were circa £15 million, which, whilst a decrease on the previous year's costs are still over double the costs from prior to the Covid pandemic and other global volatility challenges. Although consumption decreased marginally it is vital that the drive continues to reduce energy usage and the resulting carbon emissions.

Prior to the introduction of the National Decarbonisation Strategic Delivery Plan, our progress was measured against a 3% year-on-year reduction target and, although this has now been withdrawn **table 9** still provides a useful illustration of the long-term direction of travel for energy and carbon reduction:



**Table 9**

**CTMUHB ANNUAL UTILITIES CO2 EMISSIONS v ANNUAL 3% REDUCTION TARGET**



***(Note – the step increase in 2019 represents the addition of Bridgend area estate into the previous Cwm Taf estate)***

### 3.5 RE- FIT-FUTURE PLANS

The key plan within CTM is to improve energy consumption and emissions and to deliver the transformational level of change required, this is best achieved by entering into a programme called Re:Fit. This is a Welsh Government backed energy performance contracting framework that supports public sector bodies wishing to implement energy efficiency and decarbonisation measures across the estate through a long-term partnership (typically 10 years) based on a guaranteed savings arrangement. The CTM’s ‘Strategic Assessment of Energy Efficiency Opportunities’ report has been undertaken with consultancy support from the Welsh Government Energy Service (WGES), which recommends six detailed projects. This initial assessment identified the potential for a 13% carbon saving that can be achieved across the six audited sites.

CTM is currently working with our selected partner organisation to develop proposals for decarbonisation schemes to take forward for funding and development in 2025-2026. The types of initiatives expected to form part of the first phase of Re:Fit include solar photovoltaic (Solar PV) generation installations, the rapid roll-out of LED lighting, low carbon heating systems and development of Building Energy Management Systems.

### 3.6 CURRENT ACTIVITY

In terms of specific projects and activity delivered by CTM's Estates and Capital Teams, much has been achieved in recent years and the teams continue to work hard to build on these schemes.

These include:

- Onsite generation – The Health Board now employs a variety of onsite energy generation technologies e.g., Solar Photovoltaics (PV), gas turbine CHPs, Absorption Chillers, Biomass boilers.
- In the last 2 years there have been significant Solar PV installations across the estate, including at Dewi Sant, Ysbyty Cwm Cynon, Ysbyty Cwm Rhondda, Keir Hardie Health Park, Glanrhyd Hospital, Williamstown Medical Records Store and National Imaging Academy of Wales. This has provided solar PV capacity to generate circa 1.2 megawatts. ***(NB 1.2 megawatts is sufficient energy to power a typical District General Hospital.)***
- Working in partnership with Rhondda, Cynon, Taf and Merthyr Tydfil County Borough Councils to provide private wire connections to Royal Glamorgan and Prince Charles Hospitals from their local solar farms-providing the combined power capacity of circa 2.2 megawatts.
- LED Lighting upgrades (internal & external), the UHB have now converted approximately 40% of the estate.
- Air Source Heat Pumps (a low carbon heating technology) are currently in use at Keir Hardie Health Park.
- Insulation & other building fabric improvements (including window replacement) undertaken, where funding available.

- Monitoring & targeting – the Health Board is pro-active in utilising Building Energy Management Systems such as Team Sigma, and Automatic Meter Reading.
- Voltage optimisation technology has been installed at a number of sites which was able to deliver savings in electrical consumption.

Clearly these are positive developments, however they are not able to deliver the transformative change required to reduce carbon emissions in line with national aims. This makes it clear why moving ahead with the Re:Fit partnership is seen as the best option to deliver the scale and pace of carbon reduction activity required.

### 3.7 ISO 14001 Certification – Environmental Management

ISO 14001:2015 is the international environmental standard that specifies requirements for controlling aspects of an organisation that have a significant impact on the environment, through an effective Environmental Management System (EMS). It is a requirement of Welsh Government that Health Boards in Wales are accredited to ISO 14001:2015.

The accreditation is on a three-year cycle with surveillance audits every year to ensure compliance. Following the successful re-certification audit in June 2023, CTMUHB Facilities and Estates team completed the 2024 surveillance audit with no non-conformities to the ISO14001:15 requirements and standards retaining certification. The final surveillance audit in this three-year cycle will take place in June 2025.

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



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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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:
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	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.

## 6.0 Recommendation

The Operational Delivery Committee are requested to **NOTE** the contents of the report.



**Appendix A- Breakdown of CTM Backlog costs by site / risk rating**

Site Name	High Risk (£)	Significant Risks (£)	Moderate Risks (£)	Low Risks (£)	Risk Adjusted Cost (£)
ABERDARE HEALTH CENTRE	916	12,413	74	15,000	13,676
ARC DAY SERVICES	752	15,189	61	0	15,943
CARNEGIE CLINIC	1,051	14,239	100,085	0	19,487
CEFYN YR AFON 71 QUARELLA ROAD	6,077	52,566	60,087	0	60,589
CENTRAL PROCESSING UNIT	1,131	15,328	20,091	0	17,803
CENTRAL STORES (POW)	2,697	71,547	32,218	0	74,921
CWM GWYRDD MEDICAL CENTRE	0	0	1,000	0	10
DEWI SANT HEALTH PARK	354,361	140,026	786	30,000	495,427
EAST GLAMORGAN LAUNDRY AND BOILER HOUSE	219,578	970,020	575,369	75,000	1,217,601
EAST GLAMORGAN UNIT COMMUNITY OFFICES	417	3,958	0	0	0
FERNDALE MEDICAL CENTRE	0	13,100	16,300	15,800	13,501
GLANRHYD HOSPITAL	2,522,997	2,586,170	829,787	7,000	5,143,140
HIRWAUN PRIMARY RESOURCE CENTRE	0	1,000	0	0	1,000
KEIR HARDIE HEALTH PARK	312,783	211,437	896	75,000	526,080
MAESTEG HOSPITAL	254,329	503,784	5,375,273	10,000	1,008,688
MARITIME MENTAL HEALTH UNIT	562	7,613	45	0	8,176
NCCU (CHARNWOOD)	0	0	0	0	0
NIAW PENCOED	2,458	31,611	290,165	0	41,978
NORTH ROAD STORES	644	8,732	52	0	0
OLD TRUST HQ, 71 QUARELLA ROAD	3,438	101,474	108,277	33,350	109,349
OTHER REPORTABLE SITES	32,823	81,559	65,694	10,000	118,151
PENCOED PRIMARY CARE CENTRE	1,671	25,951	10,101	0	27,846
PINEWOOD HOUSE	1,599	172,952	265,095	115,000	185,463
PONTYPRIDD COTTAGE HOSPITAL	302,703	186,620	218	220,000	498,063
PONTYPRIDD HEALTH CENTRE	1,566	21,218	126	0	22,791
PORTH DENTAL TEACHING UNIT, LEITH HOUSE	833	7,917	0	0	0
PORHCRAWL PRIMARY CARE CENTRE	0	0	0	0	0
PRINCE CHARLES HOSPITAL	4,183,063	1,188,104	429,505	291,812	5,394,354
PRINCESS OF WALES HOSPITAL	29,446,696	11,334,424	7,726,036	120,000	41,070,759
ROYAL GLAMORGAN HOSPITAL	100,318	23,618,464	5,263,730	1,058,000	23,914,998
SMTL - POW	592	8,025	48	0	0
SNOWDROP BREAST CENTRE, UNIT 4 GWAUN ELAI	928	12,575	75	0	13,505
THE HUB, UNIT 2 GWAUN ELAI	747	10,116	60	0	10,684



THE HUMMINGBIRD, UNIT 3 GWAUN ELAI	746	10,101	60	0	10,848
TONTEG CENTRE	1,748	153,677	50,141	0	157,507
TONYPANDY HEALTH CENTRE	775	10,499	62	0	11,275
TREALAW MENTAL HEALTH UNIT	1,119	13,470	57	0	14,591
TREHARRIS PRIMARY CARE CENTRE	0	0	0	200	2
TY CALON LAN	0	0	0	0	0
WHSCC (UNIT G1, MAIN AVENUE, TREFOREST)	833	7,917	0	0	0
WILLAMSTOWN MEDICAL RECORDS	4,911	566,541	396	0	571,466
YNYSHIR MEDICAL CENTRE	0	1,000	4,000	5,000	1,225
YNYSMEURIG HOUSE	1,820	22,968	113	0	24,791
YSBYTY CWM CYNON	242,023	899,945	111,608	210,000	1,149,109
YSBYTY CWM RHONDDA	386,925	1,269,553	521,230	60,000	1,670,752
YSBYTY GEORGE THOMAS	66,844	681,635	745,409	0	777,136
<b>Health Board Total</b>	<b>38,465,474</b>	<b>45,065,438</b>	<b>22,604,330</b>	<b>2,351,162</b>	<b>84,412,685</b>



**Appendix B – Energy consumption/CO2 Emissions by CTM site**

Site Name	Net Energy Consumption (kWh/m <sup>2</sup> )	CO <sub>2</sub> Emissions *(kg/m <sup>2</sup> )
ABERDARE HEALTH CENTRE	192	38
ARC DAY SERVICES	141	29
CARNEGIE CLINIC	248	48
CEFYN YR AFON 71 QUARELLA ROAD	214	42
CENTRAL PROCESSING UNIT	1,081	247
CENTRAL STORES (POW)	133	29
CWM GWYRDD MEDICAL CENTRE	117	24
DEWI SANT HEALTH PARK	205	40
EAST GLAMORGAN LAUNDRY AND BOILER HOUSE	4,266	803
EAST GLAMORGAN UNIT COMMUNITY OFFICES	12	3
FERNDALE MEDICAL CENTRE	221	44
GLANRHYD HOSPITAL	304	61
HIRWAUN PRIMARY RESOURCE CENTRE	121	25
KEIR HARDIE HEALTH PARK	125	27
MAESTEG HOSPITAL	374	73
MARITIME MENTAL HEALTH UNIT	174	36
NCCU (CHARNWOOD)	119	24
NIAW PENCOED	205	46
NORTH ROAD STORES	13	3
OLD TRUST HQ, 71 QUARELLA ROAD	106	21
OTHER REPORTABLE SITES	179	35
PENCOED PRIMARY CARE CENTRE	125	26
PINEWOOD HOUSE	213	44
PONTYPRIDD COTTAGE HOSPITAL	206	40
PONTYPRIDD HEALTH CENTRE	119	23
PORTH DENTAL TEACHING UNIT, LEITH HOUSE	162	37
PORHCRAWL PRIMARY CARE CENTRE	128	26
PRINCE CHARLES HOSPITAL	422	97
PRINCESS OF WALES HOSPITAL	399	83
ROYAL GLAMORGAN HOSPITAL	527	108
SMTL - POW	160	40
SNOWDROP BREAST CENTRE, UNIT 4 GWAUN ELAI	186	38
THE HUB, UNIT 2 GWAUN ELAI	172	35
THE HUMMINGBIRD, UNIT 3 GWAUN ELAI	221	45
TONTEG CENTRE	177	35
TONYPANDY HEALTH CENTRE	199	44
TREALAW MENTAL HEALTH UNIT	154	31



TREHARRIS PRIMARY CARE CENTRE	195	39
TY CALON LAN	111	22
WHSCC (UNIT G1, MAIN AVENUE, TREForest)	95	23
WILLAMSTOWN MEDICAL RECORDS	153	32
YNYSHIR MEDICAL CENTRE	180	36
YNYSMEURIG HOUSE	108	23
YSBYTY CWM CYNON	252	50
YSBYTY CWM RHONDDA	256	43
YSBYTY GEORGE THOMAS	165	36
Health Board Average	385	80



**Agenda Item**

9.3

**Operational Delivery Committee**

**Highlight Report from the Six Goals Programme Board**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Anthony Gibson/Anna Pepper
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Anthony Gibson, Deputy Medical Director
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gethin Hughes, Chief Operating Officer

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
6 Goals UEC Programme Board	27/03/2025	Updates and actions noted for further delivery
Improving Care Board	05/03/2025	Updates and actions noted for further delivery

<b>Acronyms / Glossary of Terms</b>	
UEC	Urgent & Emergency Care
D2RA	Discharge to Recover than Assess
SDEC	Same Day Emergency Care
ED	Emergency Department
STAMP	Strategic Transformation of Acute Medicine Programme
ECC	Enhanced Care in Community



POCD	Pathway of Care Delays
COFD	Clinically Optimised for Discharge
GIRFT	Get It Right First Time
UTC	Urgent Treatment Centre
PCH	Prince Charles Hospital, Merthyr Tydfil
RGH	Royal Glamorgan Hospital, Llantrisant
POW	Princess of Wales Hospital, Bridgend
GP	General Practitioner
HCA	Health Care Assistant
RCT	Rhondda Cynon Taf County Borough Council
MT	Merthyr Tydfil County Borough Council
WAST	Welsh Ambulance Service Trust
OMB	Operational Management Board

## 1. Introduction

1.1. Delivery of Delivery of ministerial priorities in 2025-2026 as part of 6 Goals UEC programme scope will see in large continuation of delivery of improvements, transformation and redesign of services to ensure that our provision of services and pathways are responsive to patients needs and provide holistic approach when needs are complex and require multidisciplinary approach across all pillars of urgent and emergency care.

Our approach will support delivery of wider organisational strategy (CTM 2030) and its key drivers to reduce healthcare inequalities, deliver equitable access, improved experience and optimal outcomes for our population. This year's plans will subsequently seek to support delivery of 'shift left' approach from reactive care in hospitals to more proactive care in community settings, improved insights about service demands and appropriate allocation of resources.

The core dependency to deliver these ambitious objectives remains to continue with collaborative approach between secondary and primary care, communities and social care partners (Bridgend County Borough Council, Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council) to transform in hospital and out of hospital care.

The key principles set out in the programme scope for transformation of urgent and emergency services are to ensure they:

- Are easy to navigate
- Deliver urgent and emergency care as close to people's homes as possible
- Meet national requirements and standards
- Align with transformational changes in the region

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



## 2. Purpose of this Overview

- 2.1 The purpose of this overview report is to provide the Operational Delivery Committee with an overview of the Six Goals for Urgent & Emergency Care programme of work for 2024/2025.
- 2.2 The report will cover:
  - An update on Six Goals workstreams/projects
  - An overview of planned work for 2025/2026

## 3. Highlight Report

<b>Alert / Escalate</b>	<ul style="list-style-type: none"> <li>• Recruitment of new GPs into Navigation Hub to increase clinical capacity and extend the operational delivery within Navigation Hub to 7-days at risk. Contractual issues regarding recruitment and negotiation at national level of still ongoing.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• Ambulance conveyance in CTM remains high with an average of 1829 conveyances to ED monthly (April 2023 – March 2025) with average 456 monthly WAST conveyances to ED from care homes, this constitutes approximately 25% of overall demand received at the front door from care home providers.</li> <li>• Number of discharge delays for patients clinically optimised for discharge (COFD) remains high with over 200 patients delayed across inpatient areas in CTM as reported via POCD audit monthly. As a system, we have achieved a substantial reduction in delays since March 2024 and have been able to maintain the status and national targets for number of total delays and number of assessment delays:           <ul style="list-style-type: none"> <li>✓ Number of total delays reduced by 27%, March 2025 (Care and Action Committee target – 15%)</li> <li>✓ Number of assessment delays reduced by 35%, March 2025 (Care and Action Committee target – 20%)</li> </ul>           The number of days delayed target has not been met in March 2025 with 1% difference between the reported figure for this month and national target of 20%.           <ul style="list-style-type: none"> <li>✓ Number of days delayed reduced by 19%, March 2025 (Care and Action Committee target – 20%)</li> </ul> </li> <li>• Detailed analysis of delays confirms insufficient community capacity and commissioning that does not respond to system demand causing delay in discharge out of D2RA across CTM UHB.</li> <li>• Rolling and average length of stay (measured on discharge from hospital bed) remains static across acute sites (with increase to 12.2 in March 2025, 8% increase since February 2025; whereas in community hospitals average LoS reduced to 50.6 days in March 2025, 24% reduction from February</li> </ul>



	<p>2025 as a result of Super Stranded Review Panels taking place weekly for patients with rolling LoS of 100+ days.</p> <ul style="list-style-type: none"> <li>• Number of monthly discharges in acute has observed slight increase since February 2025 (5%) but overall reduction in comparison to 2024/2025 average of 2,284 by 15%. In community hospitals number of discharges in March 2025 showing 42% increase from February 2025 and overall 40% increase from 2024/2025 average of 101.</li> <li>• Issues with activity recording on electronic Whiteboards (eWhiteboards) persist across acute and community sites with some areas showing improvement and increased compliance with pathway allocation and discharge planning in place. 'Optimise' training workshops completed in RGH to support delivery of optimal hospital framework. Next phase of training starting in April to roll out across remaining areas in RGH with subsequent roll out in PCH.</li> <li>• Site flow and discharge framework proposal describes new approach to management of site flow and discharge in line with POCD escalation process and site escalation protocol provides clear description of roles and responsibilities/accountabilities across professional groups with clear action cards assigned to each escalation level. Proposal is currently in consultation period with submission to OMB for sign-off and approval for organisational implementation in May 2025.</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>• Navigation Hub is currently in the process of rolling out WAST-led LUSCII project to five care homes within CTM geographical area which focuses on training provision to care home staff to apply wearable technology to the residents to undertake observations which are subsequently monitored remotely by WAST clinical desk until resources are deployed.</li> <li>• Further plans and targeted interventions supporting reduction of conveyances from care homes are currently in progress of development at the regional level within RPB scope.</li> <li>• Development and implementation of Hospital @ Home service (Enhanced Care in Community level 4) to mitigate continuous high demand at the front door and number of conveyances to ED, reduce hospital admissions and reduce delays associated with domiciliary care provision in community (D2RA Pathway 1 Package of Care). Phase 1 of project delivery will focus on supporting discharges from acute hospitals into community with up to 6 weeks of care provision or until domiciliary care package from local authority is ready. The intended outcomes of phase 1 are to: <ul style="list-style-type: none"> <li>✓ Reduce number of pathways of care delays – D2RA Pathway 1</li> </ul> </li> </ul>



- ✓ Reduce number of days delayed D2RA Pathway 1 – number of days 48 hrs after COFD status is applied up until patient discharge from hospital bed
- ✓ Reduce cost of bed days linked to days delayed measure Phase 1 will be operationally deployed in Bridgend locality in May 2025. Recruitment of HCAs in RCT and MT locality is completed and onboarding of new staff in progress, with anticipated commencement of deployment in June 2025. Delivery of phase 2 (June – August 2025) will focus of delivery of early supported discharge from hospital bed to community providing registrants support (nursing, therapies, clinical) to patients who will require ongoing clinical treatment and oversight but not in acute hospital. Phase 3 of delivery (September – December 2025) will see completion of merger between Clinical Navigation Hub and Discharge Hub to create Single Point of Access and 2 hr response for Hospital @ Home service including falls response aligned to national falls framework (2 hrs response, operational provision between 8am and 8pm across CTM). Single Point of Access will provide clinical oversight and treatment of patients who can be safely managed in community as well as step up to community hospitals.
- STAMP has launched and maintained successful reset of acute medicine flow in both PCH and RGH. Datasets reported monthly demonstrate major changes in emergency medicine in PCH since implementation to include reduction in mean time in ED for admitted patients of 300 minutes from 1000 to 700 minutes, a reduction by more than 50% of patients waiting more than 12 hours in ED and a reduction in delay related harm. In RGH data present an increase in number of admissions to AMU, with improvements being shown in timeliness in moving patients to the wards and 72-hour compliance in the unit increasing from roughly 45% of patients to 75%.
- Further plans for PCH and RGH include extension of consultant cover to 7-day service to provide clinical oversight of flow and discharge/transfer from the unit.
- First workshop held in POW end of March 2025 focusing on pathway process mapping, current issues, risks, and opportunities for development. Reset plan includes relocation of medical SDEC, expansion of ACE services, rightsizing of the Acute and Emergency footprint, workforce model and defining roles and responsibilities & patient flow.
- Delivery across the programme scope remains on track. Programme scope and delivery plan currently under review to be aligned with organisational activities and national priorities i.e. GIRFT/ED Quality Statement



	<ul style="list-style-type: none"> <li>Service delivery and commissioning are shaped by data intelligence on local needs and by evidence on the outcomes i.e. implementation of UTC GP-led service in PCH as a result GIRFT/SEIT data analysis in partnership with Primary Care and supported by funding from Value Based Healthcare. Since commencement in November 2024, UTC has seen nearly 1200 patients with over 900 discharged without the need for further secondary care intervention (75%).</li> </ul>
<b>Inform</b>	<p>2025/2026 delivery plan aligned to four ministerial priorities as follows:</p> <p>In line with organisational and national (ministerial) priorities set out for 2025/26 and beyond, CTM UHB with local authority partners and third sector organisations will focus the planning and delivery efforts on:</p> <ul style="list-style-type: none"> <li>Further development of Single Point of Access</li> <li>Provision of urgent care response in community in line with Enhanced Care in Community Level 3 and 4, including falls response</li> <li>Commitment to reduce ambulance handover delays and ED 12 hr breaches by continuing transformation of acute medicine services and improvement of patient flow</li> <li>Commitment to provision of effective, patient-centred pathways for the frail population, including early response in community and responsive services in secondary care</li> <li>Development of 7-day working service models</li> <li>Commitment to continue embedding of optimal hospital flow framework and home first (D2RA) principles</li> <li>Commitment to continue delivery of 50-day challenge principles through programme workstreams included in 2025/2026 delivery plan</li> <li>Commitment to continue digital transformation and enhancement of service provision through appropriate and innovative technology and use of data and intelligence for effective and prudent resource and service planning</li> </ul> <p>Delivery of 6 Goals UEC objectives form part of organisational IMTP submission as enabling actions included in the wider organisational plans for:</p> <ul style="list-style-type: none"> <li>Primary Care and Communities</li> <li>Urgent and Emergency Care</li> </ul> <p><b>Priority 1: Implement effective Community Based Falls Response Services</b></p> <p>To enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies</p>



and ensuring service users' access community falls pathways when appropriate.

Governance: Workstream 1 led by Primary Care and Communities

Implement as part of urgent care response in community (in line with Enhanced Care in Community level 3 and 4) to deliver the following:

- All community falls responders are appropriately trained to attend level 1 and level 2 falls
- Full geographic coverage for falls response service **12 hours a day** between **8am and 8pm**
- Urgent care response provision **within 2 hours** in line with NICE guidelines
- Clear referral pathways are established into falls services that initial responders can access including community services and secondary care services

**Priority 2: Implement a robust 'Single Point of Access' (SPOA) for UEC**

Create in each health board area that simplifies access to services by offering clinicians advice and guidance to support onward referral, ensuring patients get the right care for their needs quickly and safely, to improve patient outcomes regardless of where they present

Governance: Workstream 1 and 2 led by Primary Care & Communities and Unscheduled Care

Continue design and development of Navigation Hub as Single Point of Access for urgent and emergency care and will focus to deliver the following:

- Centrally manage and coordinate provision of services for urgent care response based on 7-day working model approach for admission avoidance and discharge support including:
  - ✓ Out of Hours/111
  - ✓ Telehealth and virtual monitoring
  - ✓ Urgent Treatment Centres and Hot Clinics
  - ✓ Same Day Emergency Care and Ambulatory Care including frailty pathways and direct booking into clinics/appointments
  - ✓ Hospital @ Home and intermediate care
  - ✓ Community beds – step-down/step-up
  - ✓ Integrated front door and front-door discharge (including commissioning of care packages)
- Be the first point of contact for urgent care, assessment and guidance for all care homes within the CTM region



### **Priority 3: Implement an Acute Front Door Frailty Service at all acute hospitals**

Integrated with community frailty services - that ensure that older people with frailty are diverted to the most appropriate services within the hospital as quickly as possible and, where possible, discharged home on the same day

Governance: Workstream 1 and 2 led by Primary Care & Communities and Unscheduled Care

Implement effective acute frailty service at the front door to support patients with frailty presenting in ED and SDEC to ensure proactive and timely assessment and care provision for this cohort of patients and deliver the following:

- MDT acute frailty team providing in-reach to ED, SDEC and AMU initiating clinical frailty assessment and rapid access to a Comprehensive Geriatric Assessment (CGA) (if required), linked to treatment, reablement services, community nursing and/or community care provision including commissioning of care packages at front door and admission avoidance
- Digital system enabled to recording, collecting and transferring frailty scores (4AT/CFS/NEWS2) across various services/teams
- Acute frailty unit with MDT on all acute sites
- Effective and proactive pathways to services in community including social care and 3<sup>rd</sup> sector via Single Point of Access

### **Priority 4: Implement the Welsh Health Circular - Ambulance Patient Handover Guidance**

To ensure timely transfer of patients from ambulance crews to emergency department staff

Governance: Workstream 2 led by Unscheduled Care

- Continue transformation of acute medicine services (STAMP) to ensure timely and effective flow through acute medicine footprint (ED, SDEC, AMU)
- Continue delivery of actions identified within ED Quality Statement and GIRFT recommendations report
- Continue delivery of identified operational actions for Emergency Departments across CTM UHB and included in ED Performance Action Plan
- Implement WECDS in ED and SDEC across all sites

### **Priority 5: Implement actions described in the Optimal Hospital Flow Framework**

To ensure people who have a clinical need for admission to hospital are discharged home when clinically ready, with the



	<p>right support and without delay. This should support a reduction in pathways of care delays.</p> <p>Governance: Workstream 1 &amp; 2 led by Primary Care &amp; Communities and Unscheduled Care</p> <ul style="list-style-type: none"> <li>• Continue embedding of Optimal Flow Hospital Framework and D2RA model including training and redesign of site flow and discharge process to support delivery and embedding of change</li> <li>• Implement Hospital @ Home service – pan-CTM supporting bridging discharge to community and reducing delays for patients awaiting package of care</li> <li>• Implement Hospital @ Home service – pan-CTM early supported discharge for patients who need ongoing clinical treatment and oversight but not in acute hospital, establish appropriate pathways/links with palliative and end of life care</li> <li>• Continue delivery of key objectives described by 50-day challenge including key objectives described within each priority plans i.e. 7-day working model, embedding of trusted assessor model (role and function), review of super stranded patients, integrated navigation hubs.</li> </ul>
<b>Appendices</b>	Nil

#### 4. Assessment

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



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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below:
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below) CTMUHB Six Goals for UEC programme of work is ring-fence funding allocation from Welsh Government	

## 5. Recommendation

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



<b>Agenda Item 9.4</b>	<b>29<sup>TH</sup> April 2025</b>	<b>Operational Delivery Committee</b>	<b>Outpatients Activity Update</b>
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Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	Not applicable
Prepared By:	David Williams, Improvement & Development Senior Manager Cancer & Outpatients
Presented By:	Sarah James, Deputy Chief Operating Officer
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	Workstream and Productivity Improvement and Transformation Board

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	
Related Health and Care Standard	Leadership
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Update for Committee
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Will require review regularly to understand impact
Link to Strategic Goals	Please Select: Sustaining Our Future Improving Care

# WG Priorities - Planning Framework Enabling Actions

Improving timely access to care, reducing unwarranted variation in clinical productivity	Implement national guidelines with thresholds by CIN and procedure. This includes delivery of effective outpatients through SOS and PIFU by default. Individual CINs will establish PIFU / SOS targets by speciality and sub-speciality on an ongoing basis by March 2025.
	Ensure monitoring of DNA / CNA rates in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.
	Implementation of CIN follow up criteria both prospectively and retrospectively to established follow-up waiting lists.
	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.

## Outpatient Programme Phase 1 Aims

Increase SOS/PIFU use to 20% of outcomes

Decrease DNA/CNA rates to 5%

Reduce waiting list through validation

Reduce follow up waiting list by moving waiting pts to PIFU

Increase virtual appointment to 15% new and 20% follow up

# Phase 1 Scope – 6 month phase

## Core Scope

1. Prospective SOS/PIFU
2. Retrospective PIFU
3. Validation of waiting list (Clerical and clinical)
4. Virtual appointments (telephone only initially)
5. DNA/CNA rates

## Additional scope

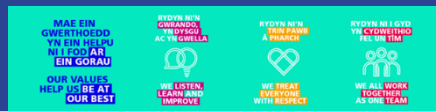
1. Consultant connect
2. OP operations and staffing
3. WPAS validation and processes
  - Post merger validation of WPAS
- Management and process for booking follow ups
- Competing priorities from clinicians/ops for clinic slots

## For information only

1. WPRS rollout
2. Video virtual 2026 solution

# Progress to date

- Draft plan to go to PIT Board (April 23<sup>rd</sup>). PID being drafted.
- Headline KPIs agreed and shared with specialties
- Specialty and clinic level DNA/CNA analysis carried out to be shared with specialties to implement overbooking to maximise utilisation of clinics
- SOS/PIFU pack, support and training being produced to share with specialties to aid implementation of appointment outcomes protocols.
- Specialties to review and feedback on opportunity to increase use of virtual clinics
- Additional KPIs to be produced to aid and monitor implementation.





**Recommendation:**

The Board or Committee are asked to Note this update and stage.



**Unapproved Minutes of the Operational Delivery Committee**

<b>Date and Time of Meeting</b>	Tuesday 28 <sup>th</sup> January 2025 09:30 – 12:30 pm
<b>Venue</b>	Virtual via Microsoft Teams

<b>Members Present</b>	Rachel Rowlands	Independent Member/ Chair of Committee
	Ian Wells	Independent Member
	Patsy Roseblade	Independent Member
	Dilys Jouvenat	Independent Member
<b>In Attendance</b>	Gethin Hughes	Chief Operating Officer
	Linda Prosser	Executive Director of Strategy & Transformation (in-part)
	Sally May	Executive Director of Finance
	Stuart Morris	Director of Digital (in-part)
	Hywel Daniel	Executive Director for People
	Hayleigh Jones	Deputy Director for People
	Richard Hughes	Deputy Director of Nursing & Midwifery
	Julie Denley	Deputy Chief Operating Officer Primary Community, MH & LD
	Sarah James	Deputy Chief Operating Officer
	Sarah Fellows	Service Director, Unscheduled Care Group (in part)
	James White	Consultant Physician (in part)
	Robert Green	Consultant, Public Health (in-part)
	Gareth Watts	Director of Corporate Governance / Board Secretary
	Kathrine Davies	Corporate Governance Manager
<b>Observing</b>	Kath Palmer	Vice Chair
	Hannah Jones	Audit Wales
	Emma Walters	Head of Corporate Governance & Board Business

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>



1.1	<b>Welcome and Introductions</b>
	The Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues participating for specific agenda items. The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.
1.2	<b>Apologies for Absence</b>
	<ul style="list-style-type: none"> <li>Greg Padmore-Dix, Executive Director of Nursing &amp; Midwifery/Deputy Chief Executive</li> </ul>
1.3	<b>Declarations of Interest</b>
	There were no interests declared.
<b>2. CONSENT AGENDA BUSINESS</b>	
2.1	The Committee Chair reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 8) that the Committee Members wished to bring forward to the Main agenda for discussion. There were none.

<b>3. COMMITTEE GOVERNANCE ARRANGEMENTS</b>	
3.1	<b>Action Log</b>
	<p>The Action log was received with the following key matters discussed:</p> <ul style="list-style-type: none"> <li>5.1 – review the validation of the dermatology waiting list – G. Hughes provided reassurance that the validation process was in place for dermatology which is part of the health board wide policy and was being followed through in the dermatology service. The risk was proposed to be closed.</li> <li>3.2 – Suspension of National Digital Maternity Programme – I Wells advised that he was happy for the related action to close and requested that the Committee would receive an update on the discussions of a local system at a future meeting.</li> </ul>
Resolution:	The Action Log was <b>NOTED</b> with all Actions proposed to be closed <b>AGREED.</b>
Action:	Update on the suspension of the Digital Maternity Programme to be added to the Forward Plan for a future meeting.
3.2	<b>Matters Arising Not Captured on the Action Log</b>
	There were no matters arising.



<b>4.</b>	<b>PEOPLE ACTIVITY</b>
4.1	<b>Wellbeing Survey and Staff Survey - Delivery Action Plans - Verbal Update</b>
	<p>H. Daniel provided a verbal update to the Committee on the following key items:</p> <ul style="list-style-type: none"> <li>• Staff Wellbeing Survey – H. Daniel highlighted the need to avoid survey fatigue with staff. The Wellbeing Survey had provided valuable insights into clinical issues such as burnout. The team were undertaking a piece of work looking at how they would schedule wellbeing surveys alongside staff surveys in a slightly different way such as conducting smaller targeted surveys in specific areas to gather periodic snap shots. Once this had been completed, he would bring a proposal back to the Committee.</li> <li>• Staff Survey – H. Daniel advised that there had been a significant increase in response rates which had been the highest amongst Health Boards across Wales. Whilst the response rate was still relatively low compared to other sectors the data obtained this year had been valuable and it was expected to be received this week and would be shared with staff via the communication channels. H. Daniel emphasised the importance of developing both organisational and local plans in response to the survey results and the monitoring of the plans through management routes and also the Committee. H. Daniel added that it was also his intention to factor the survey results into a Board Development Session to discuss high level themes and some new questions that they would be looking at such as Speaking up Safely and the mechanisms for that.</li> </ul> <p>R. Hughes commented that he completely agreed with the points made and expressed particular interest in the idea of conducting shorter, snapshot surveys to assess specific areas around resilience and burnout of the workforce. R. Hughes advised that his team would be happy to back this approach from a corporate nursing perspective.</p> <p>The Chair agreed with the points made and emphasised the importance of addressing issues raised in the surveys which was crucial, however, she acknowledged that they were only a small team of nine and would not have the capacity to address all the issues along. The Chair advised that she would look forward to receiving the plan at the April meeting of the Committee.</p> <p>The Chair queried what response rate would the team be happy with for the staff survey and enquired whether a response rate of 50% would be deemed satisfactory. H. Daniel advised that some organisations in NHS England were achieving rates above the 50% mark with some exemplars around the 56% mark. H. Daniel added that it was important to value the feedback received and showing staff that their feedback really does make a difference and they are being listened to. There had also been good engagement from Care Group colleagues.</p>



	<p>G. Hughes, in response, commented that it was really positive progress with the response rates and there was a need to see value and action on the back of this and to be clear on the 'You said we did' and how that would link in.</p> <p>The Chair referred to the low vaccination update amongst staff and the impact on sickness levels and suggested that one of the pulse surveys could be in this regard which might help to better understand the drop in update. H. Daniel advised that pulse surveys were intended to repeat some of the exact questions within the staff survey and to monitor progress about what they feel is important.</p> <p>H. Daniel added that the team were undertaking a review of the staff vaccination programme for 2025 working with the Public Health team and had received some feedback on the ease of access for staff to get vaccinated which they would factor into a short survey to gather more feedback on the vaccination programme as part of their plan.</p> <p>H. Daniel advised the Committee that formal report would be presented to the Committee moving forward.</p>
Resolution	The verbal update was <b>NOTED.</b>
Action:	No action was identified
<b>5. DIGITAL AND DATA ACTIVITY</b>	
<b>5.1</b>	<b>Digital &amp; Data Delivery Highlight Report</b>
	<p>S. Morris presented the report and highlighted the following key items:</p> <ul style="list-style-type: none"> <li>Operational Challenges – the Digital teams have had to reprioritise and rebalance activities to support the workforce especially with the Princess of Wales roof issues and other operational moves.</li> <li>Key Deliveries for the Year – significant milestones included the alignment of the WPAS, updates to the LIMS Diagnostic system in the Autumn and the implementation of e-prescribing also scheduled for the Autumn.</li> <li>National Digital Maternity System – programme has been suspended however, the Health Board was developing a Business Case to procure a local maternity system aligned with existing systems in Cardiff &amp; Vale UHB and Aneurin Bevan UHB.</li> <li>Collaboration with Betsi Cadwaladr UHB – work was ongoing around mental health to lead a procurement in 2025-26 demonstrating effective collaboration between Health Boards.</li> <li>Modular Electronic Patient Record (EPR) approach – good progress has been made with plans to take the next steps in the EPR journey focussing on the Emergency Department (ED) and order communications work moving towards a fit for purpose ED solution due to the significant pressures in unscheduled care.</li> <li>Digital Pathology – a Business Case for digital Pathology was planned to be presented to the Health Board for approval at its March meeting.</li> </ul>



- Information Governance – the Information Commissioners Office (ICO) had acknowledged the improvements within the Health Board’s IG provision with training compliance now around the 82% mark of the 85% target.
- Data Provision – the team were working on a revised performance framework, however, there was pressure to meet the demand for data provision.
- Medical Records – storage of papers records continue to be a challenge and there is ongoing work to improve transparency and collaboration with operational teams.
- Cyber Security – it was key that the Committee were sighted on the cyber security work moving forwards as part of the ‘CLOSED’ In Committee meeting.
- Capital and Revenue – the Health Board had secured some good chunks of capital funding for replacement programmes, however, there were some challenges with short-term funding.
- Subject Access Requests (SARs) – there were significant backlogs with regard to mental health SARs and work was ongoing to address this issue.

S. Morris extended his thanks to the Digital team for their efforts and the need for continued collaboration to address the challenges and achieve planned milestones.

D. Jouvenat referred to the rate of errors contained in medical records and queried what actions were being taken to ensure that these errors decrease. S. Morris advised that there were operational challenges and the need for refining service procedures to address the errors and they were working alongside the Patient Care and Safety team to try and surface the issues via the quality and safety route with further work required with operational teams to improve the issue.

P. Roseblade thanked S. Morris for an informative report which was helpful and provided a good background for the Committee.

P. Roseblade queried how many whole-time equivalent staff were involved in each of the areas mentioned in the report and suggested that it would be interesting to include this information and provide a clearer picture of the resources allocation to each area. S. Morris advised that he had not provided the detail on this but indicated that it was a good point to consider.

P. Roseblade referred to the systems moving from Swansea Bay and queried whether the staff would also move over with those systems. S. Morris advised that initially some staff from Swansea Bay did move across to Cwm Taf Morgannwg (CTM) and there was a service level agreement in place with Swansea Bay. However, more recently it has been about a budget transfer rather than a staff transfer. The budget was re-allocated to support the increased volume of work and operational efficiencies were being considered to manage the resources effectively.



	<p>P. Roseblade referred to the misfiling of medical records and queried what was being done to correct this and whether the issue would persist until an electronic system was implemented. S. Morris advised that the misfiling issue was being addressed through education and working with ward clerks to ensure proper filing practices. However, there were some challenges with this due to the busy nature of the wards. The longer-term solution would involve moving to a digital system but this would be over a 3-to-10-year journey.</p> <p>P. Roseblade queried whether the Health Board had received a response from the ICO with regard to legal proceedings and complaints made. S. Morris confirmed that this was not being pursued any further and the case had been closed.</p> <p>I Wells expressed concern about the transition to an all-Wales system for cardiac pathways given the past challenges with developing all Wales systems and the tight deadline of 2026 for implanting such systems. S. Morris acknowledge the concern about the transition and advised that this has been raised as a priority over the last 18 months and the need for funding and support to deliver the solution. however, he added that there was a good Cardiology Network working on this and he was confident that a resolution would be reached.</p> <p>I Wells sought an update on the Open Eyes system. S. Morris advised that the Open Eyes system was used extensively in Cardiff and Vale UHB and within CTM for glaucoma. The plan was for the national service to take on the contract but they did not feel that the existing contract was fit for purpose, therefore Cardiff and Vale UHB have been asked by Welsh Government to lead on the Open Eyes system for Wales and have extended their contract into 2026 when a more robust re-procurement of a regional solution alongside Aneurin Bevan UHB.</p> <p>I Wells referred to digital major incidents such as cyber-attacks and in particular the cyber-attack that had taken place in Ireland and suggested that digital incidents should be included within the Major Incident Plan and also discussed at the In Committee meeting of the Committee. S. Morris advised that he would include this as an action for the next meeting.</p>
Resolution:	The report was <b>NOTED</b>
Action:	To report any cyber-attacks to the Committee at the 'CLOSED' in Committee meeting moving forward and consider adding to the Major Incident Plan
<b>6. RISK MANAGEMENT</b>	
6.1	<b>Organisational Risk Register</b>
	<p>G. Watts presented the report.</p> <p>G. Watts advised that this version had been updated on the 3<sup>rd</sup> January 2025 and acknowledged the operational pressures that have prevented some risks from being updated. There were no new risks contained within the report or increases in risk scores, however, there had been some decreases in risks relating to the recruitment of medical and dental staff and the potential failure</p>



	<p>to break even at year end, due to additional in year Welsh Government funding. An emerging risk in relation to Pathology services was also noted. Further updates to the risks would be received in the next iteration.</p> <p>Members were advised that Risk Training continued across the organisation with some excellent feedback being received.</p> <p>I Wells questioned the decision to reduce the risk score from 15 to 12 for risk 4080 that related to the recruitment of medical and dental staff and expressed concern that the risk remained high despite being managed through the Care Group. H. Daniel, in response, explained that whilst there are issues around recruiting staff, the reduction in the risk score was based on the consequence against the reality of the situation, and that the risk was mitigated effectively through various measures such as temporary workforce and changes to service models</p> <p>The Chair commented that the inherent risk remained the same but there were still challenges with regards to recruitment and it would be helpful for the Committee to have a more robust explanation on the decision to reduce this risk and assurances provided. H. Daniel advised that he would discuss this with the Medical Director and would provide a further update outside of the meeting.</p> <p>P. Roseblade advised that she had a similar point on the Integrated Medium-Term Plan (IMTP) on page 4 in relation to accessing dental care via the Health Board urgent dental hub and expressed concern that describing the urgent hub as the preferred access route seemed unclear as anything described as urgent should not be the preferred route for accessing dental care. G. Hughes advised that he would ask J. Denley to provide a response.</p> <p>The Chair commented that she noted the significant pressure that teams were currently under in trying to do their day jobs and not having the capacity to update. However, the risk register has suffered as a consequence of this and requested that the Committee would have a more robust update when they next meet without any caveats. G. Hughes advised that he would commit to this as an action.</p>
Resolution:	<p>The Committee</p> <ul style="list-style-type: none"> <li>• <b>REVEIWED</b> and <b>CONSIDERED</b> the Organisational Risk Register</li> </ul>
Action:	<p>To provide a response on accessing dental care at the Health Board's urgent dental hub.</p>
Action:	<p>To provide a more robust risk register without caveats at the next meeting of the Committee.</p>
<p><b>7. PLANNING FRAMEWORK</b></p>	
7.1	<p><b>Integrated Medium Term Plan Quarter 2 Update</b></p>
	<p>L. Prosser presented the report and provided an overview of the IMTP quarterly update.</p>



	<p>L. Prosser advised that the Plan focusses on the delivery around specific ministerial priorities and explained the confusion in relation to the overlapping of information and timings of the report which is for quarter 2 but includes some references to quarter 3. L. Prosser highlighted that other key areas of delivery were covered in the Integrated performance report.</p> <p>The Chair referred to the point made about the reporting period timings being an issue and queried whether it would be better for this Committee if the meetings were aligned to the reporting periods, for example, mid-February, May etc if they were to receive more up to date information.</p> <p>G. Watts advised that in setting out the dates for this Committee they did so by working with the Executive Directors to agree timings to ensure up to date reports in terms of the Performance and Finance reports.</p> <p>G. Hughes, in response, suggested that there would be a bit of duplication with some of the other reports and this would be a piece of work that they could do in starting to evolve the reports for this Committee and on the Forward Work Plan moving forward.</p> <p>L. Prosser advised that this report could be added onto the Consent Agenda for the Committee to note what has been reported to Welsh Government.</p> <p>I Wells commented that there was a lot of information contained within the report which was helpful, however, one concern he had was with regard to the dental waiting list which was currently a big problem and he asked if the Committee could have an update on this similar to what the Board had received at a previous Development Session.</p> <p>G. Hughes acknowledged the significant challenges with dental waiting lists and advised that the Health Board was commissioning a large amount of general dental activity. However, they were experiencing a large number of hand-backs from dental practices unable to deliver the contracts. G. Hughes confirmed that they were exploring the potential for the Health Board to become a provider of general dental activity and particularly in those areas with insufficient provision and he would provide further detail and updates to the Committee on this moving forward.</p>
<i>Resolution:</i>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the progress of the IMTP actions as set out in the report and the appended documents.</li> <li>• <b>NOTED</b> 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.</li> </ul>
<i>Action:</i>	<p>To provide further detail and updates on the dental waiting lists to future meetings of the Committee.</p>



7.2	<p><b>Major Incident Plan and Specific Site Procedures</b></p>
	<p>L. Prosser presented the report and provided an update on the progress of the Major Incident Plan and Specific Site Procedures.</p> <p>L. Prosser explained that as a Category One Responder, the Health Board must have an up-to-date Major Incident Plan. The revision process is now nearly due completion and L. Prosser extended her thanks to J. Evans, Emergency Preparedness, Resilience and Response Manager (EPPR) and commended him for the work on the Plan. J. Evans would be leaving the Health Board at the end of the month with a new team member from Public Health with an EPPR background supporting the function on a part-time basis until recruitment is completed.</p> <p>P. Roseblade queried whether there were any problems with data sharing agreements with other organisations such as the Fire Service and Police for example. L. Prosser advised that during any major incident the Joint Emergency Services Interoperability Principles (JESIP) Framework is followed which allows for the necessary sharing of information, however, it was rarely at an individual level and individuals were never named. L. Prosser confirmed that she had never known data sharing to be a constraint in a major incident situation.</p> <p>The Chair advised that if there was a risk to life that was for crime prevention purposes then that data could be shared.</p> <p>I Wells queried why the Plan did not refer to digital major incidents as they were becoming more frequent and could have a severe effect on business continuity if digital systems were taken out. L. Prosser explained that the major incident plan was designed to be applied regardless of the cause of the incident and that any organisation could call a major incident if it required mutual support and this would include digital major incidents. L. Prosser added that the business continuity planning that sits beneath the major incident plan would look at specific scenarios such as digital disruptions. L. Prosser advised that she would feedback the comments made.</p>
Resolution:	<p>The Committee</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the content of this progress update and note the development of the draft overarching Major Incident Plan and the imminent completion of the site-specific plans</li> </ul>
Action:	<p>No action was identified.</p>
<p><b>8. INTEGRATED PERFORMANCE MANAGEMENT</b></p>	
8.1	<p><b>Integrated Performance Dashboard</b></p>
	<p>L. Prosser presented the report.</p> <p>L. Prosser advised that moving forward the report will focus on reducing the narrative and to include the 15 top priorities and also measures around responses.</p>



H. Daniel advised that for future meetings the Committee would receive the detailed workforce metrics report.

P. Roseblade advised that this report was the same one that is presented to lots of other Committees as well and does need updating as the number of pages in each report makes it almost impossible to take in all the information presented. P. Roseblade highlighted the need for scrutiny on certain statistics and what actions were being taken rather focussing on operational details.

G. Hughes, in response, advised that the plan was to make the Performance Dashboard more focussed on specific actions, timelines and the intended impact rather than providing a narrative, with a more targeted assessment of performance looking at trends and specific metrics and ensuring that the presentation of the dashboard is clear and concise.

P. Roseblade, agreed with the points made and queried when the Committee would start to see the changes to happen. G. Hughes advised that the plan was to bring the revised report to the April meeting.

G. Hughes flagged a number of key areas for the Committee to note:

- 1 Hour Performance in the ED – There had been a drop in December due to high activity levels and particularly at the Royal Glamorgan Hospital, however, performance had improved in January reaching over 67%.
- 12 Hour Waits – Continued challenges with patients staying in the ED for longer than 12 hours which was impacting on their outcomes.
- Cancer Performance – Slight improvement with an upward trajectory each month. However, there were some risks related to endoscopy capacity and fragility within pathology services.
- Planned Care – Good progress being made in reducing the number of patients waiting over 2 years for treatment with a plan to address the remaining cases in orthopaedics by Quarter 1 of the next financial year.
- Stroke Services – Due to the fragility of the service the decision was made to consolidate the acute stroke services to the Royal Glamorgan Hospital site and a detailed briefing report was on the agenda for discussion today.
- Follow Ups Not Booked (FUNB)– Further focus on reducing the volume of FUNBs and in particular specialties such as ophthalmology and orthopaedics with an aim to ensure that patients receive timely follow up care and address the backlogs in these areas.

P. Roseblade referred to the GP measures and statistics and expressed her concern that the report had indicated that 100% of GP Practices had achieved the in-hours access standards during 2023-24 yet people have been struggling to obtain GP appointments and she felt that the measure was not representative of the actual situation and could give the impression that the report was not being factual. G. Hughes, in response, acknowledged the point made and advised that the measure reported was based on Welsh Government standards

	<p>which might not fully capture the public's experience. G. Hughes advised that there was ongoing work to develop measures that better reflect what really matters to patients and their actual access to GP services.</p> <p>J. Denley, in response, advised that the Welsh Government measures for primary care access do not fully reflect the public's experience as they show 100% of GP Practices meeting the in-hours access standards despite ongoing difficulties reported by the public. J. Denley confirmed that there were discussions currently being held with Welsh Government colleagues about whether the right measures were being used and the need to understand who is accessing primary care and why to consider alternative support mechanisms.</p>
Resolution	The Committee <b>DISCUSSED and NOTED</b> the report.
Action:	To bring the revised Dashboard to the next meeting of the Committee.
8.2	<p><b>Urgent &amp; Emergency Care Six Goals Programme Update/Brainomix Presentation</b></p> <p>G. Hughes Presented the Report and J. White provided a presentation on Brainomix.</p> <p>P. Roseblade made reference to the recruitment of GPs within the report and queried whether the recruitment issue was related to GP Practices or the navigation hub. G. Hughes advised that the recruitment issues for specifically related to the navigation hub and was linked to the employment status of GPs.</p> <p>The Chair enquired whether the recruitment issues and challenges were included in the reporting back to Welsh Government so that they were aware of the delays and difficulties. J. Denley confirmed that the issues were being communicated to Welsh Government as they were waiting for their guidance on the employment status of GPs which was causing the delays in onboarding new doctors. J. Denley advised that they were trying to manage the risk whilst waiting for the national guidance.</p> <p>P. Roseblade inquired whether the 17% figure for the Welsh Ambulance Services NHS Trust (WAST) 'see and treat' included the use of the navigation hub and if so expected that figure to improve. G. Hughes provided an explanation in that the 17% figure for WAST 'see and treat' specifically referred to contacts within their clinical service desk and WAST were changing their service model to increase the volume of see and treat that they undertake. G. Hughes advised that the navigation hub was being expanded with a recent pilot showing positive results and plans to further increase the hub's capacity with CTM currently having discussions to become a pilot site for the 'Ticket to Ride' model which would ensure that appropriate conveyance decisions were made through the hub.</p>



	<p>P. Roseblade queried whether the 'Brainomix' system was now available in the Royal Glamorgan Hospital now that the stroke service had moved. J. White confirmed that it was.</p> <p>P. Roseblade referred to the 48% positive predictive value (PPV) that was referred to the presentations and queried whether 100% of the patients identified by 'Brainomix' as having a large vessel occlusion (LVO) were sent to Bristol for thrombectomy and for those other patients that did not have an LVO would the thrombectomy procedure cause them any harm. J. White confirmed that 'Brainomix' tended to over-estimate the presence of LVO's and if there was any doubt, they would wait for the CT angiogram to be formally reported before accepting the patient which would ensure that patients without an actual blockage would not undergo thrombectomy.</p> <p>I Wells referred to AI software that was used, for example, to detect breast tumours which can identify better than the consultant and queried whether the 'Brainomix' software was capable of doing this. J. White advised that they had compared the software to neuro radiologists and stroke consultants but felt that it was not as acute as what the neuro radiologist would see in interpreting scans.</p> <p>The Chair enquired whether 'Ticket to Ride' would apply to people in community hospitals. G. Hughes confirmed that the process involved discussing conveyance with the medical registrar on call for the receiving site and there is a plan to include community hospitals in the strategic plan around conveyance decisions. applied to community.</p> <p>The Chair thanked J. White for his presentation which was fascinating and the fact that it was getting patients treated more quickly.</p>
Resolution	The Committee <b>NOTED</b> the highlights outlined in Section 3 of the report and <b>NOTED</b> the presentation on Brainomix
Action	No action identified
8.3	<p><b>Planned Care Transformation Programme</b> G. Hughes presented the report.</p> <p>I Wells commented that it was good to see the Ophthalmology plan which showed encouraging progress in addressing the backlog in the service.</p> <p>The Chair thanked G. Hughes for a very detailed report.</p>
Resolution:	The Committee <b>NOTED</b> the updates provided and support the continuation of the programme with the actions required
Action:	No action identified
8.4	<p><b>Primary Care and Community Highlight Report</b> G. Hughes presented the report.</p>



	<p>The Chair referred to the Committee being sighted on the digital activity and aired caution to ensure that there was no duplication in reporting so that decisions could be made and assurances sought across various Committees.</p> <p>I Wells referred to the Out Patients Department at Maesteg Hospital and the cancelled clinics and queried when this would be resolved in terms of stability and a timeframe. G. Hughes advised that Maesteg Hospital was managed differently to every other hospital site and is managed by the core out-patients team but would transfer to the planned care nursing team. G. Hughes advised that he was not sure about timelines but would come back on that.</p> <p>P. Roseblade referred to the Primary and Community Care Highlight Report that had been received at the Quality, Safety &amp; Experience Committee last week which looked very different to this report and did not include the amount of detail on the salaried dental services which had been escalated. G. Hughes advised that he would feed this back to the authors of the reports that they need to be more consistent and that they report on the delivery of the programme rather than operational matters.</p>
Resolution	The Committee <b>NOTED</b> the highlights in section 3 of the report.
Action:	To feedback the inconsistency on the two Primary and Community Care Reports
8.5	<p><b>Mental Health Transformation Highlight Report</b> G. Hughes presented the report.</p> <p>G. Hughes referred to the temporary closure of Cefn Yr Afon in Bridgend and the decision made to consolidate the rehabilitation services due to the significant fragility within the medical workforce in mental health and advised that the consolidation was due to be completed in February.</p> <p>I Wells raised concern in relation to the reduction in the risk score for the failure to recruit medical and dental staff from 15 to 12 and queried the rationale behind the decision to reduce the risk score, given the ongoing challenges in recruitment.</p> <p>G. Hughes advised that whilst there were ongoing issues with recruitment, the risks were being managed and mitigated through various measures such as temporary workforce solutions and changes to services models, hence the reduction in the risk score.</p> <p>H. Daniel commented that the current approach to managing risks related to workforce recruitment should be more detailed and localised by specialty and that instead of having a broad risk category such as "difficulty in recruiting doctors" it would be more effective to have specific risks managed at a local level by specialty and escalated as necessary. H. Daniel emphasised the need for granularity in identifying and predicting fragility in services due to workforce issues</p>



Resolution	The Committee <b>NOTED</b> the highlights in section 3 of the report.
Action	No action identified
8.6	<p><b>Urgent Changes to acute Stroke Services – Briefing</b> G. Hughes and S. Follows presented the report.</p> <p>The Committee were advised that this report had also been received by the Quality, Safety and Experience Committee at their meeting last week and outlines the rationale for the decision made to move the stroke services to the Royal Glamorgan Hospital and the process for identifying that specific site.</p> <p>I Wells queried whether this was a temporary or permanent decision. G. Hughes confirmed that it was temporary but as part of the regional solution they would need to think about their arrangements with Cardiff and Vale UHB and identify what the right model would be for CTM.</p> <p>The Chair advised that this had also been discussed at the Strategic Development Committee where the question had been asked if there was a very clear plan to make longer term changes.</p>
Resolution	The Committee is being asked to <b>NOTE</b> 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.
Action:	No action was identified.
<b>9. FINANCIAL MANAGEMENT / PERFORMANCE</b>	
9.1	<p><b>Month 9 Finance Report</b> S. May presented the Report.</p> <p>The Chair thanked S. May for the report and the huge amount of work that was being undertaken by various teams.</p> <p>P. Roseblade referred to the discussion on timings of meetings and commented that this report reflected that this was a good example of getting it right.</p> <p>P. Roseblade commended the capital team for their excellent work in managing the capital programme, especially given the amount of money coming in and the complexity of co-ordinating with so many different people involved and extended her thanks to the team.</p> <p>P. Roseblade referred to the pay award and queried whether the Welsh Government funding would not include bank staff. S. May advised that there had initially been a view that the pay award for bank staff was a discretionary health board decision. However, it has subsequently been clarified by NWSSP that the pay award is part of the All-Wales terms of engagement for bank workers. Pay award funding, including bank, has been funded by Welsh Government non-</p>



	<p>recurrently for 2024-25. The recurrent funding position will be determined once WG colleagues are provided with evidence that it is not discretionary.</p> <p>I Wells referred to the £92m capital money and queried whether this had to be spent by the end of the financial year and did that money include the Princess of Wales Hospital (PoW) roof. S. May confirmed that it did have to be used by year-end and that £16.5m of that was included for the PoW roof. S. May also noted that there was some flexibility to go back to Welsh Government if the PoW programme slipped and that this has already happened with some other schemes such as Sunnyside for example.</p> <p>S. May advised that there was quite a lot of digital money still coming in which was separate from the main slippage bids and that managing this was quite challenging as yearend approaches. S. May referenced the work of the capital, digital and procurement teams in managing this process to maximise benefit.</p> <p>S. Morris added that the digital money was still coming in even as late as yesterday, however, to be receiving funds so late in the financial year was not helpful in terms of long-term planning as suppliers cannot turn around orders as quickly as they used to. S. Morris advised that the small teams in digital, procurement and finance have done an incredible job to clear the capital efficiently</p> <p>S. May noted that Welsh Government were establishing a targeted estates fund moving into next year. Which would focus on estate infrastructure, fire safety, mental health, decarbonisation and infection prevention control and decontamination.</p>
Resolution:	The Committee <b>DISCUSSED</b> and <b>NOTED</b> the report.
Action:	No action was identified.
9.2	<b>Month 9 Finance Performance Report.</b> S. May presented the report.
Resolution	The Committee <b>DISCUSSED</b> and <b>NOTED</b> the report
Action:	No action was identified.
9.3	<b>Welsh Government Allocation Letter 2025-26</b> S. May presented the report and attachments that outlined the Welsh Government Health Board and Trust allocations for 2025-26.
Resolution	The Committee <b>NOTED</b> the contents of the 2025-26 Health Board Allocations and accompanying correspondence from the Cabinet Secretary and Director General/NHS Wales Chief Executive
<b>10.</b>	<b>CONSENT AGENDA</b>
10.1	<b>Items for Approval</b>



10.1.1	<b>Final Minutes – Planning Performance &amp; Finance Meeting and In Committee meeting held on 14th November 2024 were APPROVED.</b>
10.1.2	<b>Ratification of Chairs Urgent Action People &amp; Culture Committee – Approval of the All-Wales Job Evaluation Policy &amp; Procedure</b>  The Policy was <b>APPROVED.</b>
10.1.3	<b>Approval of the Environmental Management Policy</b>  The Policy was <b>APPROVED.</b>
10.2	<b>Items for Noting</b>
10.2.1	<b>Months 7,8, &amp; 9 Monitoring Returns to Welsh Government</b>  The Monitoring Returns were <b>NOTED.</b>
10.2.2	<b>Committee Forward Work Plan</b>  The Forward Work Plan was <b>NOTED.</b>
<b>11.</b>	<b>OTHER MATTERS</b>
11.1	<b>Committee Highlight Report to Board</b> The Committee Chair noted that the Director of Corporate Governance had helpfully identified some potential areas for inclusion within the Committee Highlight Report which would be circulated for further consideration outside the meeting in readiness for submission to Board.
11.2	<b>Any Other Urgent Business</b> There was no urgent business to discuss.
11.3	<b>Meeting Feedback</b> The Chair invited members to provide feedback in the meeting or outside if that was preferable.
<b>12.</b>	<b>PRIVATE CLOSED IN COMMITTEE</b>
	The Chair advised that the following items would be discussed at the Private (CLOSED) In Committee: <ul style="list-style-type: none"> <li>• Organisational Risk Register – Business Sensitive Risks</li> <li>• Princess of Wales Hospital Building Update</li> </ul>
<b>13.</b>	<b>CLOSE OF MEETING/DATE AND TIME OF NEXT MEETING</b>
	29 <sup>th</sup> April 2025 at 2:00 pm

**Unapproved Minutes of the In Committee Operational Delivery Committee**

<b>Date and Time of Meeting</b>	Tuesday 28 <sup>th</sup> January 2025 at 12:30 pm
<b>Venue</b>	Virtually via Microsoft Teams

<b>Members Present</b>	Rachel Rowlands	Independent Member (Committee Chair)
	Ian Wells	Independent Member (in-part)
	Patsy Roseblade	Independent Member
	Kath Palmer	Vice Chair/Independent Member
	Dilys Jouvenat	Independent Member
<b>In Attendance</b>	Gethin Hughes	Chief Operating Officer
	Linda Prosser	Executive Director of Strategy & Transformation
	Sally May	Executive Director of Finance
	Hywel Daniel	Executive Director for People
	Richard Hughes	Deputy Director of Nursing
	Stuart Morris	Director of Digital
	Sarah James	Deputy Chief Operating Officer
	Julie Denley	Deputy COO/Director of Primary, Community, MH & LD
	Hayleigh Jones	Deputy Director for People
	Gareth Watts	Director of Corporate Governance/Board Secretary
	Kathrine Davies	Corporate Governance Manager (meeting secretariat)
<b>Meeting Observers</b>	Emma Walters	Head of Corporate Governance & Board Business

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
1.1	<b>Welcome and Introductions</b>
	The Committee Chair welcomed everyone to the meeting.
1.2	<b>Apologies for Absence</b>
	Apologies for absence were received from: <ul style="list-style-type: none"> <li>Greg Dix, Executive Director of Nursing/Deputy CEO</li> </ul>



1.3	<b>Declarations of Interest</b>
	There were no interests declared.
<b>2.</b>	<b>MAIN AGENDA</b>
2.1	<p><b>Organisational Risk Register – Cyber / Business Sensitive Risks</b></p> <p>G. Watts presented the report for the Committee to review and discuss the Organisational risk register and consider whether the assigned risks have been appropriately assessed.</p> <p>G. Watts advised that no changes had been made to the two risks in relation to Ransomware.</p>
Resolution:	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>REVIEWED</b> the risks escalated to the Organisational Risk Register at appendix 1. And;</li> <li>• <b>CONSIDERED</b> that they could seek assurance that all was being done to mitigate the risks.</li> </ul>
Action:	No action was identified.
2.2	<p><b>Princess of Wales Hospital Building Update</b></p> <p>L. Prosser presented the report and advised that the report provides a summary of the events leading up to the decant of the building and specifically a review of the escalation arrangements currently in place.</p> <p>S. May advised that the critical incident had related specifically to the roof safety issues with the roof battens and not about the roof leaks and related to phase one.</p> <p>S. May confirmed that Welsh Government have requested a critical friend review which will take place over the next couple of weeks and will provide a clearer picture in relation to whether the health board could have anticipated better about the critical incident issues.</p> <p>S. May advised that the original drawings of the hospital were not transferred over as part of the Bridgend transition in 2019 and is a real gap in terms of what they had to work with.</p> <p>G. Watts advised that the Chair and Chief Executive have requested that he undertakes an internal review and he was hoping to complete this within the next couple of weeks. He confirmed that he would also fully co-operate with the Welsh Government review and share any relevant information</p> <p>S. May reminded the Committee that the assessed backlog maintenance was £108m and CTM will receive £12m as the new discretionary allocation based on the backlog value.</p>



	The Committee noted that a Princes of Wales Project Board had been established to oversee the programme moving forward.
Resolution:	The Committee <b>NOTED</b> the detail provided within the Cover Report and the Accountable Officer letter submitted by the Chief Executive to the Director General dated the 25 <sup>th</sup> October 2024.
Action:	No action was identified.
<b>3</b>	<b>ANY OTHER BUSINESS</b>
3.1	There was no business to report.
<b>4.</b>	<b>DATE AND TIME OF NEXT IN COMMITTEE SESSION – 29 APRIL 2025 AT 13:30 PM</b>



**Agenda Item**

10.1.3

**Operational Delivery Committee**

**RATIFICATION OF CHAIRS ACTION:  
APPROVAL OF THE ANNUAL EQUALITY REPORT  
2023-2024**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gareth Watts, Director of Corporate Governance/Board Secretary
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
EDI Working Group	17/09/2024	For Information
Executive Management Board	24/02/2025	Endorsed
Chairs Urgent Action	27/02/2025	Endorsed for Board Approval
Health Board	27/03/2025	Approved

<b>Acronyms / Glossary of Terms</b>	
EDI	Equality, Diversity & Inclusion



## 1. Situation / Background

- 1.1 The purpose of the report is to present the Annual Equality Report 2023-24 which has been endorsed for implementation by the Executive Management Board and approved by the Health Board.
- 1.2 A request seeking urgent support for approval of Annual Equality Report was circulated on the 27 February 2025, following agreement with the Operational Delivery Committee Chair. This resulted in the following responses indicating support from Committee IMs:
- Rachel Rowlands (Committee Chair)
  - Gethin Hughes – Chief Operating Officer (Executive Lead for Committee)
  - Dilys Jouvenat – Independent Member
  - Ian Wells – Independent Member

This was Endorsed for Board Approval on the 6 March 2025 and the Director for People, was notified.

## 2. Specific Matters for Consideration

### 2.1 Annual Equality Plan 2023-24

- 2.2 The Annual Equality Report is a statutory requirement each year, providing a summary of our equality activity for that reporting period. A summary of our EDI activity and achievements in 2023-2024 includes reviewing and improving infrastructure of our Staff Networks, developing a combined Equality and Welsh Language Impact Assessment, further developing education and learning, as well as significant work undertaken by our services and public health team
- 2.3 The Executive Management Board endorsed the Annual Equality Report 2023-24 on the 24 February 2025 and was approved by Health Board for on the 27 March 2025.

## 3. Key Risks / Matters for Escalation

- 3.1 Due to the Operational Delivery Committee not meeting until the 29 April 2025, Chairs Urgent Action was sought to Endorse for Board Approval to enable the Annual Equality Report to be received at the March Public Board for final Approval.
- 3.2 The statutory reporting deadline is the 31 March 2025 and publication will be in line with statutory requirements



#### 4. Assessment

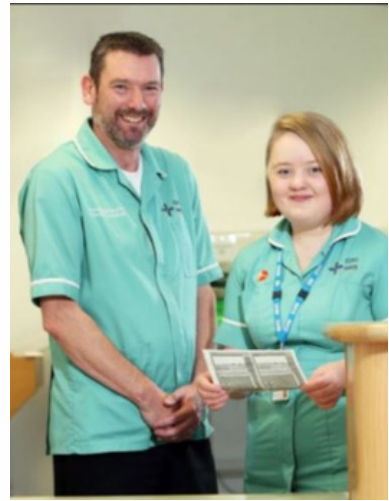
Objectives / Strategy		
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care	
	If more than one applies please list below: Inspiring People	
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Living Well	
	If more than one applies please list below: Growing Well	
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A More Equal Wales	
	If more than one applies please list below:	
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Culture and Valuing People	
	If more than one applies please list below:	
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Person Centred	
	If more than one applies please list below:	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable	
	If more than one applies please list below:	
Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  This is a statutory requirement, summarising of activity and achievements
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



<p><i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>POSITIVE/NEUTRAL NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</p>	<p>This is a statutory requirement, summarising of activity and achievements</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw da / Reputational</b></p>	<p>This is a statutory requirement, summarising of activity and achievements</p>	
<p><b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i></p>	<p>Yes (Include further detail below)</p> <p>Positive outcomes for staff and a more equitable workplace.</p> <p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

**5. Recommendation**

- 4.1 The Operational Delivery Committee is asked to **RATIFY** the **APPROVAL** of the Annual Equality Report 2023-24 via Chair’s Urgent Action as set out above.
- 6. **Next Steps** Following Board Approval the Annual Equality Report will be published in line with statutory requirements.

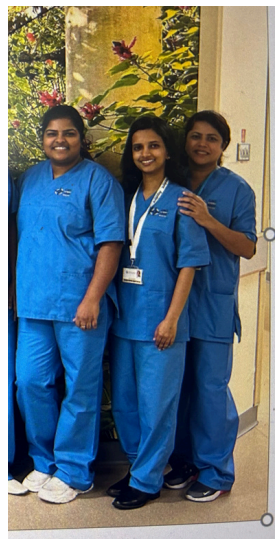
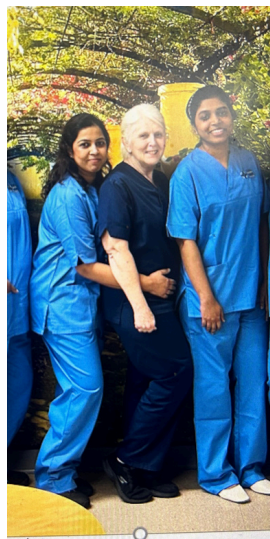


GIG  
CYMRU  
NHS  
WALES

**CWM TAF MORGANNWG**  
UNIVERSITY HEALTH BOARD

# Annual Equality Report

## 2023/24



## Foreword

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

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

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

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

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

Hywel Daniel,  
Executive Director for People



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<b>Our vision and values</b>	<b><u>05</u></b>
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<b>At a glance: key achievements 2023/24</b>	<b><u>07</u></b>
<b>Our Strategic Equality Plan 2024/28</b>	<b><u>09</u></b>
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## Our Health Board

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

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

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

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

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

(1) Data correct as of 1 November 2023



## Our vision and values

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

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



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



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

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

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



**WE LISTEN,  
LEARN AND  
IMPROVE**



**WE TREAT  
EVERYONE WITH  
RESPECT**



**WE ALL WORK  
TOGETHER AS  
ONE TEAM**

## Legal requirements

Under the Public Sector Equality Duty, public authorities must:

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



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

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

## At a glance: key achievements

### For our people, we:

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



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



### Hiraeth.

Cymraeg, mae'n perthyn i ni i gyd.  
Cymraeg. It belongs to us all.



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

## For our communities, service users and patients, we:



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



## Our Strategic Equality Plan (SEP) 2024/28

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

Themes emerged around:

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

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

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



### Services

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



### People

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



### Community

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



### Infrastructure

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



## Development and Supported Internships

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

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

### Supported Internships (previously known as Project Search)



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

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

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

## Meet Evan

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

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

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



# Promoting diversity in the workplace: key campaigns

## Hiraeth



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

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

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

## Cultural Competence



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

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

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

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

## Staff networks and wellbeing

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

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



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



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



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



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

## Wellbeing


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

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

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

**Employee Wellbeing Services**

To access any of our services, please complete our Access Form by scanning the QR code, visiting <https://forms.office.com/e/5DnEXk9hm> or emailing us at [CTM.WellbeingService@wales.nhs.uk](mailto:CTM.WellbeingService@wales.nhs.uk). For more information go to <https://ctmuhb.nhs.wales.nhs.uk/>



How am I?	Supporting Self	Supporting other staff
<b>I feel well and want to stay emotionally healthy</b>	<ul style="list-style-type: none"> <li>Follow us on Twitter @CTMUHBnhs</li> <li>Rest, Recharge and Reconnect - compassion based mindfulness session</li> <li>Virtual Reality Headsets to provide relaxation and mindfulness</li> </ul>	<ul style="list-style-type: none"> <li>Flourish: Bringing Mindfulness to Life - 4 week online course, resources, tools and experiences of working with Awareness, Balance and Compassion to bring Mindfulness to your life.</li> <li>Introductory Mindfulness courses available from Valleys Steps <a href="http://valleysteps.org">valleysteps.org</a></li> </ul>
<b>I am beginning to struggle with my emotional wellbeing</b>	<ul style="list-style-type: none"> <li>Management Briefs: Individual wellbeing support for managers</li> <li>Menopause@CTM - support for people affected by perimenopause/menopause</li> <li>Healthy Lifestyle 10 week course to support weight loss and sustainable lifestyle changes</li> </ul>	<ul style="list-style-type: none"> <li>Wellbeing Workshops e.g. Anxiety, Low Mood, Sleep, Unlearning, Stress, Barriers to Exercise, Building Resilience</li> <li>Trauma First Aid - support for individual teams impacted by trauma at work</li> <li>24/7 Virtual telephone helpline, online workbooks and counselling - 03303 800 858 and <a href="http://www.ctmuhb.nhs.uk">www.ctmuhb.nhs.uk</a></li> <li>Free on-line resources on <a href="http://ctmuhb.nhs.wales.nhs.uk">ctmuhb.nhs.wales.nhs.uk</a></li> <li>Free on-line resources on <a href="http://ctmuhb.nhs.wales.nhs.uk">ctmuhb.nhs.wales.nhs.uk</a></li> <li>Reading that well-being books via CTM Library service and public libraries</li> </ul>
<b>I am struggling with my emotional wellbeing</b>	<ul style="list-style-type: none"> <li>Referral (self-manager) to Vring Counselling service - <a href="http://www.vring.co.uk">www.vring.co.uk</a> 03303 800 858</li> <li>Carer Support Helpline (Mon-Fri) 0800 858 2748 or <a href="http://carers.nhs.uk">carers.nhs.uk</a></li> <li>Work based Therapy Service - therapy for those affected by work based events which has caused significant distress or harm</li> <li>Mindfulness Based Living Course - 8 week course</li> </ul>	<ul style="list-style-type: none"> <li>Wellbeing Supporter training: 4-hour training course that aims to provide staff with the tools to support their colleagues who may be struggling with their emotional wellbeing</li> <li>Wellbeing Team Intervention: Support for teams that are struggling</li> <li>Managers' Consultation slots: A space to discuss the wellbeing of a colleague struggling with their emotional wellbeing</li> </ul>
<b>I am really struggling with my emotional wellbeing</b>	<ul style="list-style-type: none"> <li>Speak to your GP to access Mental Health services. If you are in mental health crisis please contact the emergency services or your local crisis team.</li> </ul>	

Version 12, Mar 2024

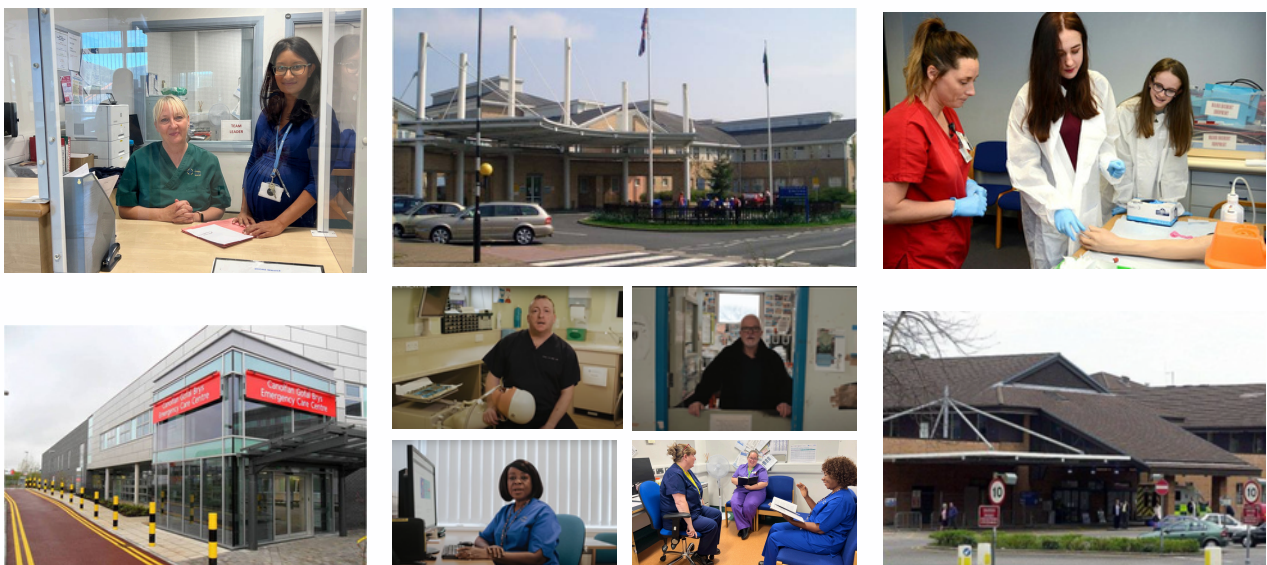


In addition, the team have:

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

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

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



## Acknowledgements

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

## Contact us



OD&I\_CTM@wales.nhs.uk



01443 744800



**Agenda Item**

10.1.4

**Operational Delivery Committee**

**RATIFICATION OF CHAIRS ACTION:**

**Approval of the Charter for Families Bereaved by Public Tragedy**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gareth Watts, Director of Corporate Governance/Board Secretary
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Approval
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Executive Management Board	24/02/2025	Endorsed for approval
Urgent Chair's Action – Operational Delivery Committee Members by Email	27/02/2025	Approved
Urgent Chair's Action – Health Board by Email	10/03/2025	Approval
Public Health Board Meeting	27/03/2025	Chairs Urgent Action - Ratified

**Acronyms / Glossary of Terms**

SWLRF	South Wales Local Resilience Forum
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## 1. Situation /Background

- 1.1 The purpose of the report is to present the Charter for Families Bereaved by Public Tragedy which has been approved for adoption by the Health Board via Chairs Urgent Action on the 10<sup>th</sup> March 2025 and was ratified by the Health Board at its meeting held on 27 March 2025.
- 1.2 A request seeking urgent support for approval of the Charter was circulated on the 27 February 2025 following agreement with the Operational Delivery Committee Chair. This resulted in the following responses indicating support from Committee IMs:
- Rachel Rowlands – Independent Member (Committee Chair)
  - Gethin Hughes – Chief Operating Officer (Executive Lead of Committee)
  - Dilys Jouvenat – Independent Member
  - Ian Wells – Independent Member
- 1.3 Following which, a request seeking urgent support for approval of the Charter was circulated on the 10<sup>th</sup> March 2025 to Members of the Health Board.

## 2. Specific Matters for Consideration

### 2.1 Charter for Families Bereaved by Public Tragedy

- 2.2 The 2017 review of the Hillsborough tragedy, undertaken by Bishop James Jones identified 25 learning points, including the development of a Charter for families bereaved by public tragedy.
- 2.3 The Charter sets out a commitment to standards for public bodies to adhere to in the event of a public tragedy, with a focus on transparency and acting in the public interest.
- 2.4 The South Wales Local Resilience Forum (SWLRF) has endorsed the adoption of the charter by all organisations in the forum.
- 2.5 The Charter sets out the following commitments:
1. In the event of a public tragedy, support the activation of emergency plans and deployment of resources to rescue victims, to support the bereaved and to protect the vulnerable.
  2. Place the public interest above our own reputation.
  3. Approach forms of public scrutiny – including public inquiries and



inquests – with candour, in an open, honest and transparent way, making full disclosure of relevant documents, material and facts. Our objective is to assist the search for the truth. We accept that we should learn from the findings of external scrutiny and from past mistakes.

4. Avoid seeking to defend the indefensible or to dismiss or disparage those who may have suffered where we have fallen short.
5. Ensure all members of staff treat members of the public and each other with mutual respect and with courtesy. Where we fall short, we should apologise straightforwardly and genuinely.
6. Recognise that we are accountable and open to challenge. We will ensure that processes are in place to allow the public to hold us to account for the work we do and for the way in which we do it. We do not knowingly mislead the public or the media.

### 3. Key Risks / Matters for Escalation

- 3.1 It is recommended that Cwm Taf Morgannwg University Health Board adopts the Charter for Families Bereaved by Public Tragedy as a public body and a category one responder under the Civil Contingencies Act (2004).

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Choose an item.
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Enablers of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Leadership
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) /	Person Centred
	If more than one applies please list below:



<b>Link to Domains of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>		
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable	
	If more than one applies please list below:	
<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?</i> / <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?</i> / <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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 a public charter. The charter is available in English and Welsh.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Adopting the charter would be positive for the health board's reputation as a public body.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) / Resource Impact (People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

- 4.1 The Operational Delivery Committee is asked to **RATIFY** the **APPROVAL** of the Charter for Families Bereaved by Public Tragedy as set out above.



# Charter for Families Bereaved through Public Tragedy

In adopting this Charter I am making a public commitment to ensuring that

learns the lessons of the Hillsborough disaster. This includes ensuring the perspective of bereaved families is not lost during the response of public organisations to major incidents and that families are always treated with care and compassion.

Through the Charter we will strive to:

1. In the event of a public tragedy, support the activation of emergency plans and deployment of resources to rescue victims, to support the bereaved and to protect the vulnerable.
2. Place the public interest above our own reputation.
3. Approach forms of public scrutiny – including public inquiries and inquests – with candour, in an open, honest and transparent way, making full disclosure of relevant documents, material and facts. Our objective is to assist the search for the truth. We accept that we should learn from the findings of external scrutiny and from past mistakes.
4. Avoid seeking to defend the indefensible or to dismiss or disparage those who may have suffered where we have fallen short.
5. Ensure all members of staff treat members of the public and each other with mutual respect and with courtesy. Where we fall short, we should apologise straightforwardly and genuinely.
6. Recognise that we are accountable and open to challenge. We will ensure that processes are in place to allow the public to hold us to account for the work we do and for the way in which we do it. We do not knowingly mislead the public or the media.

Signed: \_\_\_\_\_



# Siarter ar gyfer Teuluoedd sydd wedi Dioddef Profedigaeth drwy Drasiedi Cyhoeddus

Drwy fabwysiadu'r Siarter hon, rwyf yn gwneud ymrwymiad cyhoeddus i sicrhau bod

yn dysgu'r gwersi sy'n deillio o drychineb Hillsborough. Mae hyn yn cynnwys sicrhau na chaiff safbwynt y teuluoedd sydd wedi dioddef profedigaeth ei golli wrth i sefydliadau cyhoeddus ymateb i ddigwyddiadau mawr, ac y caiff teuluoedd eu trin â gofal a thosturi bob amser.

Drwy'r Siarter hon, byddwn yn ymdrechu i:

1. Yn ystod trasiedi cyhoeddus, helpu i weithredu cynlluniau argyfwng a threfnu adnoddau i achub dioddefwyr, rhoi cymorth i bobl sydd wedi dioddef profedigaeth, a diogelu pobl sy'n agored i niwed.
2. Rhoi budd y cyhoedd o flaen ein henw da.
3. Ymdrin â gwahanol ymarferion craffu cyhoeddus – gan gynnwys ymchwiliadau cyhoeddus a chwestau – â gonestrwydd, mewn ffordd agored a thryloyw, gan ddatgelu dogfennau, deunyddiau a ffeithiau perthnasol yn llawn. Ein hamcan yw helpu i ddod o hyd i'r gwirionedd. Rydym yn derbyn y dylem ddysgu o ganfyddiadau gwaith craffu allanol a chamgymeriadau'r gorffennol.
4. Osgoi ceisio amddiffyn yr hyn nad oes modd ei amddiffyn, neu ddiystyru neu amharchu'r sawl a allai fod wedi dioddef lle nad ydym wedi cyrraedd disgwyliadau.
5. Sicrhau bod pob aelod o staff yn trin aelodau o'r cyhoedd a'i gilydd â pharch a chwarteisi. Pan nad ydym yn cyrraedd disgwyliadau, dylem ymddiheuro'n syml ac yn ddiffuant.
6. Cydnabod ein bod yn atebol ac yn agored i gael ein herio. Byddwn yn sicrhau bod prosesau ar waith er mwyn galluogi'r cyhoedd i'n dwyn i gyfrif am y gwaith rydym yn ei wneud a'r ffordd rydym yn ei wneud. Nid ydym yn camarwain y cyhoedd na'r cyfryngau yn fwriadol.

Llofnod: \_\_\_\_\_



**Agenda Item**

10.2.1

**Operational Delivery Committee**

**MONTH 10 MONITORING RETURNS TO WELSH GOVERNMENT**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Mark Thomas, Deputy Director of Finance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Sally May, Director of Finance & Procurement
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May, Executive Director of Finance

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
WG	Welsh Government	
M1 etc	Month 1 etc	
ODC	Operational Delivery Committee	
HB	Health Board	

## 1. Situation / Background

- 1.1 In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the ODC with information from the M10 Financial Monitoring Return submission to Welsh Government

## 2. Specific Matters for Consideration

- 2.1 The Welsh Health Circular WHC (2024) 026 – 2024/25 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 20<sup>th</sup> May 2024. This guidance refers to the monitoring return template and accompanying narrative that LHBS will need to complete to report their 2024/25 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

<b>Annex A</b>
M10 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

## 3. Key Risks / Matters for Escalation

- 3.1 All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.



The key information included in the M10 Financial Monitoring returns is summarised in Section 1.2 of the M10 Narrative report at Annex A. This information is consistent with the M10 Internal Board papers.

#### 4. Assessment

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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not Required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below) Financial Management of the Health Board and potential audit qualifications	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below) Reflects the allocation and utilisation of resources of the Health Board	

## 5. Recommendation

- 5.1 The ODC is asked to NOTE the contents of the M10 Monitoring Returns submitted to Welsh Government for 2024/25.

# CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD MONITORING RETURNS – JANUARY 2025 FINANCIAL COMMENTARY

## Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 January 2025.

The tables attached to this commentary **do not** include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

## 1. Financial Plan, Year to Date and Forecast position

### 1.1 Financial Plan for 2024/25

The Financial plan submitted to WG at the end of March 2024 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
<b>B’Fwd challenge at 31 March 2024</b>	<b>19.4</b>	<b>0</b>	<b>19.4</b>
Income changes	(50.4)	0.6	(49.8)
Cost Pressures & Investments:	55.2	1.4	56.6
Savings Target	(26.3)	0	(26.3)
<b>Total plan 23/24</b>	<b>(2.1)</b>	<b>2.0</b>	<b>(0.1)</b>

The Financial plan also identified a net risk to the planned break-even position of £9.4m. The latest risk assessment is provided in Section 3.

### 1.2 Actual YTD and Forecast 2024-25 (Table A)

	Actual £m	YTD £m	Year-end forecast £m
<b>Month 1</b>	<b>0.9</b>	<b>0.9</b>	<b>0</b>
<b>Month 2</b>	<b>1.4</b>	<b>2.3</b>	<b>0</b>
<b>Month 3</b>	<b>0.4</b>	<b>2.7</b>	<b>0</b>
<b>Month 4</b>	<b>1.4</b>	<b>4.1</b>	<b>0</b>
<b>Month 5</b>	<b>(0.2)</b>	<b>3.9</b>	<b>0</b>
<b>Month 6</b>	<b>(0.6)</b>	<b>3.3</b>	<b>0</b>
<b>Month 7</b>	<b>(0.1)</b>	<b>3.2</b>	<b>0</b>
<b>Month 8</b>	<b>(2.8)</b>	<b>0.4</b>	<b>0</b>
<b>Month 9</b>	<b>(0.2)</b>	<b>0.2</b>	<b>0</b>
<b>Month 10</b>	<b>(0.0)</b>	<b>0.2</b>	<b>0</b>

The M10 position is reporting a small £23k surplus with a £0.2m year to date overspend. The key components of the YTD position and the year-end forecast are summarised below:

	<b>M10 YTD</b>	<b>M10 Year-end forecast</b>	<b>M9 Year-end forecast</b>
	<b>£m</b>	<b>£m</b>	<b>£'m</b>
Savings Shortfall	10.3	11.5	11.7
Operational Variances	11.7	17.8	13.8
Financial Plan Improvements	(9.9)	(14.8)	(11.0)
Additional Financial Allocation	(5.7)	(7.5)	(7.5)
Accountancy Gains	(6.2)	(7.0)	(7.0)
<b>Grand Total</b>	<b>0.2</b>	<b>0</b>	<b>0</b>

<b>Savings Shortfall:</b>	<b>M10 YTD</b>	<b>M10 Year-end forecast</b>	<b>M9 Year-end forecast</b>
	<b>£m</b>	<b>£m</b>	<b>£'m</b>
Shortfall v £24.3m Delegated target	13.7	16.1	16.3
Surplus v £2.2m Non delegated target - CAT M savings	(3.4)	(4.6)	(4.6)
<b>Grand Total</b>	<b>10.3</b>	<b>11.5</b>	<b>11.7</b>

<b>Operational Variances</b>	<b>M10 YTD</b>	<b>M10 Year-end forecast</b>	<b>M9 Year-end forecast</b>
	<b>£m</b>	<b>£m</b>	<b>£'m</b>
AB arbitration outcome	1.6	1.9	1.9
AB LTA activity variances	0.5	0.6	0.6
AB Settlement of LTA dispute	1.0	1.3	0.9
Additional Regional Cataract investment	0.8	0.9	0.9
Unscheduled Care Medical pay overspends	1.8	2.2	1.8
Primary Care Prescribing growth above plan	3.4	4.2	4.7
Corporate directorates – pay underspends	(2.1)	(2.5)	(2.5)
JCC Forecast Deficit (inc VCC transfer of service)	1.6	2.0	1.5
Dental Performance	(0.8)	(1.3)	(1.3)
Med Mgt (Comm Pharm, Vaccines & NICE)	0.9	1.1	1.1
Mental Health CHC/Patient Placements	1.3	1.5	1.3
Net Other Operating Variances (inc Health Protection)	(0.4)	2.8	0
POW Roof integrity issues	2.1	3.1	2.9
<b>Grand Total</b>	<b>11.7</b>	<b>17.8</b>	<b>13.8</b>

<b>Financial Plan Improvements:</b>	<b>M10 YTD</b>	<b>M10 Year-end forecast</b>	<b>M9 Year-end forecast</b>
	<b>£m</b>	<b>£m</b>	<b>£'m</b>
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(4.2)	(5.0)	(5.0)
Agency costs	(2.0)	(2.4)	(2.4)
Energy costs	(0.9)	(1.1)	(1.1)
Non pay inflation	(0.7)	(0.8)	(0.8)
Pay contingency v 23/24 anticipated recurrent allocation	(0.9)	(1.1)	(1.1)
Non pay reserve for planned care activity increases	(0.8)	(1.0)	(1.0)
Pay award funding – Bank/Vacancies etc	2.3	0	3.8
Non recurrent Change Mgt Reserve slippage	(0.7)	(0.8)	(0.8)
Revised RLW for social care funding	(0.8)	(1.0)	(1.0)
DHCW – Revised plan	(0.4)	(0.5)	(0.5)
Cost Pressure Reserve uncommitted	(0.5)	(0.6)	(0.6)
Maintenance Equipment/Capital Programme uncommitted	(0.4)	(0.5)	(0.5)
Other			
<b>Grand Total</b>	<b>9.9</b>	<b>14.8</b>	<b>11.0</b>

- **POW Roof integrity issues/Additional WG funding M8**

Further to discussions with WG, the Health Board submitted a detailed proposal on 11 November to address the financial pressures following the critical incident at POW. The funding request is summarised below:

	24/25	25/26
	£m	£m
Original PCR plan	3.9	0
Impact of POW on PCR plan	8.1	7.1
Impact of POW on USC and Other areas	4.4	4.1
<b>Total</b>	<b>16.4</b>	<b>11.2</b>

On 2<sup>nd</sup> December, WG subsequently confirmed the following additional funding for 24/25:

- £7.5m of non-recurrent funding for planned care recovery,
- £7.5m of recurrent funding to support continued demand and inflationary pressures in relation to prescribing, secondary care medicines and CHC. For CTM this included support to mitigate the impact of the POW critical incident.

It is important to note that, without the additional £7.5m recurrent funding, the Health Board would have needed to deteriorate its break-even forecast in M8.

- **Band 2/Band 3 risk**

We have noted the HCSW banding issues experienced in SBUHB and elsewhere in Wales and England. We further note the potential for a wider resolution via the negotiation of an all-Wales Framework. Any framework could result in financial consequences which are not presently reflected in our forecast outturn. Should this framework be agreed, further work would be required to quantify the financial risk and the extent to which this should be treated as a provision or contingent liability in 24/25.

Further details of the remaining risks to the M10 forecast break even position is included in Section 3.

### 1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

	January			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M10 £'000	M9 £'000	Movement £'000
RRL	126,355	124,448	1,907	1,563,664	1,550,200	13,464
Donation/Grants	0	0	0	130	130	(0)
Welsh HBs & NHST	5,306	5,377	(71)	75,453	75,524	(71)
WHSSC	1,039	1,075	(36)	12,705	12,741	(36)
WG Income	631	45	586	552	(34)	586
Other Income	4,024	4,110	(86)	49,375	49,161	214
<b>Income Total</b>	<b>137,355</b>	<b>135,055</b>	<b>2,300</b>	<b>1,701,880</b>	<b>1,687,723</b>	<b>14,157</b>
PC Contractor	14,700	13,437	1,263	163,479	161,416	2,063
PC - Drugs	7,874	9,275	(1,401)	106,289	106,290	(1)
Pay	61,969	60,168	1,801	726,502	725,101	1,401
Non Pay	10,271	9,928	343	117,867	117,092	775
SC - Drugs	5,218	5,353	(135)	61,647	61,782	(135)
H/C Other NHS	24,326	23,974	352	289,285	287,962	1,323
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	6,548	6,221	327	71,224	70,497	727
Private & Vol	878	2,317	(1,439)	20,265	17,854	2,411
Joint & Other	1,597	1,117	480	14,040	12,174	1,866
Losses, Spec Payments	178	200	(22)	2,542	2,564	(22)
DEL	3,735	2,912	823	38,557	34,942	3,615
AME	53	53	0	90,330	90,181	149
Res & Cont	0	0	0	0	0	0
P&L on Disposal	(15)	0	(15)	(146)	(131)	(15)
<b>Cost - Total</b>	<b>137,332</b>	<b>134,955</b>	<b>2,377</b>	<b>1,701,880</b>	<b>1,687,723</b>	<b>14,157</b>

Actual expenditure for M10 was £2.4m (1.76%) greater than the £134.96m forecast. The most significant movements between the forecast and actuals were as follows:

- **WG Income - £586k Favourable** – Increase in Non-Cash Limited, this is offset by a reduction in NCL expenditure, see Primary Care Contractors.
- **Primary Care Contractors - £1,263k Adverse** – Increase in Non Cash Limited expenditure £0.6m, Community Pharmacy Expenditure £0.3m, Dental Services £0.2m and General Medical Services £0.3m.
- **Primary Care Drugs - £1,401k Favourable** – Profiling difference, no impact upon overall forecast.
- **Provider Pay - £1,801k Adverse** – Processing of Band 8/9 incremental arrears £0.8m, Processing of further consultant pay award arrears £0.7m, increase in the use of Agency £0.5m.

- **Private & Voluntary - £1,439k Favourable** – lower than forecast levels of outsourcing activity undertaken to M10.
- **Joint & Other - £480k adverse** – Additional Local authority RIF expenditure.

The year-end forecast expenditure at M10 has increased by £14.2m to £1,702m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M9 are as follows:

- **WG Income - £586k Favourable** – Increase in Non-Cash Limited, this is offset by a reduction in NCL expenditure, see Primary Care Contractors.
- **Primary Care Contractor - £2,063k Adverse** – recognition of £579k for Ophthalmic Inflation together with increased in Non Cash Limited expenditure £0.6m, Community Pharmacy Expenditure £0.3m, Dental Services £0.2m and General Medical Services £0.3m.
- **Provider Pay - £1,401k Adverse** – Impact of Band 8/9 incremental introduction £0.9m and the further consultant pay award £0.8m offset by forecast improvements.
- **Provider Non-Pay - £775 Adverse** – Continued general increase in expenditure levels across most categories.
- **Healthcare NHS - £1,323k Adverse** – Recognition of impact of new allocations for JCC £760k, plus increasing LTA activity from other providers mainly due to POW flows to C&V and SBU.
- **Private & Voluntary - £2,411k Adverse** – Increased outsourcing assumptions following additional allocation.
- **Joint & Other - £1,866k Favourable** – recognition of in month increase of £480k together with new LA allocations for 50 day challenge of £1,386k.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- M7 – 12 reflects the latest planning assumptions for the temporary arrangements to support the POW incident upon Unscheduled care and other areas.
- M9 – 12 reflect the latest planning assumptions for the Planned care recovery funding of £7.5m and £4.6m.
- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays
- Provider Non-Pay – M12 reflects the IFRS 16 adjustment
- Private and Voluntary M12 includes £8.0m for the outsourcing of activity for planned care.

- Joint and other M12 includes £1.386m recent allocation for LA elements of the 50 day challenge.
- Primary Care Prescribing reflects latest assessment of dispensing days and the impact of the autumn Flu vaccination campaign.
- The 2024/25 main pay award had been processed in M8 including arrears. Further elements of the pay award had been processed in M10 including consultant allowances and band 8 & 9 increments which have also been forecast for future periods.

The Health Board has adopted the national mapping of financial codes to MMR categories for 2024/25, as such there has been some changes to where expenditure had been reported in previous years including the 24/25 IMTP.

#### 1.4 Pay Expenditure (Table B2)

The M10 Pay expenditure was £64.2m and the monthly trend is summarised below.

	<b>M10</b>	<b>Q3* Average</b>	<b>M9</b>	<b>M8</b>	<b>M7</b>	<b>Q2* Average</b>	<b>Q1* Average</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
A&C	8.2	8.1	8.4	10.8	7.4	8.0	8.0
Medical	17.5	16.8	16.8	22.2	15.6	16.7	16.8
Nursing	20.0	19.3	19.1	25.7	18.4	19.1	19.1
ACS	7.8	7.7	7.7	9.4	7.4	7.8	7.7
Other	10.7	10.2	9.9	13.7	10.0	10.3	10.2
<b>Total</b>	<b>64.2</b>	<b>62.1</b>	<b>61.8</b>	<b>81.8</b>	<b>59.1</b>	<b>61.9</b>	<b>61.7</b>

Q3\*,Q2\* & Q1\* Average has been adjusted to reflect impact of pay arrears relating to prior periods.

The Key issues to highlight are as follows:

- 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.
- During M10, a further consultant pay award and arrears was processed estimated at £0.8m together with band 8/9 incremental points estimated at £0.7m.
- Total pay expenditure in M10 was £64.2m. After allowing for the pay award impacts of £1.5m, this remains £0.5m higher than previous periods and is mainly attributed to increased agency expenditure.
- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact

is £0.2m per month. It is assumed this increase will be fully funded by WG.

The impact of the recently announced Medical & Dental, Agenda for Change and Executive pay awards have now been reflected in the future period forecasts.

The key future forecasting adjustments relates to the impact of the POW temporary arrangements and the Planned Care recovery plans from M7 to M12. The M11 profile also reflects the impact of increased enhancements for Christmas & New Year Bank Holidays.

The M10 agency expenditure was £3.3m and the monthly trend (excluding accountancy gains) is summarised below:

	<b>M10</b>	<b>Q3 Average</b>	<b>M9</b>	<b>M8</b>	<b>M7</b>	<b>Q2 Average</b>	<b>Q1 Average</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Medical	0.7	0.6	0.4	0.6	0.8	0.9	0.9
Nursing	1.9	1.8	1.8	1.7	1.8	1.9	1.9
Other	0.7	0.6	0.5	0.6	0.6	0.7	0.6
<b>Total</b>	<b>3.3</b>	<b>2.9</b>	<b>2.8</b>	<b>2.8</b>	<b>3.2</b>	<b>3.4</b>	<b>3.4</b>

The Key issues to highlight are as follows:

- The M10 costs have increased by £0.5m compared to recent periods with all pay groups experiencing higher than recent levels of agency expenditure.

The M11 & M12 forecast remain unchanged.

The M10 variable pay expenditure was £4.8m and the monthly trend (excluding accountancy gains) is summarised below.

	<b>M10</b>	<b>Q3 Average</b>	<b>M9</b>	<b>M8</b>	<b>M7</b>	<b>Q2 Average</b>	<b>Q1 Average</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Medical	1.8	2.0	1.9	2.0	2.0	2.1	2.1
Nursing	1.1	1.1	0.7	1.3	1.2	0.9	0.9
ACS	1.3	1.3	1.2	1.5	1.3	1.2	1.2
Other	0.6	0.7	0.6	0.9	0.6	0.6	0.6
<b>Total</b>	<b>4.8</b>	<b>5.0</b>	<b>4.3</b>	<b>5.6</b>	<b>5.0</b>	<b>4.8</b>	<b>4.8</b>

The Key issues to highlight are as follows:

- The M10 position remains consistent with previous quarters.
- The pay award processing and arrears has had an impact of increasing the M8 position by £0.7m.

- The M10 position has returned to normal levels following an improvement of £0.6m in M9. This was mainly due to reduced overtime and ADHs during December.

In recognition of the impact of the POW temporary arrangements and the Planned Care recovery plans, there is anticipated to be an increase in variable pay for future profiles.

### 1.5 Covid analysis (Table B3)

	<b>M10</b>	<b>YTD</b>	<b>Forecast</b>	<b>Allocation</b>	<b>Forecast Variance</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Health Protection and Vaccination	0.5	4.3	5.2	5.6	(0.4)
PPE	0.1	0.5	0.6	0.4	0.2
Adferiad	0.1	0.9	1.1	1.1	(0.0)
<b>Total</b>	<b>0.7</b>	<b>5.7</b>	<b>7.0</b>	<b>7.2</b>	<b>(0.2)</b>

There are no key issues to highlight at M9.

### 2. Underlying position (Table A1)

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 has been revised to a underlying deficit of £10.7m (M9: £9.5m). The deterioration in M10 is mainly due to the settlement of further consultant pay awards. A robust and detailed assessment of the underlying position has been undertaken and work continues to challenge the movement in operational variances. The 'bridge' between the current year forecast and the recurrent forecast is summarised below:

	£m
<b>Forecast In year position 24/25</b>	<b>0</b>
Balance sheet write backs	7.0
Other non recurrent benefits in 24/25	3.7
<b>Forecast Recurrent position at the end of 24/25</b>	<b>10.7</b>

<b>Underlying Position</b>	<b>M10 Year-end forecast</b>	<b>Recurrent</b>
	<b>£m</b>	<b>£'m</b>
Savings Shortfall	11.5	11.1
Operational Variances	17.8	18.1
Financial Plan Improvements	(14.8)	(11.0)
Additional Financial Allocation	(7.5)	(7.5)
Accountancy Gains	(7.0)	0
<b>Grand Total</b>	<b>0</b>	<b>10.7</b>

<b>Savings Shortfall:</b>	<b>M10 Year-end forecast</b>	<b>Recurrent</b>
	<b>£m</b>	<b>£'m</b>
Shortfall v £24.3m Delegated target	16.1	15.7
Surplus v £2.2m Non delegated target – CAT M savings	(4.6)	(4.6)
<b>Grand Total</b>	<b>11.5</b>	<b>11.1</b>

<b>Material Operating Overspends:</b>	<b>M10 Year-end forecast</b>	<b>Recurrent</b>
	<b>£m</b>	<b>£'m</b>
AB arbitration outcome	1.9	1.9
AB LTA activity variances	0.6	0.6
AB Settlement of LTA dispute	1.3	1.3
Additional Regional Cataract investment	0.9	0.9
Unscheduled Care Medical pay overspends	2.2	2.2
Primary Care Prescribing growth above plan	4.2	4.2
Corporate directorates – pay underspends	(2.5)	0
JCC Forecast Deficit (inc VCC transfer of service)	2.0	2.0
Dental Performance	(1.3)	0
Med Mgt (Comm Pharm, Vaccines & NICE)	1.1	1.1
Mental Health CHC/Patient Placements	1.5	1.5
Community Pay (Inc Health Protection)	(3.1)	0
Facilities Pay	1.3	0.7
Pathology Non Pay – Demand Growth	1.1	1.1
Children & Family Income Dispute	0.6	0.2
Net Other Operating Variances	2.9	0.4
POW Roof integrity issues	3.1	0
<b>Grand Total</b>	<b>17.8</b>	<b>18.1</b>

<b>Material Financial Plan Improvements:</b>	<b>M10 Year-end forecast</b>	<b>Recurrent</b>
	<b>£m</b>	<b>£'m</b>
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(5.0)	(5.0)
Agency costs	(2.4)	(2.4)
Energy costs	(1.1)	(1.1)
Non pay inflation	(0.8)	(0.8)
Pay contingency v 23/24 anticipated recurrent allocation	(1.1)	(1.1)
Non pay reserve for planned care activity increases	(1.0)	(1.0)
Pay award funding – Bank/Vacancies etc	0	2.8
Non recurrent Change Mgt Reserve slippage	(0.8)	0
Revised RLW for social care funding	(1.0)	(1.0)
DHCW – Revised plan	(0.5)	(0.5)
Cost Pressure Reserve uncommitted	(0.6)	(0.4)
Maintenance Equipment/Capital Programme uncommitted	(0.5)	(0.5)
Other	0	0
<b>Grand Total</b>	<b>14.8</b>	<b>11.0</b>

It is important to highlight that:

- The underlying position has been assessed pending confirmation of WG allocations for recurrent pay awards. Any differential between anticipated allocations and actual recurrent allocation will have a corresponding impact upon the underlying position.
- The forecast recurrent position noted above excludes any ongoing costs of the POW critical incident, which will represent an additional NR cost pressure in 25/26. Our latest estimate is that these costs will be circa £10.0m.

### 3. Risk Management (Table A2)

The key financial risks and opportunities for 2024/25 are noted in Table A2 and are summarised below:

	Month 10 £'m	Month 9 £'m	Comment
<b>Funding risks:</b>			
Risk of the 24/25 pay award not being fully funded	0	tbc	Allocation confirmed.
Risk of assumed funding for Real Living Wage for social care of £3.4m not being fully funded.	0	1.0	Allocation confirmed.
<b>Other risks:</b>			
Other cost pressures and forecasting risks, including POW	1.0	1.3	
JCC English CUF impact	0.0	0.4	Included in forecast for M10.
Potential pay banding disputes Band 2/Band 3 including retrospective application	tbc	tbc	See Section 1.2
<b>Total Risks</b>	<b>1.0</b>	<b>2.7</b>	
<b>Opportunities</b>			
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	
<b>Total Opportunities</b>	<b>0</b>	<b>0</b>	
<b>Net risk</b>	<b>1.0</b>	<b>2.7</b>	

### 4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O remain the Q3 position and will be updated for Q4 in M12.

- At M9 GDS was showing a forecast underspend of £1.3m.
- WG have recently confirmed that underspends on the Dental Contract can be retained by HBs.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	<b>Allocation £'m</b>	<b>Forecast £'m</b>	<b>Comment</b>
Planned & Unscheduled care Sustainability	18.4	21.5	
Additional allocation for Planned care recovery – 2 December	7.5	7.5	
Further allocation for planned care recovery	4.6	4.6	
Regional Planned Care	7.3	8.2	See note 2 below
Value Based HC	2.1	2.1	
Regional Integration Fund	20.4	23.5	See note 3 below
Core Mental Health	112.6	112.6	
Palliative Care	0.7	0.7	
Further Faster	1.8	1.8	
Critical Care	2.4	2.4	
Urgent Emergency Care	2.7	2.7	
Mental Health Allocation	4.2	4.2	
Planned care	0.6	0.6	
Value Based Healthcare Projects	0.7	0.7	See note 1 below

1. VBHC – The allocation has been confirmed in M10.
2. Regional Planned Care – The Health Board’s original plan for utilising the £7.3m regional planned care allocation was as follows:
  - SEW Cataract Business Case £2.5m
  - Endoscopy Capacity £2.3m
  - Diagnostic Capacity £2.5m

Following correspondence from Nick Wood, the CTM contribution for the Regional Cataract Plan was increased by £0.9m in M6 from £2.5m to £3.4m. See Section 1.2.
3. Regional Integration Fund - The £20.4m is the original allocation. The forecast of £23.5m includes several additional in year allocations:
  - Dementia Projects £1.7m - Confirmed Allocation
  - RPB Capital funding for integrated hubs £0.45m - Confirmed Allocation
  - Neurodivergence improvement programme £0.73m - Confirmed Allocation
  - Short Break for Carers £0.2m - Confirmed Allocation.

## **5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)**

See section 1.4.

## 6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.4.

## 7. Savings ( inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2024/25 includes a £26.3m recurring savings target.

	Month 10			Month 8		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M10	21.9	26.3	26.3	19.7	26.3	26.3
Actual and Forecast Savings	(11.6)	(14.8)	(15.2)	(10.0)	(14.6)	(14.9)
<b>Total</b>	<b>10.3</b>	<b>11.5</b>	<b>11.1</b>	<b>9.7</b>	<b>11.7</b>	<b>11.4</b>

Forecast savings increased by £0.2m in M10, with the recurrent savings increasing by £0.3m to £15.2m.

The table below breaks down the £26.3m savings plan:

	Initial Plan £'m	M10 £m	YTD £m	24/25 £m	Rec £m
Savings	22.4	1.6	11.5	14.6	14.2
Income Generation	0.6	0.0	0.1	0.2	0.7
To be identified	3.3	0.0	0.0	0.0	0.0
<b>Total Savings</b>	<b>26.3</b>	<b>1.6</b>	<b>11.6</b>	<b>14.8</b>	<b>15.2</b>
Accountancy Gains	0.0	0.2	6.2	7.0	0.0

The following approaches are being used for savings profiles and savings recognition in 24/25:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.
- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care

Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).
- **Non-Recurrent savings** – £2.1m of NR savings plans were removed from the Savings plan in M3 and used to offset operating variances. This change was to reinforce the need to focus on sustainable recurrent savings plans and is consistent with WHC (2024) 026 which states:  
“As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for when calculating the organisation’s net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year.”

All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

## 8. Income Assumptions 2024-25 (Tables D & E)

Table D has been completed and agreed with other NHS Wales bodies, our latest position on agreeing LTAs is provided in Section 9 below. The Velindre assumptions have been updated following the JCC transfers referenced in M9 return.

Table E shows the anticipated allocations assumed within our M9 position. The table below summaries the more material items:

Description	M10	M9	Comments
	£k	£k	
2024/25 Pay award (inc RLW)	32,600	30,141	Confirmation received
RLW Social Care	3,400	3,400	Confirmation received
WG Funded Trainees	2,062	2,062	Revised estimate following August rotation.
Dols MCA	154	154	
Advocacy	176	176	
One Wales Hospice at Home	144	144	
Memory Assessment Improving Waiting Times	159	0	
JCC English CUF funding	201	0	
IFRS 16 Adjustment	(3,055)	(2,981)	Revised forecast M10
Capital Charges DEL/AME	94,287	94,819	Revised Forecast M10
Other Allocations	75	32,730	
<b>Total Anticipated Allocations</b>	<b>130,203</b>	<b>160,645</b>	

## 9. Health Care agreements

All LTA documents have been agreed for 2024/25.

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Agreed & Signed	Agreed & Signed
C&V UHB	Agreed & Signed	Agreed & Signed
HDda UHB	Agreed & Signed	Agreed & Signed
Powys TUHB	Agreed & Signed	Not applicable
SBUHB	Agreed & Signed	Agreed & Signed
JCC	Agreed & Signed	ICP approved at JCC.
Velindre NHST	Not Applicable	Agreed & Signed
PHW	Agreed & Signed	Not Applicable

## **10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)**

### **10.1 Significant month on month balance sheet movements**

There are several significant movements on the balance sheet between M9 and M10:

- Trade and Other payables have increased by £13.4m since M9. This is due to an increase in capital creditors of £3.1m, general trade payables increasing by £7.6m and Non NHS accruals increasing by £2.8m.
- Trade and Other Receivables have increased by £3.9m. This is mainly due to an increase in the Welsh Risk Pool Debtors of £3.2m, there is an opposite increase in the provision value due to increase in the value of clinical negligence.
- In M10 the value of Property, Plant & Equipment has increased by £6.7m mainly due to additions on the PoW roof scheme and PCH Phase 2.
- The Cash balance has increased by £7m since M9. An invoice of £4.221m was paid on the 27/01/2025 that wasn't expected.

In terms of year end projected balances, receivables are projected to increase significantly on previous year balances. This is mainly due to increases in the clinical negligence claim values due from WRP, which are reflected in an opposite increase in the provision balances projected of c£20m. Other increases include a general increase in trade receivables which are offset by general increases in revenue trade receivables.

Also note there is an increase of c£10m on capital payables from previous year balance, this reflects works carried out which we do not anticipate the cash being paid by year end. Note there is a lower drawdown on the cash flow forecast against CRL to reflect this increase in capital payables.

### **10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information**

There are six NHS invoices which are due over 11 weeks, 1 invoice for Velindre NHS Trust; 4 for HEIW and 1 for Public Health Wales. We do not anticipate any issues with the invoices and are following up through our usual debtor procedures.

## 11. Cash Flow Forecast (Table G)

The cash balance at the end of M10 was £9.4m, this is significantly higher than our target balance of keeping cash balances below £6m. During the period income received was £6.3m higher than the average across previous months (average NHS Wales and Other Income period 1-9 was £14.6m per month and income in M10 was £20.9m). Of this income, a receipt of £4.2m was received from a debtor on 27<sup>th</sup> January which was not anticipated, and put us over the targeted balance held.

The balance will be brought down in line with targeted balance in February.

The current cash flow forecast is showing a balanced position at year end. Included within the cash flow are several anticipated allocations as detailed in Table E.

As highlighted in paragraph 10, the capital cash drawdown is c£10m lower than the CRL due to anticipated increase in capital creditor balances.

## 12. Public Sector Payment Compliance (Table H)

No update required in this return.

## 13. Capital Schemes and Other Developments (Tables I, J &K)

The M10 CRL is £92.976m, issued on the 10<sup>th</sup> Feb 2025. As at M10, £55.3m has been charged against the CRL. The increase in CRL this month is due to additional year end funding of £5.573m.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

<b>Scheme</b>	<b>Risk</b>	<b>Explanation</b>
PCH G&FF Phase 2 and 3	High – in year overspend	An additional £6m of CRL was funded at the end of October with the assumption that £0.6m of VAT reclaim would be approved by HMRC to cover the remaining spend. Based on recent correspondence with HMRC it appears highly unlikely that the claim will be supported this financial year and hence it's now being assumed that the scheme will overspend against the allocation in year - this will be managed with slippage

		on other schemes to deliver a balanced overall position.
LHP	Medium – In year slippage	Risk of slight underspend in year based on latest forecast which will be managed within the overall position
Backlog Maintenance	Medium – In year Slippage	Funding relates to 29 backlog maintenance schemes. Whilst good progress is being made there is likely to be slippage on some of these schemes. Slippage will offset overspend on PCH G&FF
POW Roof	Medium	Funding returned end of Jan however there is still some risk associated with this scheme due to its scale over a short period of time. Will be managed with disc capital
Maesteg Health and Wellbeing Park	Medium – in year slippage	Scheme on hold with main contractor hence unlikely to spend all remaining fees this financial year – will be managed with disc capital
Sunnyside	Medium - in year slippage	Latest forecast suggests in year underspend - this will be managed with disc capital

All above risks will be managed across the programme and hence the forecast shows a balanced position against the current CRL.

## Disposals

Approval was given by the Board to dispose of Pontypridd Health Centre in the November board meeting. A request will now be submitted to WG but disposal is likely to be in 2025/26. A small number of equipment sales are expected throughout the year.

## Impairments

There are a number of late additions to the non cash requirements this year, the position on these will be confirmed ASAP.

A DEL impairment is required for the damage relating to the fire in Taith Newydd at the end of 2024, this has been added to the figures in the MMR this month, the value of the impairment is £2.6m.

We have also been notified on the 31<sup>st</sup> January of WG approval to demolish the buildings at LHP and will require DEL funding for the accelerated depreciation of these. The current NBV of these building is £5.6m however the impact will be split over 2 financial years , the current year impact will be reported as soon as possible.

An AME impairment will also be required for roof at POW hospital in the areas where work is not yet complete (zones 2-4). A valuation has been requested for this and also for the works in the completed Zone 1 of the project , this will be reported to WG when the valuation is received.

#### **14. IFRS 16 and CAME (Table Q)**

Table Q shows the lease payments, interest and depreciation associated with IFRS16 leases. Approval was given for the latest IFRS16 leases in January and these are included in Table Q.

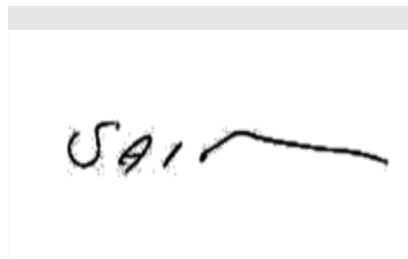
#### **15. Other Issues**

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M10 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Operational Delivery Committee.

#### **Authorisation**



**P Mears**  
**Chief Executive**



**S May**  
**Director of Finance**

**Date: 13 February 2025**

## Action Points arising from Month 9 Response

Action Point	WG Comment	CTM Response
	<b>TABLE A</b>	
9.1	The forecast outturn is supported by planned balance sheet releases of c£1.000m (previously £2.700m). We will look to your next submission for assurance that these are considered finalised, to eliminate any risk of requiring alternative mitigating actions at this stage in the year. <b>(Action Point 9.1)</b>	Noted. There is low risk to the planned balance sheet movements.
8.3	As requested in Action Point 8.3, the release of other cost pressure reserves supporting the outturn position increased by £0.500m to £2.300m in month 8. Please provide details of what these Reserves originally related to £2.300m. It is also noted that there is £1.1m of Non Pay Reserves described as 'pressures yet to be confirmed'; a further update on potential release is requested for next month. <b>(c/f Action Point 8.3)</b>	Please see latest update in Section 1.2.
9.2	Please provide a supporting explanation for the year to date income under delivery (Line 21) of c.£0.500m which you project will be fully recovered by year end. <b>(Action Point 9.2)</b>	Line 21 represents revised profile of the resource allocation, the £512k mainly relates to slippage on the outsourcing of planned care.
8.5	Please provide details of the operational pressures being reported on Line 26 across the remaining months, particularly the c. £0.600m of pressures phased into March. (Action Point 9.3) As requested in Action Point 8.5, it would also be helpful if you could confirm where the items incorporated on Line 26 are reported in the Narrative Section 2.1 Table. <b>(c/f Action Point 8.5)</b>	Please see latest update in Section 1.2.
8.6	It is noted that the c/f underlying position is being revised often and a full assessment is being undertaken as part of the IMTP	Please see latest update in Section 2.

	process. Please provide details of the FYE of recurring cost pressures totalling £5.768m (was £1.095m at month 8) which are being reported on Line 26 this month. <b>(c/f Action Point 8.6)</b>	
<b>8.7</b>	Following your response to Action Point 8.7, the forecast pay award pressure described in the narrative is c. £3.200m (£39.481m less £36.287m) whilst c.£3.800m continues to be reported in Table A. Please clarify the cost pressure value in the month 10 submission. It would also be useful to understand what costs you expect to incur in the month of March, that are not already within the spend run rate. <b>(c/f Action Point 8.7)</b>	Pay award allocation has been confirmed, the pressure of funding being lower than anticipated has now been removed
<b>9.4</b>	The narrative confirms the POW Roof integrity issues costs factored into the forecast have increased by c. £0.900m since month 8 to c£2.900m. Please provide a supporting explanation for this unplanned pressure identified at month 9. <b>(Action Point 9.4)</b>	The increased POW pressure is related to LTA flows between SBU, C&V and CTM changing greater than was originally anticipated.
<b>9.5</b>	We note that previous month (September – November) amounts have been amended on Line 26 with corresponding adjustment made to Line 21. Please reinstate values as reported in previous months and if necessary, report a retrospective adjustment in the current period. <b>(Action Point 9.5)</b>	The lines were adjusted to reflect the limited lines available and the need to consolidate previously separate items into a single line so that new material items could be identified.
<b>9.6</b>	For clarification purposes, please confirm how the additional WG funding of £7.475m has been utilised by expenditure type/area and whether recurrent or non-recurrent. <b>(Action Point 9.6)</b>	Please see latest update in Section 1.2 and section 2.
	<b>TABLE A1 – Underlying Position</b>	
<b>8.10</b>	Please can you again consider the completion of the savings column of Table A1 as the FYE value (£14.932m) is still higher than that reported within Table C (£14.222m). <b>(c/f Action Point 8.10)</b>	£14.932 was correct as it includes income generation as reported in table C3.

	<b>TABLE A2 – Risks &amp; Opportunities</b>	
<b>8.11</b>	Please provide an analysis the £3.500m of month 7 reported risks (as referenced on page 1 of your narrative) that have crystallised and been brought into the position (noting an element of the additional funding has mitigated the impact). <b>(Action Point 8.11)</b>	Please see updated M9 position in Section 1.2.
	<b>TABLE B – Monthly Positions</b>	
<b>9.7</b>	As highlighted in Committed Reserves (Section G), there are a number of uncertain spend issues which are currently fully phased into month 12. We look to your next submission for an update on these areas for month 10. <b>(Action Point 9.7)</b>	All plans have now been committed.
	<b>TABLE B2 – Pay Expenditure</b>	
<b>8.15</b>	It is pleasing to note that Agency spend has reduced for past two months. As requested last month, please provide a supporting explanation for the expected increase in Agency spend in the period January to March. <b>(c/f Action Point 8.15)</b>	There is minimal increase in Q4, this is mainly reflecting planned care actions and anticipated cover for annual leave.
	<b>Table B – Covid-19 Analysis</b>	
<b>9.8</b>	We note the movement from a projecting annual Covid-19 pressure of £0.084m, at month 8, to a £0.254m surplus, which has been phased into March. Please review the phasing, for the next submission. <b>(Action Point 9.8)</b>	Noted.
	<b>TABLE D – Income/Expenditure Assumptions</b>	
<b>3.10</b>	It is disappointing that you have yet to receive signed LTAs from C&V; these should have been received by the end of June 2024. The latest update confirms the issue has been escalated to the DoF and CEO and we will look to your month 10 submission for confirmation	All LTAs have been signed.

	that signed documentation by both parties is now held. <b>(c/f Action Point 3.10)</b>	
<b>9.9</b>	Your narrative confirms that the LTA dispute with Aneurin Bevan HB has now been settled, however Aneurin Bevan only confirm there has been progress made but the LTA remains unsigned. We trust any remaining matter(s) are now resolved and look to confirmation in your month 10 submission that both parties have signed the documentation. <b>(Action Point 9.9)</b>	All LTAs have been signed.
	<b>TABLE H – PSPP</b>	
<b>9.10</b>	Following a deterioration in the quarterly performance within Q3, please provide details of the actions being taken to improve the payment performance of NHS invoices (by number) within Q4. <b>(Action Point 9.10)</b>	We will use the M9 Agreement of Balances process to inform the areas where invoices can be paid and increase number paid for Q4.
	<b>TABLE J – Capital In Year Schemes</b>	
<b>9.11</b>	We note there are several schemes/items with a material step up in spend in month 12, we trust you are liaising with colleagues in the Capital Team to ensure the highlighted expenditure/funding risks are fully mitigated. <b>(Action Point 9.11)</b>	Yes we are closely monitoring all the schemes and taking necessary steps to mitigate risks
	<b>TABLE P – Ring Fenced</b>	
<b>9.12</b>	Please ensure the in year planned care funding section is updated to highlight the remaining funding items that are still being anticipated via Table E. <b>(Action Point 9.12)</b>	Noted
	<b>Deadlines</b>	
	Please submit the IFRS16 return (Table Q to be copied into a separate Table and submitted) by the 7th March 25 to enable final recovery values to be actioned. Any material movements from	Noted

	month 10 should be explained in the covering email. We would expect these values to be reported in the MMR due on 13th March 25.	
	Please note that the deadline for final DEL or AME noncash adjustments including IFRS16 is the 15th April 25.	Noted
	<b>Retention of Underspends</b>	
	For 2024/25 only, an agreement has been reached with the Policy Leads that any underspend on the Dental allocation can be retained by the Health Boards. Whilst it is acknowledged that your Health Board has an agreed IMTP, please liaise with the Policy Lead on the actions being taken at pace, to direct these ring-fenced funds on improving Dental Service Provision in 2025/26.	Noted

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
 Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/twd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-19,400	0	-19,400	-19,400
2 Cost Pressures (Non Covid-19) (Negative Value)	-46,419	-1,386	-45,033	-45,033
3 Planned Expenditure For Covid-19 (Negative Value)	-7,205	0	-7,205	-7,205
4 Allocation Letter Revenue Funding Uplift / (Reduction) / WG RRL / WG Income Uplift / (Reduction) / Non-Covid)	39,595	0	39,595	40,195
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	7,205	0	7,205	7,205
6 Other Income Uplift / (Reduction)	0	0	0	0
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Green and Amber Savings Plan	22,390	2,595	19,795	21,778
9 Planned (Finalised) Net Income Generation	634	32	603	825
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12	0	0	0	0
13 Red. Pipeline and Planning Assumption Savings still to be finalised at Month 1	3,285	0	3,285	3,697
14 Opening IMTP / Annual Operating Plan	76	1,241	-1,165	2,062
15 Reversal of Red. Pipeline and Planning Assumption Savings still to be finalised at Month 1	-3,285	0	-3,285	-3,697
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0	0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
18 Other Movement in Month 1 Planned & In Year Net Income Generation	-453	-15	-438	-115
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-12,148	-2,168	-9,980	-11,412
20 Additional In Year Identified Savings - Forecast	4,427	1,117	3,310	4,153
21 Variance to Planned RRL & Other Income	0	0	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0	0	0
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	7,475	0	7,475	7,475
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	246	246	0	0
25 In Year Accountancy Gains (Positive Value)	6,194	6,194	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-4,221	0	-4,221	-6,044
27 Planning Variance - Improvement in C&C Plans (pending LTA agreements) - Confirmed no risk	5,000	0	5,000	5,000
28 Planning Variance - Agency Planning Assumptions improvement - Confirmed no risk	2,400	0	2,400	2,400
29 Planning Variance - Planning Assumptions Improvement - Confirmed no Risk	6,300	2,992	3,308	3,308
30 Non Recurrent Balance Sheet Opportunities - Minimal risk	806	806	0	0
31 Planning Variance - Energy Benefit - Confirmed no Risk	1,133	0	1,133	1,133
32 Planning Variance Pay Award funding	0	0	0	-2,800
33 Operating Variance - Unscheduled Care Medical Pay Pressures	-2,200	0	-2,200	-2,200
34 Operating Variance - Medicines Mgt (Comm Pharmacy, Vaccines & NICE)	-1,118	0	-1,118	-1,118
35 Operating Variance - AB LTA Arbitration Impact and performance - Confirmed	-3,750	0	-3,750	-3,750
36 Operating Variance - Primary Care Prescribing Volume Growth Exceeding plans	-4,195	0	-4,195	-4,195
37 Operating Variance - AB Caseract additional investment	-900	0	-900	-900
38 Operating Variance - DENTAL Performance	1,330	1,330	0	0
39 Operating Variance - POW Roof Impact	-3,117	-3,117	0	0
40 Forecast Outturn (- Deficit / + Surplus)	0	8,626	-8,626	-10,700
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	246			
42 Operational - Forecast Outturn (- Deficit / + Surplus)	-246			

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000
1	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-16,167
2	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-3,868	-38,683
3	-519	-575	-549	-531	-526	-623	-645	-660	-676	-629	-629	-644	-5,932
4	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,300	3,300	32,995
5	519	575	549	531	526	623	645	660	676	629	629	644	5,932
6													0
7													0
8	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	17,985
9	0	6	53	66	57	67	64	64	64	65	65	64	505
10													0
11													0
12													0
13	1,704	1,367	908	-137	-307	81	-9	-16	-177	12	11	-152	3,427
14	6	7	7	6	6	8	5	7	7	6	7	8	62
15	-1,704	-1,367	-908	137	307	-81	9	16	177	-12	-11	152	-3,427
16													0
17													0
18	0	-6	-53	-66	-44	-64	-61	-63	0	-33	-33	-32	-389
19	0	-392	-400	-1,547	-1,823	-1,453	-1,329	-1,095	-966	-1,150	-932	-1,060	-10,156
20	0	0	35	40	1,099	214	255	795	606	592	375	417	3,636
21		-178	178	-433	435	714	134	2,333	-845	-216	-2,010	-113	2,122
22		-145	-24	-10	-119	-106	78	37	-11	234	33	33	-66
23								1,333	3,154	1,202	893	893	5,689
24	0	145	24	10	119	106	-78	-37	11	-29	-13	-12	271
25	0	0	0	1,667	0	1,470	0	1,050	1,779	228	0	0	6,194
26	168	-40	-1,113	-662	998	-303	-73	-945	-290	-510	-694	-758	-2,763
27	400	400	450	416	416	416	417	417	417	417	417	417	4,166
28	200	200	200	200	200	200	200	200	200	200	200	200	2,000
29				667	958	1,175	450	783	491	592	592	592	5,116
30			1,250	-1,250	958	-958	525	-525	0	0	178	628	0
31				472	94	94	94	94	94	95	95	95	943
32								-2,533	-317	503	2,347	0	-2,347
33					-1,700	0	100	200	19	-453	-183	-183	-1,834
34									-839	-93	-93	-93	-932
35				-633	-575	-91	-216	-150	-208	-1,250	-312	-312	-3,125
36					-1,460	-300	-320	-334	-1,057	78	-397	-405	-3,393
37							-450	-75	-75	-75	-75	-75	-750
38								1,267	-672	245	245	245	840
39								0	-1,509	-548	-530	-530	-2,057
40	-930	-1,376	-354	-1,459	246	590	113	2,774	166	23	100	106	-2,077
41	0	0	0	0	0	0	0	0	0	205	20	21	205
42	-930	-1,376	-354	-1,459	246	590	113	2,774	166	-182	80	85	-412

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring items	Ok
Has Organisation name being selected	Ok

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	10,178	12,738		0	0				
2	Pay	160	65	257	(20)	213	180	226	585	571	256	318	343	2,492	3,153	79.04%	3,153	0	20	3,133	0	4,140
3	Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,042)	(683)	(710)	(1,014)	(956)	(943)	(7,686)	(9,585)	(75.51%)	3,153	0				
4	Budget/Plan	8	71	123	369	189	193	216	249	251	251	251	251	1,921	2,423		2,423	0				
5	Non-Pay	8	42	121	66	597	73	195	665	235	445	311	283	2,446	3,039	80.46%	3,039	0	1,024	2,015	0	2,289
6	Variance	0	(29)	(2)	(304)	409	(121)	(21)	415	(16)	193	60	32	525	616	27.31%	616	0				
7	Budget/Plan	320	320	320	320	751	406	509	509	509	495	495	495	4,458	5,448		5,448	0				
8	Primary Care - Drugs & Appliances	320	320	320	660	407	524	513	465	931	727	787	826	5,187	6,800	76.28%	6,800	0	0	6,800	0	6,800
9	Variance	0	0	0	340	(344)	118	4	(44)	422	232	292	331	729	1,352	16.35%	1,352	0				
10	Budget/Plan	0	4	32	19	324	101	140	114	98	94	92	81	923	1,096		1,096	0				
11	Secondary Care Drugs	0	0	168	0	0	2	28	28	116	37	78	372	488	488	76.32%	488	0	0	488	0	611
12	Variance	0	(4)	136	(19)	(324)	(99)	(111)	(85)	(69)	23	(54)	(2)	(551)	(608)	(59.69%)	-608	0				
14	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	488	650		650	0				
15	CHC/FNC	0	0	0	50	0	25	96	96	96	2	96	96	364	556	65.53%	556	0	0	556	0	556
16	Variance	0	0	(125)	0	0	(125)	96	96	(67)	2	96	(67)	(123)	(94)	(25.27%)	-94	0				
17	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
18	Primary Care Contractor	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
19	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
20	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	17	25		25	0				
21	Healthcare Services Provided by Other Healthboards	0	0	0	0	500	0	4	4	84	10	10	10	603	623	96.71%	623	0	500	123	0	123
22	Variance	0	0	0	0	500	0	0	0	80	6	6	6	586	598	3515.39%	598	0				
23	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
24	Non-healthcare Services Provided by Other Healthboards	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
25	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
27	Other Private & Voluntary Sector	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
28	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
30	Joint Financing & Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
31	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Budget/Plan	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	17,985	22,380		9,642	0				
35	Total	488	427	866	756	1,717	804	1,062	1,843	1,945	1,556	1,559	1,636	11,464	14,659	96.71%	14,659	0	1,545	13,115	0	14,519
36	Variance	0	(392)	(365)	(1,507)	(724)	(1,239)	(1,074)	(301)	(360)	(558)	(557)	(644)	(6,521)	(7,721)	3515.39%	5,017	0				
37	Variance in month	0.00%	(47.85%)	(29.67%)	(66.61%)	(29.66%)	(60.65%)	(50.28%)	(14.03%)	(15.62%)	(26.41%)	(26.31%)	(28.23%)		(36.26%)							
38	In month achievement against FY forecast	3.33%	2.91%	5.91%	5.15%	11.72%	5.48%	7.25%	12.57%	13.27%	10.62%	10.64%	11.16%									

Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		£'000	£'000
1	Budget/Plan	47	80	107	756	337	346	421	421	434	424	426	437	3,374	4,237		0	0				
2	Pay - General & Substantive	47	41	191	18	196	84	145	403	521	208	221	221	1,855	2,297		2,297	0	20	2,276	0	2,696
3	Variance	0	(39)	84	(738)	(141)	(262)	(276)	(19)	87	(216)	(206)	(217)	(1,518)	(1,940)		2,296.9067	0				
4	Budget/Plan	0	46	57	161	152	152	152	152	152	152	153	153	1,173	1,478		0	0				
5	Pay - Variable	0	0	0	0	0	0	43	50	4	4	33	33	99	165	165	165	0	0	165	0	272
6	Variance	0	(46)	(57)	(161)	(152)	(152)	(109)	(102)	(148)	(148)	(120)	(120)	(1,074)	(1,314)	165	0	0				
7	Budget/Plan	113	298	468	588	690	695	695	695	695	695	695	696	5,631	7,022	0	0	0				
8	Pay - Agency	113	23	65	(38)	17	96	38	133	46	45	65	90	537	692	692	0	0	692	0	1,172	
9	Variance	0	(274)	(402)	(626)	(673)	(599)	(658)	(563)	(649)	(650)	(630)	(606)	(5,094)	(6,331)	692	0	0				
10	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	10,178	12,738		0	0				
11	Total	160	65	257	(20)	213	180	226	585	571	256	318	343	2,492	3,153		3,153	0	20	3,133	0	4,140
12	Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,042)	(683)	(710)	(1,014)	(956)	(943)	(7,686)	(9,585)		3,153	0				

Table C2- V&S Saving Categories

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year 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		
1	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	10,178	12,738
2	Actual/F cast	160	65	257	(20)	213	190	227	593	589	260	302	327	2,534	3,163
3	Variance	0	(359)	(375)	(1,525)	(965)	(1,003)	(1,041)	(675)	(691)	(1,010)	(972)	(959)	(7,644)	(9,575)
4	Budget/Plan	320	324	352	339	1,075	507	648	622	606	589	587	576	5,381	6,544
5	Actual/F cast	320	320	488	660	407	526	541	483	959	843	824	904	5,559	7,285
6	Variance	0	(4)	136	321	(668)	19	(107)	(129)	353	255	237	328	178	744
7	Budget/Plan	4	67	106	331	166	170	176	179	181	181	181	181	1,564	1,926
8	Actual/F cast	4	37	116	65	75	60	102	638	181	376	254	226	1,654	2,134
9	Variance	0	(30)	9	(266)	(92)	(111)	(74)	458	0	195	73	45	90	208
10	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	488	650
11	Actual/F cast	0	0	0	50	0	25	96	96	96	2	96	96	364	555
12	Variance	0	0	(125)	0	0	(125)	96	96	(67)	2	96	(67)	(123)	(94)
13	Budget/Plan	0	0	0	0	0	0	0	30	30	30	30	30	90	150
14	Actual/F cast	0	0	0	0	0	0	0	10	10	10	30	30	30	90
15	Variance	0	0	0	0	0	0	0	(20)	(20)	(20)	0	0	(60)	(60)
16	Budget/Plan	4	4	17	38	22	23	37	37	37	37	37	37	257	331
17	Actual/F cast	4	5	5	0	1,023	4	8	1	96	52	20	20	1,197	1,237
18	Variance	0	2	(11)	(38)	(1,000)	(20)	(29)	(37)	59	15	(16)	(16)	941	906

This Table is currently showing 0 errors

Table C3 - Tracker

	£000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect		
Savings (Cash Release) & Cost Avoidance	Month 1 - Plan	480	480	480	1,200	2,250	2,240	2,260	2,137	2,144	2,200	2,110	2,140	2,200	17,880	22,380	2,890	19,790	1,900	20,790	
	Month 1 - Actual/Forecast	480	487	481	1,211	2,250	2,240	2,260	2,137	2,144	2,200	2,110	2,140	2,200	17,880	22,380	2,890	19,790	1,900	20,790	
	Variance	-	7	-1	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	-	-	-	35	1,135	2,115	2,115	1,970	1,970	1,970	1,970	1,970	1,970	15,200	17,140	2,450	14,690	1,400	16,090	
	In Year - Actual/Forecast	-	-	-	35	1,135	2,115	2,115	1,970	1,970	1,970	1,970	1,970	1,970	15,200	17,140	2,450	14,690	1,400	16,090	
	Variance	-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	480	480	480	1,235	2,385	2,385	2,460	2,390	2,390	2,400	2,320	2,350	2,400	18,080	22,760	5,340	20,000	3,800	21,790	
	Total Actual/Forecast	480	487	481	1,246	2,385	2,385	2,460	2,390	2,390	2,400	2,320	2,350	2,400	18,080	22,760	5,340	20,000	3,800	21,790	
	Total Variance	-	7	-1	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Month 1 - Actual/Forecast	-	7	-1	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Net Income Generation	Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	In Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	In Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Accounting Gains	Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	In Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	In Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	Month 1 - Plan	480	480	480	1,235	2,335	2,385	2,460	2,137	2,200	2,200	2,140	2,200	18,080	22,010	5,340	19,670	3,800	21,470		
	Month 1 - Actual/Forecast	480	487	481	1,246	2,335	2,385	2,460	2,137	2,200	2,200	2,140	2,200	18,080	22,010	5,340	19,670	3,800	21,470		
	Variance	-	7	-1	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	In Year - Plan	-	-	-	35	1,100	1,980	1,980	1,825	1,825	1,825	1,825	1,825	1,825	14,300	16,260	2,450	13,810	1,400	15,210	
	In Year - Actual/Forecast	-	-	-	35	1,100	1,980	1,980	1,825	1,825	1,825	1,825	1,825	1,825	14,300	16,260	2,450	13,810	1,400	15,210	
	Variance	-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total Plan	480	480	480	1,270	2,435	2,435	2,540	2,362	2,362	2,400	2,320	2,350	2,400	19,480	23,770	7,790	20,980	5,200	22,680	
	Total Actual/Forecast	480	487	481	1,281	2,435	2,435	2,540	2,362	2,362	2,400	2,320	2,350	2,400	19,480	23,770	7,790	20,980	5,200	22,680	
	Total Variance	-	7	-1	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Month 1 - Actual/Forecast	-	7	-1	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0		



**Agenda Item**

10.2.1

**Operational Delivery Committee**

**MONTH 11 MONITORING RETURNS TO WELSH GOVERNMENT**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Mark Thomas, Deputy Director of Finance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Sally May, Director of Finance & Procurement
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Sally May, Executive Director of Finance

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
WG	Welsh Government	
M1 etc	Month 1 etc	
ODC	Operational Delivery Committee	
HB	Health Board	



**1. Situation / Background**

- 1.1 In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the ODC with information from the M11 Financial Monitoring Return submission to Welsh Government

**2. Specific Matters for Consideration**

- 2.1 The Welsh Health Circular WHC (2024) 026 – 2024/25 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 20<sup>th</sup> May 2024. This guidance refers to the monitoring return template and accompanying narrative that LHBS will need to complete to report their 2024/25 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month’s Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

<b>Annex A</b>
M11 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

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

- 3.1 All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.



The key information included in the M11 Financial Monitoring returns is summarised in Section 1.2 of the M11 Narrative report at Annex A. This information is consistent with the M11 Internal Board papers.

#### 4. Assessment

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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not Required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below) Financial Management of the Health Board and potential audit qualifications	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below) Reflects the allocation and utilisation of resources of the Health Board	

## 5. Recommendation

- 5.1 The ODC is asked to NOTE the contents of the M11 Monitoring Returns submitted to Welsh Government for 2024/25.

# CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD MONITORING RETURNS – FEBRUARY 2025 FINANCIAL COMMENTARY

## Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 28 February 2025.

The tables attached to this commentary **do not** include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

## 1. Financial Plan, Year to Date and Forecast position

### 1.1 Financial Plan for 2024/25

The Financial plan submitted to WG at the end of March 2024 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
<b>B’Fwd challenge at 31 March 2024</b>	<b>19.4</b>	<b>0</b>	<b>19.4</b>
Income changes	(50.4)	0.6	(49.8)
Cost Pressures & Investments:	55.2	1.4	56.6
Savings Target	(26.3)	0	(26.3)
<b>Total plan 23/24</b>	<b>(2.1)</b>	<b>2.0</b>	<b>(0.1)</b>

The Financial plan also identified a net risk to the planned break-even position of £9.4m. The latest risk assessment is provided in Section 3.

### 1.2 Actual YTD and Forecast 2024-25 (Table A)

	Actual £m	YTD £m	Year-end forecast £m
<b>Q1 - Month 3</b>	<b>0.4</b>	<b>2.7</b>	<b>0</b>
<b>Q2 - Month 6</b>	<b>(0.6)</b>	<b>3.3</b>	<b>0</b>
<b>Month 7</b>	<b>(0.1)</b>	<b>3.2</b>	<b>0</b>
<b>Month 8</b>	<b>(2.8)</b>	<b>0.4</b>	<b>0</b>
<b>Q3 - Month 9</b>	<b>(0.2)</b>	<b>0.2</b>	<b>0</b>
<b>Month 10</b>	<b>(0.0)</b>	<b>0.2</b>	<b>0</b>
<b>Month 11</b>	<b>(0.3)</b>	<b>(0.1)</b>	<b>0</b>

The M11 position is reporting a £0.3M surplus with a £0.1m year to date

underspend. The key components of the YTD position and the year-end forecast are summarised below:

	<b>M11 YTD</b>	<b>M11 Year-end forecast</b>	<b>M10 Year-end forecast</b>
	<b>£m</b>	<b>£m</b>	<b>£'m</b>
Savings Shortfall	11.0	11.5	11.5
Operational Variances	14.5	17.6	17.8
Financial Plan Improvements	(12.2)	(14.6)	(14.8)
Additional Financial Allocation	(6.5)	(7.5)	(7.5)
Accountancy Gains	(6.7)	(7.0)	(7.0)
<b>Grand Total</b>	<b>(0.1)</b>	<b>0</b>	<b>0</b>

<b>Savings Shortfall:</b>	<b>M11 YTD</b>	<b>M11 Year-end forecast</b>	<b>M10 Year-end forecast</b>
	<b>£m</b>	<b>£m</b>	<b>£'m</b>
Shortfall v £24.3m Delegated target	15.0	16.1	16.1
Surplus v £2.2m Non delegated target – CAT M savings	(4.0)	(4.6)	(4.6)
<b>Grand Total</b>	<b>11.0</b>	<b>11.5</b>	<b>11.5</b>

<b>Operational Variances</b>	<b>M11 YTD</b>	<b>M11 Year-end forecast</b>	<b>M10 Year-end forecast</b>
	<b>£m</b>	<b>£m</b>	<b>£'m</b>
AB arbitration outcome	1.8	1.9	1.9
AB LTA activity variances	0.5	0.6	0.6
AB Settlement of LTA dispute	1.2	1.3	1.3
Additional Regional Cataract investment	0.8	0.9	0.9
Unscheduled Care Medical pay overspends	1.8	1.9	2.2
Other Medical pay overspends	1.4	1.5	1.6
Primary Care Prescribing growth above plan	3.4	3.7	4.2
Corporate directorates – pay underspends	(2.3)	(2.5)	(2.5)
JCC Forecast Deficit (inc VCC transfer of service)	1.7	1.8	2.0
Dental Performance	(1.1)	(1.3)	(1.3)
Med Mgt (Comm Pharm, Vaccines & NICE)	1.0	1.1	1.1
Mental Health CHC/Patient Placements	1.1	1.2	1.5
Facilities Income Shortfalls	0.5	0.6	0.5
Pathology Demand – Non Pay	0.8	0.9	0.8
Net Other Operating Variances (inc Health Protection)	(0.8)	0.7	(0.1)
POW Roof integrity issues	2.7	3.3	3.1
<b>Grand Total</b>	<b>14.5</b>	<b>17.6</b>	<b>17.8</b>

<b>Financial Plan Improvements:</b>	<b>M11 YTD</b>	<b>M11 Year-end forecast</b>	<b>M10 Year-end forecast</b>
	<b>£m</b>	<b>£m</b>	<b>£'m</b>
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(4.6)	(5.0)	(5.0)
Agency costs	(2.2)	(2.4)	(2.4)
Energy costs	(1.0)	(1.1)	(1.1)
Non pay inflation	(0.7)	(0.8)	(0.8)
Pay contingency v 23/24 anticipated recurrent allocation	(1.0)	(1.1)	(1.1)
Non pay reserve for planned care activity increases	(0.9)	(1.0)	(1.0)
Pay award funding – Bank/Vacancies etc	0	0	0
Non recurrent Change Mgt Reserve slippage	(0.7)	(0.8)	(0.8)
Revised RLW for social care funding	(0.9)	(1.0)	(1.0)
DHCW – Revised plan	(0.4)	(0.5)	(0.5)
Cost Pressure Reserve uncommitted	(0.5)	(0.6)	(0.6)
Maintenance Equipment/Capital Programme uncommitted	(0.4)	(0.5)	(0.5)
Other	1.1	0.2	0
<b>Grand Total</b>	<b>12.2</b>	<b>14.6</b>	<b>14.8</b>

- **POW Roof integrity issues/Additional WG funding M8**

Further to discussions with WG, the Health Board submitted a detailed proposal on 11 November to address the financial pressures following the critical incident at POW. The funding request is summarised below:

	24/25	25/26
	£m	£m
Original PCR plan	3.9	0
Impact of POW on PCR plan	8.1	7.1
Impact of POW on USC and Other areas	4.4	4.1
<b>Total</b>	<b>16.4</b>	<b>11.2</b>

We are critically scrutinising the 25/26 requirements as part of the 2025/26 planning process.

On 2<sup>nd</sup> December, WG subsequently confirmed the following additional funding for 24/25:

- £7.5m of non-recurrent funding for planned care recovery,
- £7.5m of recurrent funding to support continued demand and inflationary pressures in relation to prescribing, secondary care

medicines and CHC. For CTM this included support to mitigate the impact of the POW critical incident.

It is important to note that, without the additional £7.5m recurrent funding, the Health Board would have needed to deteriorate its break-even forecast in M8.

- **Band 2/Band 3 risk**

We have noted the HCSW banding issues experienced in SBUHB and elsewhere in Wales and England. We further note the potential for a wider resolution via the negotiation of an all-Wales Framework. Any framework could result in financial consequences which are not presently reflected in our forecast outturn. Should this framework be agreed, further work would be required to quantify the financial risk and the extent to which this should be treated as a provision or contingent liability in 24/25.

Further details of the remaining risks and opportunities to the M11 forecast break even position is included in Section 3.

### 1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

	February			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M11 £'000	M10 £'000	Movement £'000
RRL	133,030	125,583	7,447	1,591,950	1,563,664	28,287
Donation/Grants	10	0	10	130	130	(0)
Welsh HBs & NHST	6,081	6,187	(106)	75,247	75,453	(206)
WHSSC	1,309	1,075	234	12,939	12,705	234
WG Income	419	45	374	2,688	552	2,136
Other Income	4,119	4,110	9	49,384	49,375	9
<b>Income Total</b>	<b>144,968</b>	<b>137,000</b>	<b>7,968</b>	<b>1,732,339</b>	<b>1,701,879</b>	<b>30,460</b>
PC Contractor	22,374	13,737	8,637	174,235	163,479	10,756
PC - Drugs	8,070	9,396	(1,326)	105,689	106,289	(600)
Pay	60,977	61,462	(485)	726,017	726,502	(119)
Non Pay	9,198	10,295	(1,097)	117,748	117,867	343
SC - Drugs	4,217	5,353	(1,136)	60,511	61,647	(1,136)
H/C Other NHS	24,465	24,806	(341)	292,544	289,285	3,259
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	5,900	6,421	(521)	70,703	71,224	(521)
Private & Vol	1,354	1,066	288	20,553	20,265	288
Joint & Other	2,156	1,117	1,039	18,246	14,040	4,206
Losses, Spec Payments	187	200	(13)	2,529	2,542	(13)
DEL	5,705	2,994	2,711	41,351	38,557	2,794
AME	53	53	0	102,360	90,330	12,030
Res & Cont	0	0	0	0	0	0
P&L on Disposal	0	0	0	(146)	(146)	0
<b>Cost - Total</b>	<b>144,656</b>	<b>136,900</b>	<b>7,756</b>	<b>1,732,339</b>	<b>1,701,880</b>	<b>30,460</b>

Actual expenditure for M11 was £7.8m (5.67%) greater than the £136.9m forecast. The most significant movements between the forecast and actuals were as follows:

- **Primary Care Contractors - £8,637k Adverse** – Increase in Non Cash Limited expenditure £0.4m together with recognition of WG new allocations for Contract inflation settlements of £1.3m Dental and £6.6m GMS.
- **Primary Care Drugs - £1,326k Favourable** – December PAR report indicated an improvement on volume growth of £0.5m year to date together with Profiling differences.
- **Provider Pay - £485k Favourable** – Lower than anticipated enhancement impact following Christmas & New Year payments being made together with improved nurse agency costs being reported.

- **Provider Non Pay - £1,097k Favourable** – Correction of Local Authority RIF expenditure see Joint & Other.
- **Secondary Care Drugs - £1,136k Favourable** – Lower than anticipated treatments of NICE/HCD during February.
- **CHC/FNC - £521k Favourable** – Higher than anticipated discharges from packages of care together with delays in new admissions to high cost packages.
- **Joint & Other - £1,039k adverse** – Correction of Local Authority RIF expenditure see Provider Non Pay.

The year-end forecast expenditure at M11 has increased by £30.5m to £1,732m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M10 are as follows:

- **WG Income - £2,136k Favourable** – Recognition Local Authority RIF £1.762m for Capital Grants plus in month NCL movements of £374k.
- **Primary Care Contractor - £10,756k Adverse** – Increase in M11 Non Cash Limited expenditure £0.4m together with recognition of WG new allocations for Contract inflation settlements of £1.5m Dental and £7.2m GMS and £1.3m for GP IT Refresh.
- **Primary Care Drugs - £600k Favourable** – December PAR report indicated an improvement on volume growth estimated at £0.6m impact through to year end.
- **Secondary Care Drugs - £1,136k Favourable** – Lower than anticipated treatments of NICE/HCD during February.
- **Healthcare NHS - £3,259k Adverse** – Recognition of new WG allocations for JCC.
- **CHC/FNC - £521k Favourable** – Higher than anticipated discharges from packages of care together with delays in new admissions to high cost packages.
- **Joint & Other - £4,206k adverse** – Correction of Local Authority RIF expenditure to latest plans including £1.762m for Capital Grants.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- M7 – 12 reflects the latest planning assumptions for the temporary arrangements to support the POW incident upon Unscheduled care and other areas.
- M9 – 12 reflect the latest planning assumptions for the Planned care recovery funding of £7.5m and £4.6m.
- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays

- Provider Non-Pay – M12 reflects the IFRS 16 adjustment
- Private and Voluntary M12 includes £8.0m for the outsourcing of activity for planned care.
- Joint and other M12 includes £1.386m recent allocation for LA elements of the 50 day challenge plus £1.762m for capital grants.
- Primary Care Prescribing reflects latest assessment of dispensing days and the impact of the autumn Flu vaccination campaign.
- The 2024/25 main pay award had been processed in M8 including arrears. Further elements of the pay award had been processed in M10 including consultant allowances and band 8 & 9 increments which have also been forecast for future periods.

The Health Board has adopted the national mapping of financial codes to MMR categories for 2024/25, as such there has been some changes to where expenditure had been reported in previous years including the 24/25 IMTP.

#### 1.4 Pay Expenditure (Table B2)

The M11 Pay expenditure was £63.2m and the monthly trend is summarised below.

	<b>M11</b>	<b>M10</b>	<b>Q3* Average</b>	<b>M9</b>	<b>M8</b>	<b>Q2* Average</b>	<b>Q1* Average</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
A&C	8.1	8.2	8.1	8.4	10.8	8.0	8.0
Medical	16.7	17.5	16.8	16.8	22.2	16.7	16.8
Nursing	20.1	20.0	19.3	19.1	25.7	19.1	19.1
ACS	8.0	7.8	7.7	7.7	9.4	7.8	7.7
Other	10.3	10.7	10.2	9.9	13.7	10.3	10.2
<b>Total</b>	<b>63.2</b>	<b>64.2</b>	<b>62.1</b>	<b>61.8</b>	<b>81.8</b>	<b>61.9</b>	<b>61.7</b>

Q3\*,Q2\* & Q1\* Average has been adjusted to reflect impact of pay arrears relating to prior periods.

The Key issues to highlight are as follows:

- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month.
- 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.
- During M10, a further consultant pay award and arrears was

processed estimated at £0.8m together with band 8/9 incremental points estimated at £0.7m.

- Total pay expenditure in M11 was £63.2m. After allowing for the pay awards, this remains £1.0m higher than the Q3 average and is due to the enhancements for Christmas and New Year Bank Holidays that are processed.

The key future forecasting adjustments relates to the impact of the POW temporary arrangements and the Planned Care recovery plans from M7 to M12. The M11 profile also reflects the impact of increased enhancements for Christmas & New Year Bank Holidays.

The M11 agency expenditure was £2.8m and the monthly trend (excluding accountancy gains) is summarised below:

	<b>M11</b>	<b>M10</b>	<b>Q3 Average</b>	<b>M9</b>	<b>M8</b>	<b>Q2 Average</b>	<b>Q1 Average</b>
		£'m	£'m	£'m	£'m	£'m	£'m
Medical	0.5	0.7	0.6	0.4	0.6	0.9	0.9
Nursing	1.6	1.9	1.8	1.8	1.7	1.9	1.9
Other	0.6	0.7	0.6	0.5	0.6	0.7	0.6
<b>Total</b>	<b>2.8</b>	<b>3.3</b>	<b>2.9</b>	<b>2.8</b>	<b>2.8</b>	<b>3.4</b>	<b>3.4</b>

The Key issues to highlight are as follows:

- The M11 costs have reduced by £0.5m compared to M10 and returned back to Q3 average levels.

The M12 forecast remains unchanged.

The M11 variable pay expenditure was £4.9m and the monthly trend (excluding accountancy gains) is summarised below.

	<b>M11</b>	<b>M10</b>	<b>Q3 Average</b>	<b>M9</b>	<b>M8</b>	<b>Q2 Average</b>	<b>Q1 Average</b>
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	1.8	1.8	2.0	1.9	2.0	2.1	2.1
Nursing	1.2	1.1	1.1	0.7	1.3	0.9	0.9
ACS	1.4	1.3	1.3	1.2	1.5	1.2	1.2
Other	0.5	0.6	0.7	0.6	0.9	0.6	0.6
<b>Total</b>	<b>4.9</b>	<b>4.8</b>	<b>5.0</b>	<b>4.3</b>	<b>5.6</b>	<b>4.8</b>	<b>4.8</b>

The Key issues to highlight are as follows:

- The M11 position remains consistent with previous quarters.
- The pay award processing and arrears has had an impact of increasing the M8 position by £0.7m.
- The M10 & M11 positions have returned to normal levels following an improvement of £0.6m in M9. This was mainly due to reduced overtime and ADHs during December.

In recognition of the impact of the POW temporary arrangements and the Planned Care recovery plans, there is anticipated to be an increase in variable pay for future profiles.

### 1.5 Covid analysis (Table B3)

	<b>M11</b>	<b>YTD</b>	<b>Forecast</b>	<b>Allocation</b>	<b>Forecast Variance</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
Health Protection and Vaccination	0.4	4.7	5.2	5.6	(0.4)
PPE	0.1	0.5	0.6	0.4	0.2
Adferiad	0.1	1.0	1.1	1.1	(0.0)
<b>Total</b>	<b>0.6</b>	<b>6.2</b>	<b>6.9</b>	<b>7.2</b>	<b>(0.3)</b>

There are no key issues to highlight at M11.

### 2. Underlying position (Table A1)

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 has been reduced by £2.8m to £7.9m (M10: £10.7m). A robust and detailed assessment of the underlying position has been undertaken and work continues to challenge the movement in operational variances. The 'bridge' between the current year forecast and the recurrent forecast is summarised below:

	£m
<b>Forecast In year position 24/25</b>	<b>0</b>
Balance sheet write backs	7.0
Other non recurrent benefits in 24/25	0.9
<b>Forecast Recurrent position at the end of 24/25</b>	<b>7.9</b>

<b>Underlying Position</b>	<b>M11 Year-end forecast</b>	<b>Recurrent</b>
	<b>£m</b>	<b>£'m</b>
Savings Shortfall	11.5	10.8
Operational Variances	17.6	18.4
Financial Plan Improvements	(14.6)	(13.8)
Additional Financial Allocation	(7.5)	(7.5)
Accountancy Gains	(7.0)	0
<b>Grand Total</b>	<b>0</b>	<b>7.9</b>

<b>Savings Shortfall:</b>	<b>M11 Year-end forecast</b>	<b>Recurrent</b>
	<b>£m</b>	<b>£'m</b>
Shortfall v £24.3m Delegated target	16.1	15.7
Surplus v £2.2m Non delegated target – CAT M savings	(4.6)	(4.6)
<b>Grand Total</b>	<b>11.5</b>	<b>11.1</b>

<b>Material Operating Overspends:</b>	<b>M11 Year-end forecast</b>	<b>Recurrent</b>
	<b>£m</b>	<b>£'m</b>
AB arbitration outcome	1.9	1.9
AB LTA activity variances	0.6	0.6
AB Settlement of LTA dispute	1.3	1.3
Additional Regional Cataract investment	0.9	0.9
Unscheduled Care Medical pay overspends	1.9	2.2
Other Medical pay overspends	1.5	0.4
Primary Care Prescribing growth above plan	3.7	4.2
Corporate directorates – pay underspends	(2.5)	0
JCC Forecast Deficit (inc VCC transfer of service)	1.8	2.0
Dental Performance	(1.3)	0
Med Mgt (Comm Pharm, Vaccines & NICE)	1.1	1.1
Mental Health CHC/Patient Placements	1.2	1.5
Facilities Income Shortfall	0.6	0.5
Pathology Non Pay – Demand Growth	0.9	1.1
Net Other Operating Variances	0.7	0.7
POW Roof integrity issues	3.3	0
<b>Grand Total</b>	<b>17.6</b>	<b>18.4</b>

<b>Material Financial Plan Improvements:</b>	<b>M11 Year-end forecast</b>	<b>Recurrent</b>
	<b>£m</b>	<b>£'m</b>
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(5.0)	(5.0)
Agency costs	(2.4)	(2.4)
Energy costs	(1.1)	(1.1)
Non pay inflation	(0.8)	(0.8)
Pay contingency v 23/24 anticipated recurrent allocation	(1.1)	(1.1)
Non pay reserve for planned care activity increases	(1.0)	(1.0)
Pay award funding – Bank/Vacancies etc	0	0
Non recurrent Change Mgt Reserve slippage	(0.8)	0
Revised RLW for social care funding	(1.0)	(1.0)
DHCW – Revised plan	(0.5)	(0.5)
Cost Pressure Reserve uncommitted	(0.6)	(0.4)
Maintenance Equipment/Capital Programme uncommitted	(0.5)	(0.5)
Other	0.2	0
<b>Grand Total</b>	<b>(14.6)</b>	<b>(13.8)</b>

It is important to highlight that:

- The underlying position has been assessed pending confirmation of WG allocations for recurrent pay awards. Any differential between anticipated allocations and actual recurrent allocation will have a corresponding impact upon the underlying position.
- The forecast recurrent position noted above excludes any ongoing costs of the POW critical incident, which will represent an additional NR cost pressure in 25/26. Our latest estimate is that these costs will be circa £10.0m.
- The HB is anticipating a recurrent pay award of £50.1m excluding JCC elements. This reflects the 24/25 settlement of £53.3m (excluding JCC) less £3.2m for non recurrent elements. During M10 a contingency of £2.8m had been included in the recurrent position to reflect the risk that this assumption may not be met by WG due to bank and vacancies not being supported. Following IMTP discussions with WG, this contingency has now been removed and the HB is expecting the full £50.1m assumption in our underlying deficit assessment.

### 3. Risk Management (Table A2)

The key financial risks and opportunities for 2024/25 are noted in Table A2 and are summarised below:

	<b>Month 11 £'m</b>	<b>Month 10 £'m</b>	<b>Comment</b>
<b>Funding risks:</b>			
<b>Other risks:</b>			
Other cost pressures and forecasting risks, including POW	0	1.0	Recognised in year end forecast.
Potential pay banding disputes Band 2/Band 3 including retrospective application	tbc	tbc	See Section 1.2
<b>Total Risks</b>	<b>0</b>	<b>1.0</b>	
<b>Opportunities</b>			
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 unlikely to be achieved in 24/25.
Failure of Private providers to meet agreed activity levels on outsourcing plans	tbc	0	An Outsourcing provider is not in line with agreed plan at M11, potential that other providers will be able to meet the shortfall
Other Non-Recurrent Opportunities	0	0	
<b>Total Opportunities</b>	<b>0</b>	<b>0</b>	
<b>Net risk</b>	<b>0.0</b>	<b>1.0</b>	

### 4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O remain the Q3 position and will be updated for Q4 in M12.

- At M9 GDS was showing a forecast underspend of £1.3m.
- WG have recently confirmed that underspends on the Dental Contract can be retained by HBs.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	<b>Allocation £'m</b>	<b>Forecast £'m</b>	<b>Comment</b>
Planned & Unscheduled care Sustainability	18.4	21.5	
Additional allocation for Planned care recovery – 2 December	7.5	7.5	
Further allocation for planned care recovery	4.6	4.6	
Regional Planned Care	7.3	8.2	See note 1 below
Value Based HC	2.1	2.1	
Regional Integration Fund	20.4	23.5	See note 2 below
Core Mental Health	112.6	112.6	
Palliative Care	0.7	0.7	
Further Faster	1.8	1.8	
Critical Care	2.4	2.4	
Urgent Emergency Care	2.7	2.8	
Mental Health Allocation	4.2	4.2	
Planned care	0.6	0.6	
Value Based Healthcare Projects	0.7	0.7	

1. Regional Planned Care – The Health Board’s original plan for utilising the £7.3m regional planned care allocation was as follows:

- SEW Cataract Business Case £2.5m
- Endoscopy Capacity £2.3m
- Diagnostic Capacity £2.5m

Following correspondence from Nick Wood, the CTM contribution for the Regional Cataract Plan was increased by £0.9m in M6 from £2.5m to £3.4m. See Section 1.2.

2. Regional Integration Fund - The £20.4m is the original allocation. The forecast of £23.5m includes several additional in year allocations:

- Dementia Projects £1.7m - Confirmed Allocation
- RPB Capital funding for integrated hubs £0.45m - Confirmed Allocation
- Neurodivergence improvement programme £0.73m - Confirmed Allocation
- Short Break for Carers £0.2m - Confirmed Allocation.

## **5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)**

See section 1.4.

## 6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.4.

## 7. Savings ( inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2024/25 includes a £26.3m recurring savings target.

	Month 11			Month 10		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M11	24.1	26.3	26.3	21.9	26.3	26.3
Actual and Forecast Savings	(13.1)	(14.8)	(15.5)	(11.6)	(14.8)	(15.2)
<b>Total</b>	<b>11.0</b>	<b>11.5</b>	<b>10.8</b>	<b>10.3</b>	<b>11.5</b>	<b>11.1</b>

Forecast savings increased by £0.2m in M10, with the recurrent savings increasing by £0.3m to £15.2m.

The table below breaks down the £26.3m savings plan:

	Initial Plan £'m	M11 £m	YTD £m	24/25 £m	Rec £m
Savings	22.4	1.5	13.0	14.6	14.8
Income Generation	0.6	0.0	0.1	0.2	0.7
To be identified	3.3	0.0	0.0	0.0	0.0
<b>Total Savings</b>	<b>26.3</b>	<b>1.5</b>	<b>13.1</b>	<b>14.8</b>	<b>15.5</b>
Accountancy Gains	0.0	0.5	6.7	7.0	0.0

The following approaches are being used for savings profiles and savings recognition in 24/25:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.
- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **NICE** - Savings plans profiled and reviewed quarterly. Even if the

savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).
- **Non-Recurrent savings** – £2.1m of NR savings plans were removed from the Savings plan in M3 and used to offset operating variances. This change was to reinforce the need to focus on sustainable recurrent savings plans and is consistent with WHC (2024) 026 which states:  
“As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for when calculating the organisation’s net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year.”

All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

## **8. Income Assumptions 2024-25 (Tables D & E)**

Table D has been completed and agreed with other NHS Wales bodies, our latest position on agreeing LTAs is provided in Section 9 below. The Velindre assumptions have been updated following the JCC transfers referenced in M9 return.

Table E shows the anticipated allocations assumed within our M11 position.

The table below summaries the more material items:

<b>Description</b>	<b>M11</b>	<b>M10</b>	<b>Comments</b>
	£k	£k	
2024/25 Pay award (inc RLW)	0	32,600	Allocation Received
RLW Social Care	0	3,400	Allocation Received
WG Funded Trainees	0	2,062	Allocation Received
Dols MCA	154	154	
Advocacy	176	176	
One Wales Hospice at Home	0	144	Allocation Received
Memory Assessment Improving Waiting Times	159	159	
Prison Buvidal	164	0	
JCC English CUF funding	0	201	Allocation Received
IFRS 16 Adjustment	(3,055)	(3,055)	
Capital Charges DEL/AME	16,913	94,287	Revised Forecast M11
Other Allocations	128	75	
<b>Total Anticipated Allocations</b>	<b>14,639</b>	<b>130,203</b>	

## 9. Health Care agreements

All LTA documents have been agreed for 2024/25.

## 10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

### 10.1 Significant month on month balance sheet movements

There are several significant movements on the balance sheet between M10 and M11:

- Trade and Other payables have reduced by £3.8m since M10. This is due to a decrease in capital creditors of £1.9m, general trade payables decreasing by £2.6m and Non NHS accruals decreasing by £3.1m, this is offset by increases in dental and GMS creditors of £2.1m relating to the pay award.
- Provisions have increased by £5.3m, this is due to an increase in the clinical negligence provision of £5.1m.
- Trade and Other Receivables have increased by £3.9m. This is mainly due to an increase in the Welsh Risk Pool Debtors of £6.5m as detailed above. This is offset by a decrease in Non-NHS Prepayments of £2.6m

- In M11 the value of Property, Plant & Equipment has increased by £6.4m mainly due to additions on the PoW roof scheme and PCH Phase 2.
- The Cash balance has decreased by £3.7m to £5.7m since M10 as planned, the aim is for the cash balance to be below £6m at month end.

In terms of year end projected balances, receivables are projected to increase significantly on previous year balances. This is mainly due to increases in the clinical negligence claim values due from WRP, which are reflected in an opposite increase in the provision balances projected of c£20m. Other increases include a general increase in trade receivables which are offset by general increases in revenue trade receivables.

Also note there is an increase of c£10m on capital payables from previous year balance, this reflects works carried out which we do not anticipate the cash being paid by year end. Note there is a lower drawdown on the cash flow forecast against CRL to reflect this increase in capital payables.

## **10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information**

There are no NHS invoices due over 11 weeks at the end of M11.

## **11. Cash Flow Forecast (Table G)**

The cash balance at the end of M11 was £5.7m, this is within our target balance of keeping cash balances below £6m.

The current cash flow forecast is showing a balanced position at year end.

As highlighted in paragraph 10, the capital cash drawdown is c£10m lower than the CRL due to anticipated increase in capital creditor balances.

## **12. Public Sector Payment Compliance (Table H)**

No update required in this return.

## **13. Capital Schemes and Other Developments (Tables I, J &K)**

The M11 CRL is £93.819m, issued on the 28<sup>th</sup> Feb 2025. As at M11, £67.5m has been charged against the CRL. The increase in CRL this month is due to additional year end Digital funding of £0.8m.

The table below details some of the schemes confirmed or at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J as per the guidance however the over and underspends will all be managed across the program and hence balanced year end position is forecast.

<b>Scheme</b>	<b>Risk</b>	<b>Explanation</b>
PCH G&FF Phase 2 and 3	High – in year overspend	An additional £6m of CRL was funded at the end of October with the assumption that £0.7m of VAT reclaim would be approved by HMRC to cover the remaining spend. Based on recent correspondence with HMRC the claim will not be supported this financial year and hence it's now being assumed that the scheme will overspend against the allocation in year . In addition spend has been brought forward on the scheme to assist in managing slippage on other schemes and deliver a balanced overall position.
LHP	Medium – In year slippage	Risk of underspend in year based on latest forecast which will be managed within the overall position
Backlog Maintenance	Medium – In year Slippage	Funding relates to 29 backlog maintenance schemes. Whilst good progress is being made there is likely to be slippage on some of these schemes. Slippage will offset the overspend on PCH G&FF
Maesteg Health and Wellbeing Park	High – in year slippage	Scheme on hold with main contractor hence unlikely to spend all remaining fees this financial year – will be managed with disc capital

### **Disposals**

A small number of equipment sales are recorded in the year

Approval has been provided by WG to dispose of Pontypridd Health Centre, this is likely to be in 2025/26.

## Impairments

Since last month we have now added in these additional costs to the MMR.

Additional DEL funding for the accelerated depreciation of the buildings to be demolished at LHP £2.7m in 2425.

An AME impairment of £6.4m has been included for the damage to the roof at POW hospital in the areas where work is not yet complete (zones 2-4). Various other changes to our November forecast have also been reported to WG and are included in this return.

## 14. IFRS 16 and CAME (Table Q)

Table Q shows the lease payments, interest and depreciation associated with IFRS16 leases. Approval was given for the latest IFRS16 leases in January and these are included in Table Q.

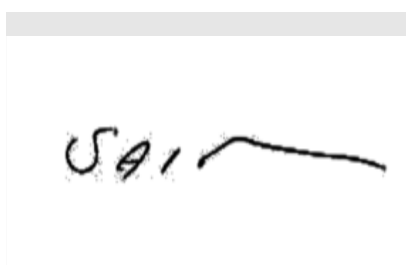
## 15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M11 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Operational Delivery Committee.

## Authorisation



**P Mears**  
**Chief Executive**



**S May**  
**Director of Finance**

**Date: 13 March 2025**

## Action Points arising from Month 10 Response

Action Point	WG Comment	CTM Response
	<b>TABLE A</b>	
<b>10.1</b>	At Month 10, the forecast outturn is now supported by potential balance sheet releases of c.£0.800m (previously c.£1.000m), described as having minimal risk. We trust you will be able to confirm at month 11 that all required mitigations to be achieved through Accountancy Gains have been finalised and reported as such, eliminating any risk to delivery of your forecast outturn. <b>(Action Point 10.1)</b>	As previously noted, the HB has an agreed approach with audit where balances are released in accordance with aged policies which result in monthly releases. The remaining balance at M11 of £306k will be achieved by Year end.
<b>10.2</b>	As highlighted with Table 1.2 of the narrative, please provide a summary of the key areas which are contributing to the adverse £2.800m annual movement in 'Net Other Operating Variances'. <b>(Action Point 10.2)</b>	Table 1.2 has been updated with further detail.
<b>10.3</b>	Also highlighted in Table 1.2 of the narrative, please provide details of the additional £3.800m of 'Financial Plan Improvements' which have also been identified in month 10. <b>(Action Point 10.3)</b>	Table 1.2 identified all the financial plan improvement movements from the £11.0m in M9 to the £14.8m in M10.
<b>10.4</b>	The previously reported pay award annual pressure of £3.800m (line 32) has now been reduced to zero, however there remains a year to date reported pressure of £2.347m, which is not eliminated until Feb. It is noted that these entries are being offset through the use of the 'Phasing of the RRL' (line 21). Given that all funding for Pay has been confirmed and is already reflected in your anticipated income, it is unclear why these entries were not actioned in Month 10. Please therefore clarify your adopted approach taken in Table A. <b>(Action Point 10.4)</b>	The payward allocation was not confirmed until following Day 5, at which point our internal financial reports and position had been finalised and circulated. To ensure alignment between internal reporting and the WG MMR, the improvement resulting from the confirmed pay award funding was

		recognised within the forecast.
<b>10.5</b>	From discussions, our understanding is that the FYE value of £2.800m for Payawards shown in Table A, reflects the correction of the Opening Plan assumption that WG would fund Agency/Bank uplifts on a recurrent basis. It would be useful if your supporting MMR narrative clarifies that position. <b>(Action Point 10.5)</b>	The HB is anticipating a recurrent pay award of £50.1m excluding JCC elements. This reflects the 24/25 settlement of £53.3m (excluding JCC) less £3.2m for non recurrent elements. If Vacancies and Bank are not funded this equates to funding of only £47.3m a £2.8m reduction. This contingency of £2.8m has been removed in M11.
<b>8.5</b>	As requested since month 8 via Action Point 8.5, please confirm where the items incorporated on Line 26 are reported in Table 1.2 of the narrative. <b>(c/f Action Point 8.5)</b>	Table 1.2 provides the detail to support Table A Operating Variances, for ease the operating variances withing Table A include lines: 21,22,24,26,33,34,35,36,37,38 & 39.
<b>9.6</b>	As requested last month, please confirm the items by expenditure type/area and whether they are recurrent or non-recurrent which are directly being funded by the additional WG allocation of £7.475m. <b>(c/f Action Point 9.6)</b>	In line with the the correspondence dated 2 <sup>nd</sup> December the £7.475m allocation is being used to support system wide demand and inflationary pressures together with the non recurrent POW roof pressures. Table 1.2 clearly sets out all of the pressures that the HB is experiencing that are being supported by the £7.475m in

		2024/25. The recurrent pressures have been identified within the tables in Section 2 of the narrative.
	<b>TABLE B – Monthly Positions</b>	
<b>10.6</b>	As highlighted in the ringfenced table, there is c.£10.400m of Planned Care Recovery funding spend phased into month 12, predominately reflected within 'Other Private & Voluntary Sector' and 'Joint Financing' categories of the SoCNE. We will look to your month 11 return to provide an update on your expenditure plans for this funding. <b>(Action Point 10.6)</b>	The Additional Planned Care Financial Monitoring template submitted on Day 12 identifies all of the Planned Care programmes together with profiles and identifies the schemes which are resulting in the £10.4m of M12 expenditure including Vanguard Theatres £2.1m and Orthopaedic Outsourcing £6.7m as the main items. It's important to note that allocations for these items were only confirmed in November 24 and January 25. Our Operational teams are working with providers to ensure plans are delivered within the timescales.
<b>8.3</b>	Within the month 9 Table B submission, Section G confirmed there was £1.100m of non pay reserves described as 'pressures yet to be confirmed' phased into month 12. Please provide confirmation if this reserve has now been utilised and if applicable, for what purpose. <b>(c/f Action Point 8.3)</b>	This reserve has been released to support the increasing costs of non pay including the anticipated stock adjustment as a result of POW temporary closures in M12.
	<b>TABLE B1 – SoCNE Movement</b>	

<b>10.7</b>	Please ensure '0' values are entered where appropriate within the SoCNE of Table B, this will eliminate the #value! errors currently shown in Table B1. <b>(Action Point 10.7)</b>	Noted
	<b>TABLE B2 – Pay Expenditure</b>	
<b>10.8</b>	Following agency spend in January increasing by c. £0.500m, please clarify your reasons for treating this increase as non recurrent, with future month forecast spend values being unchanged from month 9. <b>(Action Point 10.8)</b>	This increase was not expected to continue. The latest M11 position confirms this assumption.
	<b>TABLE G – Cashflow</b>	
<b>10.9</b>	Please ensure that the sales receipts from the 'Sale of Assets' (£150k) are shown as an inflow on designated line 9. Please note that material profits/losses resulting from asset disposals should be reflected on Table A (line 17). <b>(Action Point 10.9)</b>	January cash flow updated
	<b>TABLE K – Capital Disposals</b>	
<b>10.10</b>	Following your narrative confirmation that the Pontypridd Health Centre is now planned for disposal in 25/26, please ensure Table K is updated each month to enable any planned disposals to be highlighted at the earliest opportunity. <b>(Action Point 10.10)</b>	Actioned
	<b>TABLE M – Aged debtors</b>	
<b>10.11</b>	We trust the outstanding invoice (No: 36010) raised against HEIW which is over 17 weeks old has now been resolved (paid or cancelled), as it must not show as outstanding at month 11. <b>(Action Point 10.11)</b>	Resolved
	<b>Comments from Hywel Jones</b>	

	There remains a significant expenditure assumption now in March of circa £10m relating to your application of the Planned Care Funding. I am seeking a full update for Month 11 on your spending plans as part of your assurance on delivering your likely forecast outturn position.	See 10.6
	A sufficiently detailed explanation for your applied use of the additional £7.475m in year funding, remains outstanding; I trust this will be provided within your next submission.	See 9.6

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY		Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000	£'000	
1	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	11,452	12,738			0	0			
2	Pay	160	65	257	(20)	213	180	226	585	571	256	324	345	2,816	3,161	89.09%	3,161	0	20	3,140		4,508
3	Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,042)	(683)	(710)	(1,014)	(950)	(941)	(8,636)	(9,577)	(75.41%)	3,161	0				
4	Budget/Plan	8	71	123	369	189	193	216	249	251	251	251	251	2,172	2,423			2,423	0			
5	Non-Pay	8	42	121	66	597	73	195	665	235	445	265	344	2,711	3,055	88.73%	3,055	0	1,030	2,013		2,289
6	Variance	0	(29)	(2)	(304)	409	(121)	(21)	415	(16)	193	14	93	539	632	24.80%	632	0				
7	Budget/Plan	320	320	320	320	751	406	509	509	509	495	495	495	4,953	5,448			5,448	0			
8	Primary Care - Drugs & Appliances	320	320	320	660	407	524	513	465	931	727	833	826	6,020	6,846	87.93%	6,846	0	0	6,846		6,846
9	Variance	0	0	0	340	(344)	118	4	(44)	422	232	338	331	1,067	1,398	21.54%	1,398	0				
10	Budget/Plan	0	4	32	19	324	101	140	114	98	94	92	81	1,015	1,096			1,096	0			
11	Secondary Care Drugs	0	0	168	0	0	2	28	28	116	37	78	78	409	488	83.96%	488	0	0	488		611
12	Variance	0	(4)	136	(19)	(324)	(99)	(111)	(85)	(69)	23	(54)	(2)	(606)	(608)	(59.67%)	-608	0				
14	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	488	650			650	0			
15	CHC/FNC	0	0	0	50	0	25	96	96	96	2	29	31	393	424	92.74%	424	0	0	424		424
16	Variance	0	0	(125)	0	0	(125)	96	96	(67)	2	29	(132)	(94)	(226)	(19.32%)	-226	0				
17	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
18	Primary Care Contractor	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
19	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	21	25			25	0			
20	Healthcare Services Provided by Other Healthboards	0	0	0	0	500	0	4	4	84	10	10	10	613	623	98.35%	623	0	500	123		123
21	Variance	0	0	0	0	500	0	0	0	80	6	6	6	592	598	2841.56%	598	0				
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
23	Non-healthcare Services Provided by Other Healthboards	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
26	Other Private & Voluntary Sector	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
28	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
29	Joint Financing & Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
30	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0			
34	Budget/Plan	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	20,101	22,380			9,642	0			
35	Total	488	427	866	756	1,717	804	1,062	1,843	1,945	1,556	1,498	1,634	12,962	14,597	98.35%	14,597	0	1,551	13,034		14,801
36	Variance	0	(392)	(365)	(1,507)	(724)	(1,239)	(1,074)	(301)	(360)	(558)	(618)	(645)	(7,138)	(7,784)	2841.56%	4,954	0				
37	Variance in month	0.00%	(47.85%)	(29.67%)	(66.61%)	(29.66%)	(60.65%)	(50.28%)	(14.03%)	(15.62%)	(26.41%)	(29.19%)	(28.31%)	(35.51%)								
38	In month achievement against FY forecast	3.34%	2.92%	5.93%	5.18%	11.77%	5.51%	7.28%	12.63%	13.32%	10.66%	10.27%	11.20%									

Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		£'000	£'000
1	Budget/Plan	47	80	107	756	337	346	421	421	434	424	426	437	3,800	4,237			0	0			
2	Pay - General & Substantive	47	41	191	18	196	84	145	403	521	208	219	234	2,074	2,308			2,308	0	20	2,288	
3	Variance	0	(39)	84	(738)	(141)	(262)	(276)	(19)	87	(216)	(207)	(203)	(1,726)	(1,929)			2,308.3437	0			2,876
4	Budget/Plan	0	46	57	161	152	152	152	152	152	152	153	153	1,326	1,478			0	0			
5	Pay - Variable	0	0	0	0	0	0	43	50	4	4	50	56	150	206			206	0	0	206	
6	Variance	0	(46)	(57)	(161)	(152)	(152)	(109)	(102)	(148)	(148)	(102)	(97)	(1,176)	(1,273)			206	0			
7	Budget/Plan	113	298	468	688	690	695	695	695	695	695	695	696	6,326	7,022			6,326	0			
8	Pay - Agency	113	23	65	(38)	17	96	38	133	46	45	55	55	592	647			647	0	0	647	
9	Variance	0	(274)	(402)	(626)	(673)	(599)	(658)	(563)	(649)	(650)	(640)	(641)	(5,734)	(6,376)			647	0			1,097
10	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	11,452	12,738			0	0			
11	Total	160	65	257	(20)	213	180	228	585	571	256	324	345	2,816	3,161			3,161	0	20	3,140	
12	Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,042)	(683)	(710)	(1,014)	(950)	(941)	(8,636)	(9,577)			3,161	0			4,508

Table C2- V&S Saving Categories

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year 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		
1	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	11,452	12,738
2	Workforce	160	65	257	(20)	213	190	227	593	589	260	319	339	2,853	3,192
3	Variance	0	(359)	(375)	(1,525)	(965)	(1,003)	(1,041)	(675)	(691)	(1,010)	(955)	(947)	(8,599)	(9,546)
4	Budget/Plan	320	324	352	339	1,075	507	648	622	606	589	587	576	5,988	6,544
5	Medicines Management	320	320	488	660	407	526	541	493	959	843	870	904	6,429	7,334
6	Variance	0	(4)	136	321	(668)	19	(107)	(129)	353	255	283	328	461	790
7	Budget/Plan	4	67	106	331	166	170	176	179	181	181	181	181	1,745	1,926
8	Procurement & Non-pay	4	37	116	65	75	60	102	638	181	376	208	287	1,862	2,150
9	Variance	0	(30)	9	(266)	(92)	(111)	(74)	458	0	195	27	106	117	223
10	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	488	650
11	CHC	0	0	0	50	0	25	96	96	96	2	29	31	393	424
12	Variance	0	0	(125)	0	0	(125)	96	96	(67)	2	29	(132)	(34)	(226)
13	Budget/Plan	0	0	0	0	0	0	0	30	30	30	30	30	120	150
14	Pathway	0	0	0	0	0	0	0	10	10	10	20	20	50	70
15	Variance	0	0	0	0	0	0	0	(20)	(20)	(20)	(10)	(10)	(70)	(80)
16	Budget/Plan	4	4	17	38	22	23	37	37	37	37	37	37	294	331
17	Other - Commissioning	4	5	5	0	1,023	4	8	1	96	52	19	20	1,217	1,237
18	Variance	0	2	(11)	(38)	(1,000)	(20)	(29)	(37)	59	15	(18)	(18)	923	905

11 This Table is currently showing 0 errors  
Table C3 - Tracker

	£000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non-Recurring	Recurring	FYE Adjustment	Full-year Effect	
Savings (Cash Release) & Capital Avoidance	Month 1 - Plan	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Month 1 - Actual/Forecast	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	In Year - Plan	-	-	-	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	In Year - Actual/Forecast	-	-	-	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Plan	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Total Actual/Forecast	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Accommodation Costs	Month 1 - Plan	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Month 1 - Actual/Forecast	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	In Year - Plan	-	-	-	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	In Year - Actual/Forecast	-	-	-	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Plan	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Total Actual/Forecast	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	Month 1 - Plan	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Month 1 - Actual/Forecast	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	In Year - Plan	-	-	-	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	In Year - Actual/Forecast	-	-	-	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Plan	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Total Actual/Forecast	480	480	480	1,200	2,250	2,240	2,250	2,137	2,144	2,200	2,110	2,110	2,200	25,917	22,380	2,537	19,780	1,600	20,778
	Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Month 1 - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Month 1 - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
In Year - Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Actual/Forecast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Variance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

<b>Agenda Item</b>
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5.2.3
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<b>Joint Commissioning Committee</b>
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<b>Planning, Performance &amp; Finance Sub-Committee Highlight Report</b>
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<b>Dyddiad y Cyfarfod / Date of Meeting</b>	18/03/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Helen Tyler, Head of Corporate Governance
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Paul Worthington, Lay Member
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Jacqui Maunder-Evans, Committee Secretary

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting Choose an item.
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
	Click or tap to enter a date.	Choose an item.

## 1. SITUATION/BACKGROUND

This report had been prepared to provide Members of the Joint Commissioning Committee (JCC) with a summary of the key issues considered by the Planning, Performance and Finance sub-committee at its meeting on 11 February 2025.

Key highlights from the meeting are reported in Section 3.

## 2. PURPOSE

The Purpose and Role of the JCC and the sub-committees are set out in Paragraphs 2.18 and 2.20 of the JCC [Standing Orders](#).

### 3. HIGHLIGHT REPORT

(Links to reports highlighted [February 2025 – NHS Wales JCC PPF](#))

RAG Rating	Highlights
<b>Alert / Escalate</b>	<ul style="list-style-type: none"> <li>The Chair and Members discussed the Terms of Reference and the adequacy of requiring only two lay members for quorum. Members agreed to review after six months to assess the effectiveness of the sub-committee.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The Chair welcomed members and attendees to the first JCC Planning, Performance and Finance (PPF) sub-committee meeting. The <a href="#">Terms of Reference</a> and <a href="#">Forward Work Plan</a> were presented. Members noted the inclusion of a HB CEO as a member rather than an attendee. Concerns were highlighted in relation to the quoracy arrangements as highlighted above. Further work on the forward work plan will be undertaken to ensure alignment with the JCC meetings and the annual plan of business and useful suggestions and feedback was provided.</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>Members were informed about the approach to risk and noted that by April 2025, risks related to planning, performance and finance would be reported to this sub-committee for review and assurance.</li> <li>A presentation was shared which provided members with an update on developing the Integrated Medium-Term Plan (IMTP). Members received an overview of the financial modelling scenarios as requested by the JCC at its January 2025 meeting. An assessment against the three scenarios was provided. While the JCC was in transition, an annual plan was being considered in place of a three-year rolling IMTP. The interim Chief Commissioner also provided members with an update on the submission of an Accountable Officer letter.</li> <li>The <a href="#">Month 9</a> Financial Performance Report and Financial Plan Update was received noting: <ul style="list-style-type: none"> <li>£4.8 million overspend against the Integrated Commissioning Plan (ICP) financial plan to date with a forecast year-end overspend of £5.7 million;</li> <li>The risk of not receiving anticipated income for activity in NHS England was highlighted but Welsh Government (WG) had confirmed funding of £8.8 million to offset the costs related to this,</li> </ul> </li> </ul>

	<p>alleviating this financial risk for the current year. This funding does not alter the forecast year-end overspend position of £5.7 million.</p> <ul style="list-style-type: none"> <li>The JCC Performance Report for <a href="#">Month 8</a> was received. The combined legacy approach to performance reporting (WHSSC/EASC formats) remains transitional and a new JCC Performance Management Framework and performance report is under development for 2025/2026.</li> </ul>
<b>Inform</b>	<ul style="list-style-type: none"> <li>Members noted updates on <a href="#">Implementation of Legacy Plans for Quarter 3</a>. It was noted that this report would also be shared with WG for assurance on delivery.</li> <li>Members noted the <a href="#">WG Strategic Development and Planning Guidance for 2025/2028</a>. The national requirements and areas of JCC responsibility were highlighted as well as the importance of aligning with the planning framework.</li> </ul>
<b>Appendices</b>	None

#### 4. ASSESSMENT

<b>Objectives / Strategy</b>	
<b>Dolen i Amcan (au) Strategol CBC</b> <b>Link to JCC Strategic Objectives(s)</b>	Maximise Value
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Healthier Wales
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Leadership
	If more than one applies please list below:

<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <i>(<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</i>	Effective
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Refine
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	

<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	There is no direct impact on resources as a result of the activity outlined in this report. Choose an item.

## 5. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report.



**Agenda Item**

10.2.3

**Operational Delivery Committee**

**Committee Annual Cycle of Business 2025**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Kathrine Davies, Corporate Governance Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Gareth Watts, Director of Corporate Governance/Board Secretary
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

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

<b>Acronyms / Glossary of Terms</b>	



## 1. Situation /Background

- 1.1 The Operational Delivery Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 January 2025 to 31 December 2025.

## 2. Specific Matters for Consideration

- 2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.
- 2.2 The Cycle of Business is currently being revisited in relation to areas of activity from the Chief Operating Office and it is anticipated that the cycle will change ahead of the next meeting.

## 3. Key Risks / Matters for Escalation

- 3.1 Please refer to **Appendix 1** – Operational Delivery Committee Cycle of Business for further detail.

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-act-en.pdf</a> (<a href="#">futuregenerations.wales</a>)</b>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</b>	Learning, Improvement & Research
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</b>	Safe
	If more than one applies please list below:



<b>Link to Domains of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>		
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable	
<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 The Operational Delivery Committee are asked to **NOTE** the Annual Cycle of Business.

## 6. Next Steps

6.1 There are no next steps required.



### Operational Delivery Committee – Annual Cycle of Committee Business

(1<sup>st</sup> January 2025 to the 31<sup>st</sup> December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

The Operational Delivery Committee meets at **least 4 times per annum**.

<b>Committee Chair:</b> <ul style="list-style-type: none"> <li>Rachel Rowlands, IM Community</li> </ul>	<b>Committee Vice Chair</b> <ul style="list-style-type: none"> <li>Ian Wells, Independent Member - Digital</li> </ul>	<b>Executive Leads for Agenda Planning</b> <ul style="list-style-type: none"> <li>Gethin Hughes, Chief Operating Officer</li> </ul>
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#### CTMUHB Committee 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
<b>Committee Governance Arrangements</b>																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R If all actions are complete	R If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R Except for the annual review in January	R Annual Review only
5. Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually				R									X	R
6. Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually				R			R						X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
<b>Committee Governance Arrangements CONTD</b>																
7. Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually				R									X	R
<b>People Activity</b>																
8. Wellbeing Survey and Staff Survey – Delivery Action Plans	Executive Director of People	All Regular Meetings	R			R			R			R			X	R
9. Employee Relations Report	Executive Director of People	Twice Per Annum				R						R				
10. Welsh Language Annual Report	Executive Director of People	Annually							R							R
<b>Digital &amp; Data Activity</b>																
11. Digital & Data Delivery Report (encompassing IG, Cyber, Medical Records, critical incidents)	Director of Digital	All Regular Meetings	R			R			R			R			X	R
12. Information Governance Toolkit	Director of Digital	Annually							R						X	R
<b>Risk Management</b>																
13. Organisational Risk Register (Assigned Risks)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			X	R
<b>Planning Framework</b>																
14. IMTP Quarterly Updates	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance	All Regular Meetings	R			R			R			R			R	X
15. Capital Plans and Business Cases (in accordance with SoD)	Executive Director of Finance (And other Executive Leads where appropriate)	All Regular Meetings	R			R			R			R			X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
<b>Planning Framework Contd.</b>																
16. Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy & Transformation	Annually							R						X	R
17. Value Based Health Care Steering Group Highlight Report	Executive Director of Finance	Annually							R						X	R
<b>Integrated Performance Management</b>																
18. Integrated Performance Dashboard  To include People Metrics Report (to include Employee Relations updates as appropriate)	All Executive Directors	All Regular Meetings	R			R			R			R			X	R
19. Estates Performance Report (Against KPI's)	Executive Director of Finance	Twice Per Annum	R						R						X	R
20. Estates and Facilities Performance Management System - Annual Report	Chief Operating Officer & Executive Director of Finance	Annually							R						X	R
21. Workforce Efficiency & Productivity Including Resourcing and Retention	Executive Director of People	Twice Per Annum				R						R				R
22. Urgent and Emergency Care – Six Goals Programme Updates	Chief Operating Officer	Twice Per Annum				R						R			X	R
23. Primary Care & Community Services Update	Chief Operating Officer	All Regular Meetings	R			R			R			R			X	R
24. Mental Health Transformation	Chief Operating Officer	Twice per Annum	R						R						X	R
<b>Financial Management / Performance</b>																
25. Monthly Finance Reports	Executive Director of Finance	All Regular Meetings	R			R			R			R			X	R

26. Monthly Finance Performance Reports	Executive Director of Finance	All Regular Meetings	R			R			R			R			X	R
27. Monthly Monitoring Returns	Executive Director of Finance	All Regular Meetings	R			R			R			R			R	X
28. Capital Delivery Programme Monitoring Report	Executive Director of Finance	All Regular Meetings	R			R			R			R			X	R
29. Annual allocation of budget setting	Executive Director of Finance	Annually	R												X	R
30. Investment Activity decisions outside of the IMTP (TBC)	Executive Portfolio Led.	As and when required.	TBC													