

CTMUHB Public Board Meeting / Cyfarfod Bwrdd Cyhoeddus BIPCTM

Thu 28 March 2024, 10:00 - 13:00
The Hub, Royal Glamorgan Hospital site, Llantrisant

Agenda

10:00 - 10:05
5 min

1. PRELIMINARY MATTERS / MATERION RHAGARWEINOL

1.1. Welcome & Introductions / Croeso a Chyflwyniadau

Information / Gwybodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd Iechyd

1.2. Apologies for Absence / Ymddiheuriadau am Absenoldeb

Information / Gwybodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd Iechyd

1.3. Declarations of Interest / Datganiadau o Fuddiannau

Information / Gwybodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd Iechyd

10:05 - 10:10
5 min

2. CONSENT AGENDA BUSINESS / BUSNES YR AGENDA GYDSYNIAD

Information

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd Iechyd

The Chair will ask if there are any items from the Consent Agenda (Item 8) that Board Members wish to bring forward to the Main agenda for discussion

Bydd y Cadeirydd yn gofyn a oes unrhyw eitemau o'r Agenda Gydsyniad (Eitem 8) y mae Aelodau'r Bwrdd am eu cyflwyno i'r Prif agenda i'w trafod

10:10 - 10:30
20 min

3. SHARED LISTENING & LEARNING / GWRANDO A DYSGU AR Y CYD

Discussion / Trafodaeth

Adam Cooke-Young, Clinical Practitioner / Ymarferwr Clinigol

Patient Hospital Journey - Acute Frailty and Care of the Older Person / Taith Ysbyty Cleifion - Eiddilwch Aciwt a Gofal Unigolyn Hŷn

10:30 - 10:45
15 min

4. SETTING THE SCENE / CYFLWYNO'R CEFNDIR

4.1. Chairs Report / Adroddiad y Cadeirydd

Discussion / Trafodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd

 4.1 Chair's Board Report UHB 28 March 2024.pdf (7 pages)

4.1.1. Action Log from the previous Board meeting / Cofnodion Gweithredu o Gyfarfod blaenerol y Bwrdd

Discussion / Trafodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd

 4.1.1 Action Log Health Board UHB 28 March 2024.pdf (3 pages)

4.2. Chief Executives Report / Adroddiad Prif Weithredwr

-  4.2a CEO Board Update Report V1.0 Final UHB 28 March 2024 (GW update).pdf (8 pages)
-  4.2b Appendix 1 corporate-parenting-charter-a-promise-from-wales UHB 28 March 2024.pdf (7 pages)
-  4.2c Appendix 2 Llais EMRTS Letter to Boards (CTM 2024) UHB 28 March 2024.pdf (3 pages)

10:45 - 11:45
60 min

5. GOVERNANCE, RISK AND ASSURANCE / LLYWODRAETHU, RISG A SICRWYDD

5.1. Board Committee and Advisory Group Highlight Reports / Adroddiadau crynhoi Pwyllgorau'r Bwrdd a'r Grŵp Cyngtori

Discussion Committee Chairs / Cadeirion y Pwyllgorau

For Discussion and Noting (Where there is escalation for Board)

I'w Trafod a'i Nodi (Lle mae uwchgyfeirio i'r Bwrdd)

5.1.1. Quality & Safety Committee Highlight Report 23 January 2024 / Adroddiad Crynhoi'r Pwyllgor Ansawdd a Diogelwch 23 Ionawr 2024

Discussion / Trafodaeth
Annibynnol

Carolyn Donoghue, Committee Chair/Independent Member / Cadeirydd y Pwyllgor/Aelod

-  5.1.1 Quality & Safety Committee Highlight Report UHB 28 March 2024.pdf (5 pages)

5.1.2. Digital & Data Committee Highlight Report 21 February 2024 / Adroddiad Crynhoi'r Pwyllgor Digidol a Data 21 Chwefror 2024

Discussion / Trafodaeth
Annibynnol

Ian Wells, Committee Chair/Independent Member / Cadeirydd y Pwyllgor / Aelod

-  5.1.2 Digital and Data Committee Highlight Report 21 Feb 2024 UHB 28 March 2024.pdf (6 pages)

5.1.3. Stakeholder Reference Group Highlight Report 8 February 2024 / Adroddiad Crynhoi'r Grŵp Cyfeirio Rhanddeiliaid 8 Chwefror 2024

Decision / Trafodaeth
Strategaeth a Thrawsnewid

Linda Prosser, Executive Director of Strategy & Transformation / Cyfarwyddwr Gweithredol

-  5.1.3 SRG Chair's Highlight Report 08 02 2024 UHB 28 March 2024.pdf (6 pages)

5.1.4. Hosted Bodies Audit & Risk Committee 22 February 2024 / Pwyllgor Archwilio a Risg 22 Chwefror 2024

Discussion / Trafodaeth
Annibynnol

Patsy Roseblade, Committee Chair/Independent Member/ Cadeirydd Pwyllgor / Aelod

-  5.1.4 Hosted Bodies ARC Highlight Report 22.02.24 UHB 28 March 2024.pdf (5 pages)

5.1.5. CTMUHB Audit & Risk Committee Highlight Report 22 February 2024 / Adroddiad Crynhoi Pwyllgor Archwilio a Risg BIPCTM ar 22 Chwefror 2024

Discussion / Trafodaeth
Annibynnol

Patsy Roseblade, Committee Chair/Independent Member / Cadeirydd Pwyllgor / Aelod

-  5.1.5 CTMUHB ARC Highlight Report 22.02.24 UHB 28 March 2024.pdf (5 pages)

5.2. Escalation Status Update / Diwerddariad Statws Uwchgyfeirio

Discussion / Trafodaeth

For Discussion and Noting - An update in relation to Escalation Status has been included in the Chief Executive Officers Report at agenda item 4.2

I'w Drafod a'i Nodi - Mae diwerddariad mewn perthynas â Statws Uwchgyfeirio wedi'i gynnwys yn Adroddiad y Prif

5.3. Board Assurance Framework (Principal/Strategic Risks) / Fframwaith Sicrwydd y Bwrdd (Prif Risgiau/Risgiau Strategol)

Decision / Penderfyniad Gareth Watts, Director of Corporate Governance & Board Secretary / Cyfarwyddwr Llywodraethu Corfforaethol & Ysgrifennydd Bwrdd

- 📄 5.3a Board Assurance Framework - Cover Paper UHB 28 March 2024.pdf (4 pages)
- 📄 5.3b App 1 - Board Assurance Framework Report UHB 28 March 2024.pdf (60 pages)

5.4. Working in Partnerships Report - Implementing a Regional Model of Integrated Community Care Services / Adroddiad Gweithio mewn Partneriaethau - Gweithredu Model Rhanbarthol o Wasanaethau Gofal Cymunedol Integredig

Discussion / Trafodaeth Matt Jenkins

- 📄 5.4 Integrated Community Care Services UHB 28 March 2024.pdf (7 pages)

5.5. Board Committee Review Proposal / Adolygiad Bwyllgor y Bwrdd

Decision / Penderfyniad Gareth Watts, Director of Corporate Governance & Board Secretary / Cyfarwyddwr Llywodraethu Corfforaethol & Ysgrifennydd Bwrdd

- 📄 5.5a Effective Mgt of Brd Business Proposal Cover Paper UHB 28 March 2024.pdf (4 pages)
- 📄 5.5b App 1 -Effective Mgt of Brd Business Review - Proposal Jan 24 - Version 14.pdf (27 pages)
- 📄 5.5c Appendix 3 Audit Risk & Assurance Committee - Template Agenda V1.pdf (2 pages)
- 📄 5.5d Appendix 3 Charitable Funds Committee - Template Agenda V1.pdf (1 pages)
- 📄 5.5e Appendix 3 Mental Health Act Monitoring Committee - Template Agenda V1.pdf (1 pages)
- 📄 5.5f Appendix 3 Operational Delivery Committee - Template Agenda v2.pdf (2 pages)
- 📄 5.5g Appendix 3 Quality, Safety & Experience Committee - Template Agenda V1.pdf (1 pages)
- 📄 5.5h Appendix 3 Remuneration & Terms of Service Committee - Template Agenda V1.pdf (1 pages)
- 📄 5.5i Appendix 3 Strategic Development Committee - Template Agenda v2.pdf (2 pages)

5.6. Establishment of the NHS Wales Joint Commissioning Committee, as a Joint Committee of Local Health Boards in NHS Wales / Sefydlu Cyd-bwyllgor Comisiynu GIG Cymru, fel Cyd-bwyllgor Byrddau Iechyd Lleol yn GIG Cymru

Decision / Trafodaeth Gareth Watts, Director of Corporate Governance/Board Secretary / Cyfarwyddwr Llywodraethu Corfforaethol & Ysgrifennydd Bwrdd

- 📄 5.6a Cover Report Establishment of new JCC.pdf (11 pages)
- 📄 5.6b Appendix A_Letter - Amendments to LHB SOs and issuing of NWJCC SOs.pdf (3 pages)
- 📄 5.6c Appendix A_Doc 1 - Interim Amendments - Model SOs for LHBs.pdf (3 pages)
- 📄 5.6d Appendix A_Doc 2 - Model Standing Orders NHS Wales Joint Commissioning Committee.pdf (37 pages)
- 📄 5.6e Appendix A_Doc 3 - Reservation of Powers and Scheme of Delegation - JCC.pdf (3 pages)
- 📄 5.6f Appendix B_Correspondence from the Minister for Health and Social Services - MA-EM-0832-24.pdf (1 pages)
- 📄 5.6g Appendix B_Doc 1_STANDING FINANCIAL INSTRUCTIONS FOR THE NHS WALES JOINT COMMISSIONING COMMITTEE.pdf (38 pages)
- 📄 5.6h Appendix C_Final Approved_Accountability Map_JCC_Updated_March24.pdf (5 pages)

11:45 - 12:30
45 min

6. DELIVERING OUR PLAN / CYFLAWNI EIN CYNLLUN

6.1. Integrated Performance Report (Quality, People & Operational Performance) / Adroddiad Perfformiad Integredig (Ansawdd, Pobl a Pherfformiad Gweithredol)

Discussion / Trafodaeth

Introductory Overview: Linda Prosser, Executive Director of Strategy & Transformation

Operational Performance: Delivery Gethin Hughes, Chief Operating Officer

Quality Performance: Greg Dix, Executive Nurse Director/Deputy Chief Executive, Dom Hurford, Medical Director, Lauren

Edwards, Executive Director of Therapies & Health Sciences

People: Hywel Daniel, Executive Director for People

Trosolwg Rhagarweiniol: Linda Prosser, Cyfarwyddwr Gweithredol Strategaeth a Thrawsnewid

Cyflawni Perfformiad Gweithredol : Gethin Hughes, Prif Swyddog Gweithredu

Perfformiad Ansawdd: Greg Dix, Cyfarwyddwr Nyrsio Cyfarwyddwr/Dirprwy Brif Weithredwr, Dom Hurford, Cyfarwyddwr Meddygol, Lauren Edwards, Cyfarwyddwr Gweithredol Therapiau a Gwyddorau Iechyd

Pobl: Hywel Daniel, Cyfarwyddwr Gweithredol Pobl

 6.1 HB Integrated Performance Dashboard March 2024 UHB 28 March 2024.pdf (35 pages)

6.2. Financial Performance Update - Month 11 / Diweddariad Perfformiad Ariannol - Mis 11

Discussion / Trafodaeth

Sally May, Executive Director of Finance / Cyfarwyddwr Gweithredol Cyllid

 6.2 M11 Finance Report - Final UHB 28 March 2024.pdf (22 pages)

12:30 - 12:50
20 min

7. STRATEGIC PLANNING / CYNLLUNIO STRATEGOL

7.1. Integrated Medium Term Plan and Budget for 2024/2025 - For Approval / Cynllun Tymor Canolig Integredig a Chyllideb ar gyfer 2024/2025 - I'w Gymeradwyo

Decision / Penderfyniad

Linda Prosser, Executive Director of Strategy & Transformation / Cyfarwyddwr Gweithredol Strategaeth a Thrawsnewid & Sally May, Executive Director of Finance / Cyfarwyddwr Gweithredol Cyllid

 7.1a Board Report - IMTP 28.3.2024 UHB 28 March 2024.pdf (7 pages)

 7.1b 2024-27 CTMUHB Plan In draft v2 UHB 28 March 2024.pdf (110 pages)

 7.1c Appendix 7 Full Financial Plan 24-25 v3 UHB 28 March 2024.pdf (11 pages)

7.2. Acute Clinical Services Plan Update / Diweddariad Cynllun Gwasanaethau Clinigol Acíwt

Discussion / Trafodaeth

Linda Prosser, Executive Director of Strategy & Transformation / Cyfarwyddwr Gweithredol Strategaeth a Thrawsnewid

 7.2 CTM Board ACSP update UHB 28 March 2024.pdf (6 pages)

12:50 - 12:50
0 min

8. CONSENT AGENDA / AGENDA GYDSYNIAD

8.1. FOR APPROVAL / I'W CYMERADWYO

8.1.1. Unconfirmed Minutes of the meeting held on 25 January 2024 / Cofnodion heb eu Cadarnhau o'r cyfarfod a gynhaliwyd ar 25 Ionawr 2024

Decision / Penderfyniad

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd

 8.1.1 Unconfirmed Minutes Health Board meeting 25 January 2024 UHB 28 March 2024.pdf (14 pages)

8.1.2. Decarbonisation Action Plan for 2024-2026 / Cynllun Gweithredu Datgarboneiddio ar gyfer 2024-2026

Decision / Penderfyniad

Linda Prosser, Executive Director of Strategy & Transformation / Cyfarwyddwr Gweithredol Strategaeth a Thrawsnewid

 8.1.2a CTMBoard DAP refresh UHB 28 March 2024.pdf (6 pages)

 8.1.2b CTM UHB DAP summary February 2024 UHB 28 March 2024.pdf (6 pages)

 8.1.2c Appendix 2 2024-26 CTMUHB Decarbonisation Action Plan UHB 28 March 2024.pdf (11 pages)

8.1.3. Strategic Equality Plan / Cynllun Cydraddoldeb Strategol

Decision / Penderfyniad

Hywel Daniel, Executive Director for People / Cyfarwyddwr Gweithredol Pobl

 8.1.3a SEP Board Committee Cover Report 200324 UHB 28 March 2024.pdf (9 pages)

 8.1.3b Appendix 1 Strategic Equality Plan Updated March 2024 UHB 28 March 2024.pdf (9 pages)

8.2. FOR NOTING / I'W NODI

8.2.1. Board Annual Cycle of Business for 2024 / Blaengynllun Gwaith y Bwrdd

Information / Gwybodaeth

Gareth Watts, Director of Corporate Governance & Board Secretary / Cyfarwyddwr

Llywodraethau Corfforaethol & Ysgrifennydd y Bwrdd

 8.2.1a Cover Report Board Annual Cycle of Business UHB 28 March 2024.pdf (3 pages)

 8.2.1b Appendix 1 Board Cycle of Business 2024 UHB 28 March 2024.pdf (4 pages)

8.2.2. Board Forward Work Programme / Blaengynllun Gwaith y Bwrdd

Information / Gwybodaeth

Gareth Watts, Director of Corporate Governance & Board Secretary / Cyfarwyddwr

Llywodraethau Corfforaethol & Ysgrifennydd y Bwrdd

 8.2.2 Board Forward Work Programme UHB 28 March 2024.pdf (4 pages)

8.2.3. Board Committee and Advisory Group Highlight Reports / Adroddiadau Crynhoi Pwyllgorau'r Bwrdd a'r Grŵp Cyngori

Information / Gwybodaeth

Presented by Independent Member Committee Chairs / Cyflwynwyd gan Gadeiryddion

Pwyllgorau sy'n Aelodau Annibynnol

For Noting (e.g where there are no items for escalation to the Board)

I'w Nodi (e.e. lle nad oes unrhyw eitemau i'w huwchgyfeirio i'r Bwrdd)

 8.2.3a Board Committee and Advisory Group Highlight Reports UHB 28 March 2024.pdf (4 pages)

 8.2.3b Appendix 1 PCC Highlight Report to Board 7.2.2024 UHB 28 March 2024.pdf (5 pages)

 8.2.3c Appendix 2 Clinical Advisory Group Highlight Report UHB 28 March 2024.pdf (4 pages)

 8.2.3d Appendix 3 PPFC Highlight Report to Board 27.02.24 UHB 28 March 2024.pdf (7 pages)

 8.2.3e Appendix 4 RATS Committee Highlight Report 6.3.2024 UHB 28 March 2024.pdf (3 pages)

 8.2.3f Appendix 5 MHAM Committee Highlight Report to Board 6 March 2024 UHB 28 March 2024.pdf (5 pages)

 8.2.3g Appendix 6 PHP Highlight Report to Board 07.03.24 UHB 28 March 2024.pdf (5 pages)

8.2.4. Audit Wales Annual Audit Report / Adroddiad Archwilio Blynnyddol Archwilio Cymru

Information / Gwybodaeth

Audit Wales / Archwilio Cymru

 8.2.4 Annual Audit Report 2023 UHB 28 March 2024.pdf (26 pages)

8.2.5. Annual Plan Quarterly Update / Diweddariad Chwarterol Cynllun Blynnyddol

Information / Gwybodaeth

Linda Prosser, Executive Director of Strategy & Transformation / Cyfarwyddwr Gweithredol

Strategaeth a Thrawsnewid

 8.2.5a Board IMTP 23-24 Report - Q3 update UHB 28 March 2024.pdf (5 pages)

 8.2.5b Appendix 2 Ministerial Template 24-25 - Pathways of Care FINAL UHB 28 March 2024.pdf (23 pages)

 8.2.5c Appendix 3 Ministerial Template 24-25 Primary and Community Care Access FINAL UHB 28 March 2024.pdf (8 pages)

 8.2.5d Appendix 4.1 Ministerial Template 24 - 25 USC Ambulance Handover UHB 28 March 2024.pdf (4 pages)

 8.2.5e Appendix 4.2 Ministerial Template 24- 25 - USC SDEC UHB 28 March 2024.pdf (6 pages)

 8.2.5f Appendix 5 - Ministerial Template 24-25 Planned Care UHB 28 March 2024.pdf (3 pages)

 8.2.5g Appendix 6 - Ministerial Template 24-25 MH CAMHS UHB 28 March 2024.pdf (4 pages)

9.1. Any other Business / Unrhyw Fater Arall

Information / Gwybodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd

9.2. How Did we do in this Meeting / Sut Wnaethon ni yn y Cyfarfod hwn?

Information / Gwybodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd

This provides an opportunity for Board Members to reflect on the meeting and in doing so may find it helpful to consider the following questions:

Is there anything we should do more or less of?

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

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

Have we maintained a strategic focus?

Have we received sufficient assurance from a range of sources?

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

Mae hyn yn rhoi cyfle i Aelodau'r Bwrdd fyfyrir ar y cyfarfod ac wrth wneud hynny efallai y byddai'n ddefnyddiol ystyried y cwestiynau canlynol:

Oes unrhyw beth y dylem wneud mwy neu lai ohono?

Ydyn ni wedi rheoli ein hamser yn dda ac wedi caniatáu trafodaeth agored a chytbwys?

Ydyn ni wedi ystyried ein gwerthoedd ac wedi gweithredu mewn ffordd sy'n helpu i ymgorffori ein gwerthoedd ar draws CTM? Ydyn ni wedi cynnal ffocws strategol?

Ydyn ni wedi cael digon o sicrwydd o amrywiaeth o ffynonellau?

Ydy ein trafodaeth wedi ein galluogi i ddeall yn well y risgiau rydym yn eu rheoli a allai effeithio ar gyflawni ein nodau strategol?

12:55 - 13:00

5 min

10. PRIVATE/IN COMMITTEE SESSION / SESIWN PREIFAT/MEWN PWYLLGOR

There are no items identified for In Committee discussion on this occasion

13:00 - 13:00

0 min

11. DATE AND TIME OF NEXT MEETING / DYDDIAD AC AMSER Y CYFARFOD NESAF

Information / Gwybodaeth

Jonathan Morgan, Health Board Chair / Cadeirydd y Bwrdd

The next meeting of the Health Board is scheduled to take place on Thursday 30 May 2024 at 10:00am

Bwriedir cynnal cyfarfod nesaf y Bwrdd lechyd ddydd Iau 30 Mai 2024 am 10:00am



Agenda Item

4.1

CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jonathan Morgan, Chair
Cyflwynydd yr Adroddiad / Report Presenter	Jonathan Morgan, Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Choose an item. Jonathan Morgan, Chair

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
AAC	Advisory Appointments Committee
AHP/HCS	Allied Health Professions/ Healthcare Scientists
CEO	Chief Executive Officer
CTMUHB	Cwm Taf Morgannwg University Health Board

HEIW	Health Education and Improvement Wales
HIW	Health Inspectorate Wales
EASC	Emergency Ambulance Services Committee
MS	Members of the Senedd
MP	Member of Parliament
RGH	Royal Glamorgan Hospital
Q&A	Questions & Answers
TI	Targeted Intervention
VAMT	Voluntary Action Merthyr Tydfil
YCR	Ysbyty Cwm Rhondda
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
EASC	Emergency Ambulance Services Committee

1. Background

- 1.1 This report provides an update to the Board on relevant matters in my capacity as Chair of the Health Board. It also outlines where I have been required to affix the Common Seal of the Health Board for which endorsement is sought.
- 1.2 This overarching report also highlights for Board Members the key areas of activity and where appropriate any associated risks, some of which are referred to within the business of the Board meeting and also highlights topical areas of interest to the Board.

2. Specific Matters for Consideration

2.1 Chair Update

In the past week we have had a new First Minister nominated by the Senedd and confirmed by His Majesty the King, and I would like to congratulate Vaughan Gething MS, as he forms his new administration. The new First Minister has significant experience in the delivery of health and care services having served as Health Minister and he has in recent months spent

time with us hearing about the delivery of the innovation agenda with other partner organisations. I am looking forward to working with him and the government in achieving our ambition in Cwm Taf Morgannwg to transform the delivery of our services and improve health outcomes for the people we serve.

The Board will appreciate the challenges of responding to industrial action. In the week we meet there is a third junior doctors' strike. This action as with all industrial action is not without consequence for the delivery of services to patients and to those staff who I know will again be helping to cover those rotas. I would like to thank the Executive team for the planning work to keep our services going recognising the impact sadly on our patients who will face delays in their treatment. Whilst the matters of pay negotiation are for government it is vitally important we do what we can to maintain safe and quality services.

I was delighted to attend the UK Africa Health Summit to support and celebrate the contribution of diaspora staff to the NHS and in particular the impact of our increasingly diverse staff in CTM. As a Health Board we have become a founding partner of the Diaspora Health Champions Awards recognising members of staff. Out of nine awards across the UK two were awarded to staff from our region. My congratulations to Zedekiah Sibanda and Kokila Swamynathan on their awards! Thanks also to our Deputy CEO and Executive Nurse Director for leading this work.

Since our last Board meeting we have been busy working through the draft Integrated Medium Term Plan and our budget priorities. I would like to thank the Director of Finance, Sally May, and her team for the significant amount of work that has been undertaken to deliver a balanced position in this current financial year with the aim of achieving this in the 2024/25 year too. This is not without significant challenge, balancing the need to invest where we need to, innovating where we can, and identifying savings to be more efficient in how we use public money. We become more effective as we develop our Acute Clinical Services Plan, reshaping how we deliver high quality services with a focus on improving access and health outcomes.

2.2 Independent Member Vacancies

I am delighted to confirm that Rachel Rowlands has been appointed as our newest Independent Member (Community) and is due to start in April 2024. I would like to formally congratulate Rachel on her appointment with Cwm Taf Morgannwg University Health Board (CTMUHB) and look forward to working with her. Rachel is replacing Mel Jehu who attends his last Board meeting today.

I am hugely grateful to Mel for his years of service to the Board, for his enthusiasm, support and engagement in all areas of our Board work. Throughout Mel's tenure as an IM he has never stopped to remind us of the

importance of community in the important work we do, the value of those local relationships and how to be more effective in how we engage people.

2.3 Board Development Session – 29 February 2024

The Board received the following presentations;

- **Research & Development** – The Assistant Director for Research and Development (R&D), the Research and Development Manager and a Consultant Anaesthetist delivered a presentation to the Board. The presentation provided an overview of the Health and Care Research Wales NHS Research and Development (R&D) Framework and Cwm Taf Morgannwg UHBs baseline assessment of the framework, summarising key deliverables and areas of focus for the future.
- **Critical Care Framework** – The Deputy Medical Director delivered a presentation to the Board on the Critical Care Framework. The purpose of the presentation was to update the Board on the current situation regarding the stability of Critical Care services in Cwm Taf Morgannwg UHB and to outline the proposed clinically agreed future model for Critical Care and its interdependencies with other acute and elective services and the Acute Services Clinical Plans.

2.4 Board Development Session – 13 March 2024

The Board received the following presentations;

- **Digital Transformation** – The Director of Digital delivered a presentation to the Board on Digital Transformation. The Board were asked to discuss and endorse a future direction for digital and data services aligned to enabling CTM 2030 and the Acute Clinical Services Plan.
- **Integrated Medium Term Plan** – The Executive Director of Strategy & Transformation shared a pre-briefing with Members on the Integrated Medium Term Plan ahead of the Extra-Ordinary Planning, Performance & Finance Committee scheduled for the afternoon of the 13 March.

2.5 Diary Commitments

- Local Authority Leaders/Chair/CEO Meeting
- Independent Members/Chair/CEO Meeting
- 1:1 Chief Executive
- 1:1 Director of Governance
- 1:1 Vice Chair
- Chair Peer Group Meeting
- Consultant Panel Interviews
- CTM2030 Leaders Meeting
- Interviews for Independent Member Community for Cwm Taf Morgannwg UHB

- National Commissioning Oversight Board Meeting
- Meeting with Community Pharmacy Wales
- Executive Director and Chair Quality and Safety Walkround
- CTMUHB Audit & Risk Committee
- Walkround with Director of Midwifery at Maternity Unit Princess of Wales, Bridgend
- Chair / Independent Members Monthly Meeting
- Staff Q&A
- Remuneration Committee
- Cancer Inequalities Showcase Event
- Ministerial Away Day with Chairs
- Local Partnership Forum
- Board Development Session
- Extraordinary Planning & Performance Committee
- The UK Africa Health Summit
- Ministerial Meeting with Chairs / CEOs
- NHS Confederation Trustee Board Meeting

Meetings / discussions with Local Politicians

- MS/MP monthly meetings with Chair/CEO

3. Key Risks / Matters for Escalation

3.1 COMMON SEAL

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

- **Contract between Cwm Taf Morgannwg University Health Board and PJ Saunders Limited at Unit 9, The Beeches Industrial Estate, Coedcae Lane, Talbot Green, CF72 9DY** - Minor Works Building Ward 14 Princess of Wales Hospital Bridgend – creation of an Adolescent Room.

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

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☒	No: ☐
	Outcome: The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.	If no, please include rationale below:
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	

	Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

- 5.1 Members of the Board are asked to **NOTE** the report and **ENDORSE** the Affixing of the Common Seal.

Agenda Item 4.1.1

ACTION LOG HEALTH BOARD MEETING					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at date papers where circulated)
Agenda Item 6.1.2	24 November 2022	Integrated Performance Dashboard – Operational Delivery Performance Discussion to be held at a future Board Development Session in relation to Cancer Performance.	Chief Operating Officer	April 2023 To be scheduled into programme for 2024	In progress Topic was scheduled for the Board Development session being held in April 2023. Will need to be rescheduled as discussion not held at the April session.
Agenda Item 6.4	28 September 2023	Audit Wales and Healthcare Inspectorate Wales Joint Follow Up Review into Quality Governance Response to be provided to Audit Wales/Healthcare Inspectorate Wales in six months providing an update on progress against the outstanding areas for action contained within the report.	Executive Director of Nursing/Deputy Chief Executive	March 2024 Now April 2024	In progress Written response to be drafted on progress in March 2024. Director of Corporate Governance to request an extension for a response to be provided to April 2024.
6.4.1	30 November 2023	Regional Partnership Board & Public Services Board 6 Monthly Report Consideration to be given to holding a focussed Board Development session on the Six Goals Programme and Further Faster agenda to provide Board Members with a greater	Director of Strategy & Transformation	To be agreed	In progress To be scheduled into the forward work programme for Board Development sessions.

Agenda Item 4.1.1

		understanding of the work being undertaken.			
7.2	30 November 2023	Llantrisant Health Park Project Further update on progress to be presented to the Board in Summer 2024	Chief Executive	July 2024	In progress Forward work programme updated.
5.1	25 January 2024	Integrated Performance Dashboard Update to be included in a future report on total demand for Speech and Language Therapy Services and how this compared to other regions	Executive Director of Therapies & Health Sciences	28 March 2024	In progress

Agenda Item 4.1.1

Completed Actions					
Agenda Item 5.4	25 May 2023	Integrated Performance Dashboard Report Update to be provided at a future Board Development session in relation to the work being undertaken on workforce planning	Director for People	To be scheduled into programme for 2024	Completed Executive Director for People has advised this is no longer applicable for discussion at a future Board Development session.
9.1	30 November 2023	Any Other Business Focussed Board Development session to be held in relation to the Research & Development agenda	Executive Director of Nursing	13 March 2024	Completed Presentation received at the Board Development session held on 29 February 2024.



Agenda Item

4.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Butt, Chief of Staff
Cyflwynydd yr Adroddiad / Report Presenter	Paul Mears, Chief Executive
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive / Accountable Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
ACSP	Acute Clinical Services Plan
JCC	Joint Commissioning Committee
OCP	Organisational Change Process
UNCRC	United Nations Convention on the Rights of the Child

1. Situation /Background

- 1.1 The purpose of this report is to keep the Board up to date with key issues affecting the organisation. A number of issues raised within this report feature more prominently within key reports on the main Board agenda.
- 1.2 This overarching report highlights for Board Members the key areas of activity of the Chief Executive, some of which is further referenced in the detailed reports, and also highlights topical areas of interest to the Board

2. Specific Matters for Consideration

2.1 Escalation Status

At the last Board meeting, I updated colleagues on the current escalation status of the health board and gave an overview of the escalation assurance visit held in December. In January, the Health Minister confirmed there would be no change to our escalation status.

As a reminder, our current status (updated September 2023) is summarised in the below table:

Area	Escalation Status
Planning and Finance	Enhanced Monitoring
Maternity and Neonatal	Enhanced Monitoring
Quality and Governance, Leadership and Culture, and Trust and Confidence	Enhanced Monitoring
Performance – Associated with long wait times	Targeted Intervention

The next Tripartite meeting is due to be held in the summer, and an update will be provided to the Board following this meeting.

2.2 Corporate Parenting Charter

Welsh Government have recently published a Corporate Parenting Charter (see appendix 1) to support children and young people in care. The Charter includes a set of promises and principles that organisations sign up to when becoming a corporate parent. The principles align to the United Nations Convention on the Rights of the Child (UNCRC) information on which can be found on the Children's Commissioner for Wales website (www.childcomwales.org.uk).

Corporate Parenting is about wanting the best for a child, to see that child flourish with good health, to be safe and happy, to do well at school and enjoy good relationships with their peers and contribute to their community. It encourages children and young people to make the most of leisure opportunities, hobbies and interests, and to grow towards adulthood equipped to lead an independent life and make their way as adults through education, good careers and jobs, and to be financially secure.

As of 1 February 2024, alongside Welsh Government and Welsh Ministers, 23 new Corporate Parents have signed up. The Chair and I recommend that we as Health Board sign up to this Charter, as we note the important role that we can play, working with partners and stakeholders to improve outcomes for children and young people in care and help care leavers by providing access to health services, education, training, and employment opportunities.

Subject to the Board approving CTM becoming a Corporate Parent we will develop a plan for implementation which will be shared with Board Members at a later date.

2.3 Acute Clinical Services Plan

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

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

We have been progressing the development of the ACSP through undertaking a baselining exercise with all of our care groups, supported by the strategy and planning teams. Through undertaking workshops with care groups and discussion through our governance arrangements, we will be updating the first iteration to ensure this represents a clear understanding of all our services, including workforce, quality, national standards and transformation considerations. This exercise is also informing work on outcomes and prioritisation as it's critical that we improve outcomes for our population through the delivery of the ACSP.

As set out in the January update, to support the development of the ACSP we have commissioned The Consultation Institute to work alongside the

health board in developing a bespoke framework for conducting hyperlocal engagement and lead a risk-review. A workshop has been planned with the Consultation Institute on the 17th April 2024 to take forward these discussions. Our approach to engagement is also being developed through our CTM Community Leaders Group, with volunteers from this group coming together in April to explore how we engage our communities and peer-groups on the ACSP in a meaningful way.

2.4 Joint Commissioning Committee

As previously advised to the Board, on the 1st April, the new NHS Wales Joint Commissioning Committee (JCC) will replace the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee. As a Health Board we have been involved in the programme which establishes the new JCC, with the Chair and I sitting on the Oversight Board and our Board Secretary, Gareth Watts, being a member of the Governance Workstream. On 6 February 2024, The National Health Service Joint Commissioning Committee (Wales) Directions 2024 were made and these directions provide that the Local Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of certain services. For the purpose of jointly exercising those functions, the Local Health Boards will establish the joint committee to be operational on 1 April 2024. Cwm Taf Morgannwg will continue to be the Host Body for the new JCC as it was for the two predecessor committees.

In recent weeks, recruitment exercises have been undertaken to recruit a Chair and three lay members who will sit alongside the seven LHB CEOs as part of the JCC. Additionally, the recruitment has also taken place to recruit a new Tier 1 Officer for the new JCC, who will be known as the Interim Chief Commissioner. I am pleased to say that Abi Harris has been appointed to this interim role. Abi is currently the Director of Planning and Strategy at Cardiff and Vale Health Board and has a wide experience in the NHS and local government.

We are also continuing the work on the Organisational Change Process (OCP) for the new JCC which will help embed the new structure and working arrangements of the JCC Team who will be CTM employees. The new JCC is scheduled to meet for the first time on 3 April 2024.

2.5 Emergency Medical Retrieval and Transfer Service Update

The Emergency Ambulance Services Committee (the Joint Committee) met on 19th March 2024. At this meeting an update was received on the conclusion and the recommended option for the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review, the relevant papers from this meeting are available at [March 2024 - Emergency Ambulance Services Committee \(nhs.wales\)](#) (item 2.4).

An update on the engagement process undertaken was provided, with Phase 3 engagement concluding on 29 February 2024 where 568 questionnaire responses were received. The detail papers and the engagement feedback can be accessed within the link provided above.

The Joint Committee was presented with the following recommendations:

- Recommendation 1 – The Committee approves the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales.
- Recommendation 2 - The Committee requests that the Charity secures an appropriately located operational base in line with the findings of the EMRTS Service Review Report.
- Recommendation 3 - The Committee requires that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and that this plan is included within the Committee's commissioning arrangements.
- Recommendation 4 – The Committee approves the development of a commissioning proposal for bespoke road-based enhanced and/or critical care services in rural and remote areas.

The Joint Committee discussed in detail the ongoing public and political concerns which remain around the proposed changes to the operation of the EMRTS and the Wales Air Ambulance Charity (WAAC), particularly in relation to the potential closure of local bases and a perceived local loss of service, as per the initial Service Development Proposal. Representations from Llais were also considered. Attached as Appendix 2 to my report is the correspondence from the Regional Director at Llais outlining their comments in relation to the review.

The Joint Committee also discussed the risks identified through engagement in respect of the potential risk of decreased donations to the Wales Air Ambulance charity and impacts on its income, potentially threatening its sustainability. Delays in decision making regarding the Service Review had been raised by the charity and the Joint Committee acknowledged the requirement for a decision on the Service Review to be taken at the earliest opportunity.

Upon conclusion of discussion, the Joint Committee agreed that further work is required in relation to:

- Responding to the issues and representations raised during the engagement period and;
- That further development of recommendation was needed.

The outcome of this work will be presented to the Health Board for decision, based upon a final recommendation from the Joint Committee. In the meantime, a Board Briefing session will be arranged to ensure the

opportunity for board members to explore the Service Review and feedback received through engagement in greater detail.

2.6 Armed Forces Covenant

The Health Board continues to work to raise awareness of the needs of the Armed Forces community through engagement with third sector stakeholders, local authorities and the armed forces community to drive service improvement. On the 25 March 2024, I signed the Armed Forces Covenant on behalf of the Health Board and in doing so we make a commitment to support and ensure that we treat our Armed Forces families (those who serve or have served) fairly when accessing employment, training and deployment and ensuring they have equitable access to health care.

Over the next 12 months we will continue to raise awareness of the needs of our Armed Forces families and to engage with our employees and communities to ensure we learn from their experiences to help improve our services and support mechanism within the workplace.

2.7 Seren Awards

Since their launch at the end of September last year, nearly 1,000 Seren Awards have been submitted by staff to recognise excellence by their colleagues. Recipients represent the breadth of the Health Board's services and demonstrate the commitment, compassion and pride of our staff.

These peer-to-peer awards are automatically entered into our Seren of the Month Award, through which we have rewarded and celebrated work by staff working in a range of roles and services, including our mortuary, maternity care and services supporting patients with HIV.

A Welsh language version of our Seren Awards nomination platform is currently under development, and will allow staff to submit their nomination in Welsh if this is their first or preferred language.

3. Key Risks / Matters for Escalation

- 3.1** Delivering the Q4 performance trajectories to ensure de-escalation with Welsh Government in Q1 2024/25.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:

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

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

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

- 5.1** The Cwm Taf Morgannwg University Health Board is asked to **NOTE** this report and **APPROVE** the sign up to the Corporate Parenting Charter.



Llywodraeth Cymru
Welsh Government

Corporate Parenting Charter – A Promise from Wales

“A SHARED PARENTING PLEDGE”

gov.wales

What is Corporate Parenting?

- Corporate parenting promotes the collective responsibility of local authorities to safeguard and promote the rights and life chances of care-experienced children and young people. Children can find more information about their rights here: [Children's Commissioner for Wales – UNCRC Children's Rights](#).
- Supporting care-experienced children and young people through their childhoods and as they leave care should be the responsibility of all public sector bodies.
- We want these bodies to understand and develop their responsibilities towards care-experienced children and young people, and to ensure they have the same life chances as all children living in Wales.



Why a Charter? What's it for?

- A Charter is a set of principles and promises. This Charter has been developed in collaboration with care-experienced young people.
- This Charter is a set of promises that can be adopted by any public sector body when engaging with care-experienced children and young people.
- It also sets out shared principles that all bodies and their leaders should follow when providing services to care-experienced children and young people.
- We want all public sector bodies and senior leaders to sign up to this Charter as a good Corporate Parent. This Charter is not exclusive to local authorities and public bodies, and we would welcome any members of the third sector and private sector to sign up and become a Corporate Parent.
- The development of this Charter takes into account the overarching duties laid out in Part 2, General Functions of the Social Services and Well-being (Wales) Act 2014. Specifically, that a person exercising functions in relation to an individual for example a looked after child must have regard to the characteristics, culture and beliefs of the individual (including, for example, language). www.law.gov.wales/social-services-and-well-being-wales-act-2014-further-legislation-codes-and-guidance-made-under-act
- The Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice (Looked After and Accommodated Children) will be revised to include additional guidance on the Charter. The updated Code of Practice will be published in 2024 and Charter will be reviewed as part of this process.

Which kind of public sector body, public service or professionals do we mean?

This charter is for any public sector body or individual who engages with or is responsible for care-experienced children and young people to adopt. For example:

- Politicians – Welsh Ministers, Members of the Senedd, (**United Nations Convention on the Rights of the Child, Article 4**).
- Independent Bodies – The Children’s Commissioner, The Future Generations Commissioner and The Welsh Language Commissioner.
- Local Authorities – councillors, chief executives, directors of social services, local authority commissioners and procurement teams, housing and education, Foster Wales and National Adoption Service.
- Local Health Boards.
- NHS Trusts.
- Regional Partnership Boards.
- Social Care Providers – Local authorities, residential children’s homes and independent foster agencies.
- Social Care Professionals and practitioners – social workers, Independent Reviewing Officers (IROs), personal advisers, youth and support workers, residential children’s home staff, foster carers, kinship carers and adoptive parents.
- Housing Providers – housing associations.
- Education – schools, governors, universities, colleges and Qualifications Wales.
- Transport for Wales.
- Third Sector Organisations and voluntary adoption agencies or services.
- Inspectorates – Care Inspectorate Wales (CIW), Estyn and Health Inspectorate Wales (HIW).
- Cafcass Cymru.
- Department for Work and Pensions.
- Police – youth justice teams and those supporting individuals in custody.
- Employers/Apprenticeship/Traineeship providers.
- Other public bodies: National Resources Wales, National Park Authorities, The Arts Council of Wales, Sport Wales, National Library of Wales and National Museum of Wales. (**As listed in Section 6 of the Wales Future Generations Act 2015**).

Shared Principles for Corporate Parents

- **Equality** – We will support care-experienced children and young people to have the same life chances as every other young person in Wales. This is because all children have rights, no matter who they are (Article 1. UNCRC)
- **Eradicate Stigma** – We will recognise care-experienced children and young people for who they are, not just by their experience of being in care. This is because all children have a right not to be discriminated against (Article 2)
- **Togetherness** – We will work alongside care-experienced children and young people to ensure their views, feelings and ideas are integral to, influence and inform the services they receive and the way they receive those services. This is because all children have a right to be listened to and taken seriously (Article 12).
- **Support** – We will ensure professionals working with care-experienced young people understand their care experiences children and young people's needs and/or have access to information an training.
- **Ambition** – We will ensure every care-experienced child and young person reaches their potential and can enjoy a wide experience of leisure, cultural, sport and social activities. This is because all children have a right to be the best they can be (Article 3 and 29) and have the right to relax and play (Article 31).
- **Nurture** – We will make all care-experienced children and young people feel valued, respected, cared for and loved. This is because all children have a right to be safe and protected from harm (Article 19) and because all children who are not living with their families should be checked on regularly to make sure they are okay (Article 25).
- **Good Health** – We will provide support to access the right health care and advice needed to support the best physical, mental health and general well-being for all care-experienced children and young people. This is because all children have the right to the best possible health and support (Article 24 and 39).
- **A Stable Home** – We will seek out and provide stable places to live that are right for all care-experienced children and young people. This is because all children have a right to special protection if they don't live with their family (Article 20). This is because any adoption must be overseen by Government to make it supports the young person in their growth and development, is lawful and that it prioritises children's best interests (Article 21).



- **A Good Education** – We will provide opportunities and support for all care-experienced children and young people to learn/develop and help them become who they want to be. This is because all children have a right to an education (Article 28 and 29).
- **Thrive** – We will ensure all care-experienced children and young people are prepared for the future and are able make positive choices for independent living and adulthood. This is because all children have a right to reach their potential (Article 3 and 29).
- **Lifelong** – We will work to provide access to and raise awareness of the support and information available after leaving care. This is because adults have a duty to act in children's best interests (Article 3).

Our Promises as Corporate Parents

Set out below are the promises all Corporate Parents should fulfil when working with care-experienced children and young people:

- We will take time to listen to all care-experienced children and young people and ensure their views, wishes and feelings are heard and actively considered in all decisions made about them.
- We will treat all care-experienced children and young people with respect.
- We will involve all experienced children and young people in decisions that are made about them.
- We will keep all care experienced children and young people informed about our involvement with them and explain our actions to them.
- We will use straightforward language when we communicate with all care-experienced children and young people.
- We will show compassion when considering the needs of all care-experienced children and young people.
- We will work with all care-experienced children and young people to help them achieve their goals.
- We will advise all care-experienced children and young people of the process to make a complaint should they feel we are not adhering to this charter.
- We will advise all care-experienced children and young people that they have a right to access independent advocacy to make sure their views, wishes and feelings are heard during decisions being made or when they are unhappy and want something stopped, started or changed.



References

Reference	Description
UNCRC Article 2	The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say and whatever type of family they come from.
UNCRC Article 4	Governments should make these rights available to children.
UNCRC Article 12	Respect for children's views. Children have the right to give their opinions freely on issues that affect them. Adults should listen and take children seriously.
UNCRC Article 19	Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.
UNCRC Article 20	Children who cannot be looked after by their own family must be looked after properly, by people who respect their religion, culture and language.
UNCRC Article 21	Adoption. Government must oversee the process of adoption to make sure it is safe, lawful and that it prioritises children's best interests.
UNCRC Article 24	Children have the right to good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy. Rich countries should help poorer countries achieve this.
UNCRC Article 25	(Review of treatment in care). If a child has been placed away from home for the purpose of care or protection (for example with a foster family or in a hospital they have a right to a regular review of their treatment, the way they are cared for and their wider circumstances.
UNCRC Article 28	Children have a right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthy countries should help poorer countries achieve this.
UNCRC Article 29	Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, their own and other cultures and the environment.
UNCRC Article 31	All children have a right to relax and play, and to join in a wide range of activities.
UNCRC Article 39	Children who have been neglected or abused should receive special help to restore their self-respect.

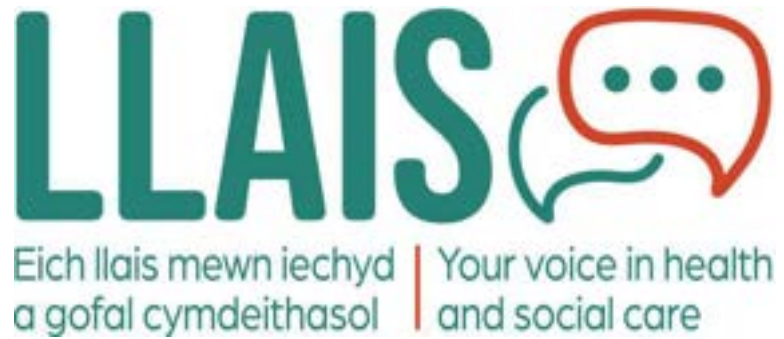
UNCRC

The United Nations Convention on the Rights of the Child (UNCRC) is an international agreement that protects the human rights of children up to the age of 18. It recognises not only their basic human rights but gives them additional rights to protect them from harm as one of the most vulnerable groups in society. In 2011 the Welsh Government made the UNCRC law in Wales, with the Rights of Children and Young Persons (Wales) Measure 2011. The Measure places a duty on Welsh Ministers to have a due regard to the UNCRC and its Optional Protocols when making their decisions. Altogether there are 54 articles in the convention. Articles 1-42 set out how children should be treated.

For further information on the United Nations Convention on the Rights of the Child please visit: The Welsh Government's UNCRC website [Children's rights | Sub-topic | GOV.WALES](#).

Llais Cwm Taf Morgannwg
Ty Antur
Navigation Park
Abercynon
CF45 4SN

Llais Cwm Taf Morgannwg
Ty Antur
Parc Navigation
Abercynon
CF45 4SN



Date: 18th March 2024

Llais comments in relation to the Emergency Medical Retrieval and Transfer Service (EMRTS) review.

Dear Mr Mears

Following the publication on 12th March 2024 of the papers for the next meeting of the Emergency Ambulance Services Committee (EASC) on 19th March 2024, Llais has prepared an update for consideration by the Health Boards at their forthcoming Board meetings.

Llais had access to meeting papers, including the final Emergency Medical Retrieval and Transfer Service (EMRTS) review recommendation report, at the same time as the public on 12th March 2024.

Llais raised concerns with EMRTS review team before Phase 3 that the timescales of this last stage were tight and shared concerns that these timescales should not compromise the important need of meaningful consideration of the comments, views, issues, and concerns shared by individuals during Phase 3 nor the final decision-making process.

Throughout the process The Board of Community Health Councils/ Llais have listened and shared what has been heard with CASC, EASC and the seven Health Boards.

Cadeirydd | Chair: **Professor Medwin Hughes, DL**
Prif Weithredwr Dros Dro | Interim Chief Executive: **Alyson Thomas**
Cyfarwyddwr Rhanbarthol | Regional Director: **Daniel Price**
E-bost | E-mail: **cwmtafmorgannwgenquiries@llaiscymru.org**
Ffôn | Tel: **01443 405830**

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

This summary builds on the Llais feedback given throughout the process and relates to Phase 3, recognising that the concerns and issues raised have been consistent throughout the process.

What have we heard?

We have predominantly heard from the communities of Mid and North Wales; the feedback Llais has seen largely mirrors the themes reflected in the EMRTS Phase 3 Engagement report.

In addition, Llais has heard:

- People and communities are not reassured of the impact of the proposal on rural areas
- People and communities are not reassured that there will be no impact by the decision to move bases
- People feel strongly that Option A and B will lead to a further reduced emergency provision in rural Wales – DGH/ WAA/WAST (particularly given red call response time statistics) (*Llais recognises that this is somewhat addressed in the final report recommendation 4*)
- Concerns about further erosion of services to rural areas
- People and communities do feel they have been engaged with, but some report not feeling listened to
- A continuous feeling, as per other phases, that a decision had been made before any engagement had been undertaken
- People found it hard to understand because of the complexity and volume of the documentation, and the lack of clearly summarised information for those who wanted the facts
- The workshop (to decide on shortlist of options) was not inclusive ie. no community representation
- That the only two options provided in Phase 3 were option A) a base in Rhuddlan and option B) a base in Rhuddlan with an RRV in Wrexham
- Conflicting analysis of EASC's data [by a member of a campaign group]

Cadeirydd | Chair: **Professor Medwin Hughes, DL**
Prif Weithredwr Dros Dro | Interim Chief Executive: **Alyson Thomas**
Cyfarwyddwr Rhanbarthol | Regional Director: **Daniel Price**
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Ffôn | Tel: **01443 403590**

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

Llais' observations

Although NHS bodies retain the responsibility for service change, it is important that they work in partnership with their communities and develop proposals in a genuinely co-designed way. Llais remains concerned that not enough clear and easy to understand information was provided for people to be able to engage effectively in Phase 3 and for informed views to be considered and reflected in the final proposals. Such as:

- There are a high volume of social media comments (circa 17K FB comments) and petitions that have not *yet* been analysed nor taken into account in writing the final recommendation report.
- Llais remains concerned that the Phase 3 engagement may have digitally excluded some people from effectively engaging with the process
- We have some concerns that there is insufficient detail in the five recommendations to provide assurance that community concerns have been a) addressed b) incorporated and c) mitigated

Representation has been made to EASC in Llais' response to the Phase 3 engagement report, which we note EASC will address at the Joint Committee Meeting.

Yours sincerely



Daniel Price
Regional Director

Cadeirydd | Chair: **Professor Medwin Hughes, DL**
Prif Weithredwr Dros Dro | Interim Chief Executive: **Alyson Thomas**
Cyfarwyddwr Rhanbarthol | Regional Director: **Daniel Price**
E-bost | E-mail: **cwm~~ta~~f~~m~~organnwgadvocacy@lla~~is~~cymru.org**
Ffôn | Tel: **01443 403590**

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

Agenda Item

5.1.1

CTM Health Board

Highlight Report from the Quality & Safety Committee

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Carolyn Donoghue, Independent Member and Chair of the Quality & Safety Committee
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Introduction

- 1.1 This report has been prepared to provide the Board with details of the key issues considered by the Quality & Safety Committee at its meeting on 23 January 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

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

Highlight Report

Alert / Escalate

- The Committee received a **Listening & Learning Story** which related to **a patient's journey within the Care of the Elderly Service**. Members found the story to be powerful and suggested that the story needed to be shared widely with Local Authority partners to highlight the challenges being faced in relation to delayed discharges and the impact this was having on the health and wellbeing of patients;
- **Mental Health & Learning Disabilities Care Group Highlight Report** - Members received an update on the **Right Care, Right Person initiative** that was being introduced by South Wales Police. Members noted that whilst the Police service had given assurance that they would continue to provide support in instances where there was serious imminent risk to life and imminent risk of serious harm, the Team would continue to develop plans to mitigate the potential risks. Members noted that this matter had also

	been highlighted as a matter of concern at the Mental Health Act Monitoring Committee.
Advise	• A spotlight presentation was received on Sepsis. Members welcomed the presentation which highlighted the positive progress being made in relation to improving sepsis compliance as a result of increased training and education; • The report from the Clinical Executives was received. Members discussed the report and welcomed the updates provided; • Highlight reports were received from the following Care Groups and Members noted and discussed the matters contained within the alert/escalation section within each report: ◦ Planned Care; ◦ Primary & Community; ◦ Children & Families; ◦ Mental Health & Learning Disabilities; ◦ Unscheduled Care; ◦ Diagnostics, Therapies, Pharmacy and Sciences • The Emergency Ambulance Services Committee (EASC) Quality & Safety Highlight Report was received and welcomed by Members; • The Organisational Risk Register report was received. The Committee were pleased to see the positive comments that had been received from attendees in relation to the Risk training sessions which appeared to be having a positive impact on the updates that were now being submitted. A discussion was held in relation to Risk 3826 which related to Emergency Department overcrowding which still remained a significant challenge for the Health Board. Members noted that addressing the overcrowding issues would be difficult given the numbers of clinically optimised patients who had not yet departed hospital beds which had resulted in there being no capacity for onward flow to wards; • The Incident Management Framework was received and approved; • The Patient Safety & Quality Dashboard was received. Members welcomed the Peoples Experience Report which they found to be positive. Members were provided with assurance that the high numbers of patient falls being reported on Ward 15 at Princess of Wales Hospital were low harm incidents and that appropriate staffing was in place on the ward with no staffing gaps;

	- The Quality Strategy Work Plan update was received and noted. The following reports were received and discussed at the In Committee session of the Quality & Safety Committee: - Internal Data 'Deep Dive' into Neonatal Morbidity and Mortality at Cwm Taf University Health Board; - NRI / Maternity Incident Cluster January 2024 – Members were assured by the work that had been undertaken and added that the Committee's thoughts were with everyone involved in the cases, including families and staff.
Assure	- The Mortality Indicator and Mortality Reviews report was received. Members were encouraged to note the progress that had been made in this area; - The Mental Health Adult In-Patient Improvement Programme report was received and discussed. Members welcomed the progress made and advised they felt assured by the work being undertaken by the Team.
Inform	The following items were received and approved via the consent agenda: - Unconfirmed Minutes of the meeting held on 21 November 2023; - Committee Annual Cycle of Business 2024; - Concerns Policy; - Clinical Policies Approval Process; The following items were received and noted via the consent agenda: - Action Log; - Committee Forward Work Plan; - WHSSC Quality & Patient Safety Committee Chairs Report; - Healthcare Inspectorate Wales Improvement Plan Tracker Report.
Appendices	

3. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /	Living Well
	If more than one applies please list below:

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

4. Recommendation

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



Agenda Item

5.1.2

CTM Health Board

**HIGHLIGHT REPORT FROM THE CHAIR OF THE DIGITAL
& DATA COMMITTEE**

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Ian Wells, Digital & Data Committee Chair / Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
ICO	Information Commissioners Office
IMTP	Integrated Medium Term Plan

1. PURPOSE

- 1.1 This report provides the Board with details of the key issues considered at the meeting of the Digital & Data Committee which took place on the 21 February 2024.
- 1.2 Key highlights from the meeting are reported in section 3.
- 1.3 The Board is requested to **NOTE** the report.

2. PURPOSE OF THE DIGITAL & DATA COMMITTEE

- 2.1 The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of Digital technologies, Information & Data, to support health improvement and the provision of high-quality healthcare.
- 2.2 The Committee will seek assurance on behalf of the Board in relation to the Health Board's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.
- 2.3 The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of the Digital and Data Strategies to drive continuous improvement and support digitally enabled health care to achieve the objectives of the Health Board's Integrated Medium-Term Plan (IMTP).

3. HIGHLIGHT REPORT

ALERT / ESCALATE

Positive Escalation:

- Information Commissioners Officer (ICO) Audit Action Plan: In January 2024, the ICO auditors acknowledged the progress the Health Board has made towards the completion of the original 35 recommendations and were sufficiently assured to reach a conclusion that the audit engagement process could be considered to be closed. The ICO have formally written to the Health Board to confirm this. The Information Governance team have created a follow up work plan that will be monitored through our committee structure.
- Information Governance Team Capacity: The Committee were pleased to note that recruitment to all of the proposed roles within the team had now been appointed to, mitigating the current risk on the Organisational Risk Register.

ADVISE

- The Committee **received** a Spotlight presentation on **Patient Centred Contact**. The Committee **SUPPORTED** the presentation and the progress being made.
- The Committee **received** the Organisational Risk Register and reviewed the risks escalated. It was **NOTED** that there is work underway to ensure all digital risks are aligned to the risk management approach within the Health Board and uploaded to Datix.
- The **Medical Records Assurance Report** was received by the Committee. The Committee noted the current progress and challenges regarding the digitisations of the patient notes. The Committee acknowledged the ongoing discussions regarding destruction of records now the embargo in relation to the Infected Blood Inquiry has lifted and requested a further update at the next meeting. The Committee acknowledged the significant challenges regarding the storage of paper records.
- A report was **received** on the **Digital & Data Integrated Medium Term Plan (IMTP) Update**, noting the development of the IMTP for 2024-2027.

• **DIGITAL AND DATA IN COMMITTEE MEETING;**

Committee Members were updated on the following:

- Cyber Improvement plan; The continued delivery of effective clinical services
- Digital Critical Incidents; Digital & Data incidents that occurred over the period, and the dependence of the Health Board on National Systems
- Organisational Risk Register; review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.

ASSURE

- The Information Governance Group Highlight Report was **received** by the Committee. The Committee **noted** the Report and recognised the progress made to date. Thanks was afforded to the Information Governance team, including those responsible for Freedom of Information, who have maintained service over the past 18 months, despite increasing volumes of work. There will be a focus on training compliance in the coming 12 months.

	• Committee Annual Cycle of Business – The Committee APPROVED the report that identifies the reports that would be regularly presented for consideration in the upcoming year. • Digital and Data Assurance Report – The Committee received an update on the projects, both system and infrastructure completed within the year, the challenges with the current level of capital and revenue funding to sustain a digital programme and the increase of National systems without local business cases and funding.
INFORM	Unconfirmed Minutes of the Meeting held on 14th November 2023 The minutes were APPROVED as a true and accurate record Unconfirmed Minutes of the IN- Committee meeting held on 14th November 2023 The minutes were APPROVED as a true and accurate record ITEMS FOR NOTING All Wales Independent Member Network Highlight Report The committee NOTED the highlight report Action Log The Committee NOTED the action log
APPENDICES	NOT APPLICABLE

4. Assessment

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



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	

Impact Assessment

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

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

5. Recommendation

5.1 The Board are asked to **NOTE** the contents of the report.



Agenda Item

5.1.3

CTM Health Board

**Highlight Report from the Cwm Taf Morgannwg University Health Board
Stakeholder Reference Group Meeting**

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Anne Morris Chair, Stakeholder Reference Group
Cyflwynydd yr Adroddiad / Report Presenter	As above
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation
Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
SRG	Stakeholder Reference Group
IMTP	Integrated Medium Term Plan
RPB	Regional Partnership Board

EMRTS	Emergency Medical Retrieval and Transfer Service

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the CTMUHB Stakeholder Reference Group at its meeting on 8th February 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of the CTMUHB Stakeholder Reference Group is to provide independent advice on any aspect of UHB business. This may include: -
- Early engagement and involvement in the determination of the UHB's overall strategic direction;
 - Provision of advice on specific service proposals prior to formal consultation; as well as
 - Feedback on the impact of the UHB's operations on the communities it serves.
- 2.2 The CTUHB Stakeholder Reference Group will:-
- Provide a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the UHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the UHB's decision making.

3. Highlight Report

Alert / Escalate	• NUMBER OF STAKEHOLDER REFERENCE GROUP MEETINGS PER ANNUM Following the Effectiveness Survey a poll was circulated to members to ask their preference for the number of Stakeholder Reference Group meetings held per annum, noting that the Terms of Reference states that a minimum of 4 meetings are required. The preferred option was to hold 4 meetings per year with 1 additional adhoc meeting should this be required. Board is asked to consider ratification of this decision.
Advise	• There were no items requiring inclusion within this section

Assure	There were no items requiring inclusion within this section
Inform	PHASE 3 EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) SERVICE REVIEW Board Director, Chief Ambulance Service Commissioner engaged with members around the considered improvements and options which are being carried out as part of Phase 3, EMRTS Service Review. A background to the service and to the review itself was outlined to members alongside an overview of engagement undertaken to date including the process, the 3 options within the Options Appraisal were explained and members invited to comment and participate in the engagement process. Members were informed that a decision will be made in March 2024. NEURODEVELOPMENT IMPROVEMENT PROGRAMME UPDATE The Assistant Director of Transformation, Strategy and Operational Planning gave an update presentation to members around the neurodevelopment improvement programme. The Neurodevelopmental Improvement Programme comes with Welsh Government focus with 2 year funding, 2024/2025 funding currently awaiting approval by the Minister. A coproduced governance structure with 7 associated workstreams had been developed across key areas which are now up and running. In the first year of funding 2023/2024, there had been a focus on waiting list initiatives to bring waiting lists down as there were significant waiting lists for both children and adults. A range of community projects had also been commissioned across Cwm Taf Morgannwg with the third sector which enables children, young people and their families to access a wide range of information. Currently options are being considered for using 2024/2025 funding taking best practice learned, which is overseen by the Neurodevelopmental Improvement Programme Board membership consists of health, local authority and third sector representation. The workstreams will continue into the next year and will be a rolling programme of work.

It is still too early in the programme to understand the full impact of the work undertaken in the delivery of services but the work is at the outset of a rolling multi-year programme of activity to improve neurodevelopment services which is a challenge not only for CTMUHB but across Wales and UK at the moment. There will be further opportunities for continued engagement throughout this process.

UPDATE ON INTEGRATED MEDIUM TERM PLAN (IMTP) AND FINANCE

The Assistant Director of Transformation Strategic & Operational Planning gave an update presentation to members around the development of the IMTP and financial situation. Members were informed that the detail in the presentation was still in draft phase with the purpose of bringing it to the stakeholder reference group being for engagement and testing. 'Visioning Workshops' had been held with Care Groups, Finance, Workforce and Organisational Development (OD) and Procurement. Meetings with Corporate Teams to discuss chapters had been held and draft chapters were in place. Care Groups had been asked to provide by early December a 'plan on a page' of any big ticket change items, emergency plans (any items on risk register) and to include digital and workforce considerations. Detailed templates had been completed by the end of January by Care Groups.

It was noted that next steps would include: circulating to care groups the 'plan on pages' for cross checking, review by the IMTP Steering Group of plans submitted, and finalising ministerial templates, which set out the detailed plans against ministerial requirements. The IMTP will be taken to the Planning Performance and Finance Committee on 27th February 2024, with accountable officer correspondence to Welsh Government on 16th February 2023 confirming the expected financial status of the plan. Delivery of full plan document and appendices for committee and board consideration with a plan to present to Board on 28th March 2024. Submission to Welsh Government will be on 29th March 2024.

Members were taken through the detail within the Care Group Plans to outline priorities to members for their consideration.

Carers Co-ordinator, Introduction and Programme of Work

Cwm Taf Morgannwg University Health Board (CTMUHB) newly appointed Carers' Coordinator gave a presentation to members.

	Welsh Government Strategy for unpaid carers has 4 high level priorities within that 'supporting unpaid carers with hospital discharge'. The Carers' Co-ordinator role is pivotal in advocating for and supporting carer's needs within the healthcare system, bridging gaps between carer's needs and healthcare services. Focusing on enhancing recognition of carers, facilitating their involvement in care planning and ensuring they have access to necessary resources and support. An overview of the role and progress to date was given to members. Existing gaps in carers support was outlined including, lack of recognition, inadequate support systems, poor communication, exclusion from decision making and overburdened carers. The aim was outlined as being to transform carers support across CTMUHB by linking in with healthcare, local authorities and the third sector to enhance carer recognition, improve support systems and ensure involvement in the decision-making process, especially around hospital discharge. An overview of the aims and strategic integration and outlined future plans for training, support and future strategies and actions was given to members. This included implementation of targeted training for all staff and raising awareness of carers needs, the development of support programmes specifically for staff members who are carers, the integration of carers support into existing quality improvement frameworks and staff collaborating with the carer's co-ordinator to identify and address gaps in the service. Innovative approaches to enhance carer support would be explored and specific goals and metrics for evaluating progress in carer support initiatives will be set. Members discussed what support can be offered to carers outside of the hospital setting within communities and how these carers are identified, not always realising that they are in fact carers and the importance of communication and signposting. Currently teams are going out into community groups to talk about identifying and supporting carers, good networking links were made and invitations to go out into Older Persons and Community Carer's Groups accepted. Work Programme Going Forward and Issues Raised Members asked for any Work Programme items or any emerging issues in advance of the next meeting.
Appendices	

4. Assessment



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

5. Recommendation

- 5.1 The Board is asked to **NOTE** the highlights outlined in section 3 of this report and to consider **RATIFICATION** of the number of meetings per annum as outlined in section 3



Agenda Item

5.1.4

CTM Health Board

Highlight Report from the Hosted Bodies Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance & Board Business

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
IPFR	Individual Patient Funding Request

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Hosted Bodies Audit & Risk Committee at its meeting on 22 February 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The Committee will function in accordance with the NHS Audit Committee Handbook as appropriate.

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. These are the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee. The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and hosted Committee business discussed and recorded separately.

The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place – through the design and operation of the Health Board system of risk and assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

Highlight Report

Alert / Escalate

- The Committee received an update on the new **Wales Joint Commissioning Committee (JCC)** that would be established from the 1st April 2024. The Committee noted that all outstanding recommendations and risks would be collated and passed to the JCC as part of the WHSSC, EASC and NCCU Legacy Statements and received at the next meeting of the Committee in April 2024.

Advise

- The **Welsh Health Specialised Services Committee (WHSSC) Corporate Risk Assurance Framework and Risk Register** was received. Members noted the update on Risk 57 - 'Insufficient theatre bed causing delays' and were pleased to see that progress had been made. Members noted the 3 new commissioning risks:
 - Risk 61 – CT050 Cardiac – Obesity Surgery Waiting Times
 - Risk 62 – CT051 Cardiac – TARN delays
 - Risk 63 – NCC063 Neuro – Neurosurgery Sustainability
 The Committee were advised that Risk 44 – Paediatric Cardiac Surgery had been de-escalated. The Committee noted that the IPFR Policy had now been approved by all 7 Health Boards and was now awaiting confirmation from Welsh Government that this would now be enacted.
- The **WHSSC Audit Recommendations Tracker report** was received. The Committee were advised that a comprehensive external audit update had been received at the last meeting and that the two partially completed recommendations for Welsh Government would remain until the new Joint Committee had been established. A further update would be submitted to Health Boards in July 2024, however, this would now become part of legacy reporting given that WHSSC would no longer exist as an organisation. Members noted the positive progress made in relation to the internal audit recommendations;
- The **Emergency Ambulance Services Committee Update** was received. Members noted that good progress had been made with regard to improvements with the red and amber risks with positive discussions taking place with Health Boards and key actions being identified. Members were advised that the EASC Risk Register would be reviewed in line with the Policy related to red risks in April 2024 and reported to the new Joint Commissioning Committee;
- The Committee received and discussed the **National Imaging Academy for Wales Risk Register**. The Committee noted that there were two ongoing high risks relating to:
 - NIAW's access to recurring capital funding
 - Commissioned number of CR Specialist Trainees for Training at NIAW
 And two moderate risks relating to:
 - NIAW's access to capital funding financial year 2023/24
 - Confidence to deliver the recommendations from the Gateway Review

Assure	
Inform	The Unconfirmed Minutes of the meeting held on 19 January 2024 were APPROVED.
Appendices	Nil

3. Assessment

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

Environmental /Sustainability Impact (5Rs)	

4. Recommendation

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

Agenda Item

5.1.5

CTM Health Board

Highlight Report from the CTMUHB Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance/Board Secretary
Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the CTMUHB Audit & Risk Committee at its meeting on 22 February 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The Committee will function in accordance with the NHS Audit Committee Handbook as appropriate.

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. These are the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee. The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and hosted Committee business discussed and recorded separately.

The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place – through the design and operation of the Health Board system of risk and assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

Highlight Report

Alert / Escalate

- A progress report was received and presented by a representative of Welsh Government on the **National Commissioning Review and the Establishment of the new NHS Wales Joint Commissioning Committee**. A full and detailed discussion took place with the Committee seeking clarity and assurance on governance in terms of the accountability arrangements of the new Committee and the reporting and signing off of the financial accounts;
- The **Local Counter Fraud report** was received. Members noted the detail on the tasks and actions undertaken with the four strategic counter fraud work areas. The Committee **agreed** that a **Committee Referral** should be made to the People & Culture Committee as they felt that the report raised a fraud risk in relation to fitness to practice where an

	agency worker had been booked, worked and paid, in respect of four back to back shifts over two consecutive days, across two different hospital sites and had registered with two separate agencies to enable the placements. The Committee required assurance from the People & Culture Committee in relation to assurance around the impact on quality and safety in terms of fitness to practice and the fraud risk. • The Organisational Risk Register Report was received and noted. Members discussed the risk on the 'Right Care Right Person' and agreed that a briefing would be provided to the Board on how this risk was being managed.
Advise	• The Internal Audit Progress Report was received. Members noted that the Health Board was achieving a target of 55% against an 80% target rate for the time taken for management response to draft report within 15 days as per the Internal Audit Charter and had improved since the last meeting. Members noted that since the last meeting two reports have been finalised, three reports were in draft, and there was ongoing fieldwork in relation to nine reviews. • A report was received on the National Fraud Initiatives Progress and Outcomes. • The Procurement and Scheme of Delegation report was received. • The Losses and special Payment Report was received and discussed. Members noted the losses and special payments made for the period December 2023 and January 2024 and the update regarding Purchase to Pay and achievement of Public Sector Payment Policy target to period of 2023/24. • The Audit Recommendations Tracker report was received and discussed. Members extended their thanks to the team for the progress they were making in transitioning to an automated system and provided feedback. • The Audit Wales Audit & Risk Committee Update was received and noted; • The Committee received and noted the Audit Wales Annual Audit Report 2023 and the Audit Wales Letter – NHS – Audit of Accounts and Fees for 2023 and an update of the Audit Fee Scheme for 2024-25 setting out fee rates which are increasing on average by 6.4%; • The Internal Audit Review – 4 Hour Emergency Department Performance Reporting was received. Members noted that the review had been allocated a Limited Assurance rating; • The Internal Audit Review – IT Service Management was received. Members noted that the review had been allocated a Reasonable Assurance rating;

	- The Committee received and noted a report on the progress with regard to the Action Plan following the recent Internal Audit Review - Facilities Governance follow up; - Committee Members received an update on Cyber Security Risks, Medical Variable Pay and the Audit Recommendations Tracker during the In Committee session of the Committee;
Assure	There were no items requiring inclusion in this section.
Inform	- The Unconfirmed Minutes of the meeting held on 19 December 2023 were APPROVED; - The Unconfirmed In Committee Minutes of the meeting held on 19 December 2023 were APPROVED; - The Annual Cycle of Business for 2024-25 was APPROVED; - The Forward Work Programme was received and noted.
Appendices	

3. Assessment

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

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

4. Recommendation

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



Agenda Item

5.3

CTM Health Board

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Strategic Risk Owner updates	February / March 2024	Reviewed and signed Off
Executive Leadership Group	11 th March 2024	Executive sign off received

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework

1. Situation /Background

- 1.1 It is good practice for the Health Board to have a Board Assurance Framework (BAF) that clearly sets out the risks, actions and relevant sources of internal and external assurances to provide a clear picture of the 'health' of the organisation and the high level risks threatening delivery of the Board's strategic goals.
- 1.2 In May 2023, the Board approved that the BAF remains fit for purpose and appropriately reflects the strategic risk profile of the Health Board. This BAF will be revisited in terms of its ongoing effectiveness in May 2024.
- 1.3 An Internal Audit review of the Board Assurance Framework resulted in an outcome of Substantial Assurance during 2023.

2. Specific Matters for Consideration

- 2.1 The BAF has been developed to ensure it appropriately reflects;
 - the four strategic goals of the Health Board;
 - assurance reporting that supports a streamlined and effective committee and reporting structure;
 - a robust mechanism that reaches into each of the Care Groups and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board;
 - international best practice; and
 - the management of board meetings and agendas to be focussed equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning.
- 2.2 The Organisational Risk Register is received in its entirety by the Audit & Risk Committee and the assigned risks to the other Board Committees as appropriate.
- 2.3 The latest Organisational Risk Register will be uploaded to the meeting date "document folder" in Admincontrol so although not published it is fully accessible to Board Members should they wish to view the detail behind the linked risks noted in the BAF.

3. Key Risks / Matters for Escalation

- 3.1 During February and early March 2024, the Strategic Risk Owners have reviewed and updated the BAF to ensure it robustly reflects the latest position.
- 3.2 Please refer to Appendix 1 which outlines the key risks for discussion and review. Amendments have been highlighted in red.

3.3 In addition to updates significant changes have been made as follows:

- Strategic Risk 3 **"Finance Revenue Resources"**. As at March 2024, the Health Board's Month 10 Finance report is forecasting that the Health board will achieve the break-even Control Total set by Welsh Government for 2023-24. The risks to achieving this forecast position have also reduced since Month 9. The risk score has been reduced and target score achieved. This risk is therefore proposed for closure. If the risk score should increase it can be re-escalated to the BAF at any point.

3.4 The Executive Director of Finance has identified a new Strategic Risk for the BAF in relation to **Capital and Estates** which is being developed and risk assessed by the Assistant Director of Planning (Capital and Estates), with the support of the Assistant Director of Governance & Risk as required.

3.5 The People Services Team are undertaking a thorough review of Strategic Risks 4, 7 and 8 to ensure they remain reflective of the current risks.

4. Assessment

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Applicable in terms of the Board Assurance Framework Report.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Applicable in terms of the Board Assurance Framework Report.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See individual risks for any potential legal impact.	
Enw da / Reputational	Yes (Include further detail below)	
	See individual risks for any potential reputational impact.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	See individual risks for resource impact.	

5. Recommendation

5.1 The Health Board is asked to:

APPROVE

- The updates to the BAF Report for March 2024 as captured in Appendix 1.
- The changes to strategic risk 3 as outlined in section 3.

6. Next Steps

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

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT

Section 1 - Summary

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory (since the last report received by the Board)
1.	Sufficient capacity to meet emergency and elective demand Click Here for Risk 1	Improving Care 	Chief Operating Officer / Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	16 (C4xL4)	No change as at March 2024 
2.	Ability to deliver improvements which transform care and enhance outcomes Click Here for Risk 2	Improving Care 	Executive Dir. Of Nursing, Midwifery / Executive Medical Director	Quality and Safety	16 (C4xL4)	No change as at March 2024 
3.	Finance Revenue Resources Click Here for Risk 3	Sustaining our Future 	Executive Director of Finance.	Planning, Performance and Finance;	8 (C4xL2) 12 (C4xL3)	 Risk score reduced. Risk to close as at March 2024 as target score reached.
4.	Sufficient workforce to deliver activity to the and quality ambitions of the organisation Click Here for Risk 4	Sustaining our Future 	Executive Director of People	People & Culture Committee	20 (C5xL4)	No change as at March 2024 
5.	Community and Partner Engagement Click Here for Risk 5	Creating Health 	Director of Communication s, Engagement & Fundraising	Population Health & Partnerships	12 (C4xL3)	No change as at March 2024 
6.	Delivery of a digital and information infrastructure to support organisational transformation Click Here for Risk 6	Improving Care 	Director of Digital	Digital & Data	16 (C4xL4)	No change as at March 2024 

Risk no	Strategic Principal Risk /	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score	Scoring Trajectory (since the last report received by the Board)
7.	Leadership and Management Click Here for Risk 7	Inspiring People 	Executive Director for People	People and Culture	12 (C4xL3)	No change as at March 2024 
8.	Culture, Values and Behaviours Click Here for Risk 8	Inspiring People 	Executive Director for People	People and Culture	12 (C4xL3)	No change as at March 2024 
9.	Fulfilling our Environmental and Social Duties and ambitions Click Here for Risk 9	Sustaining our Future 	Executive Director of Strategy and Transformation	Population Health and Partnerships	16 (C4xL4)	No change as at March 2024 
10.	Healthy Life Expectancy Click Here for Risk 10	Creating Health 	Executive Director of Public Health	Population Health and Partnerships	20 (C5xL4)	No change as at March 2024 

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

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

Section 2 Strategic Risk Heat Map

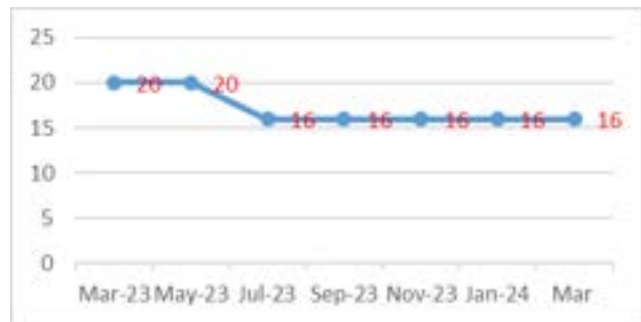
Current risk scores in **black**

Target risk scores in *grey italic*

Consequence	5				4,10	
	4		<i>5,7,8, 3,3</i>	5, 7, 8 <i>1, 2, ,4, 6, 10</i>	1,2, 6,9	
	3			9		
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

Section 3 –Strategic Risks

Strategic Goal: Improving Care - Delivering safe and compassionate care - Developing new models of care - Digital transformation for patients and staff - Ensuring timely access to care			Risk score 16
Strategic Risk: Sufficient capacity to meet emergency and elective demand - (Risk No.1)			
If the Health Board is unable to meet demands for services at all points in the patient journey. ~~exacerbated by the impact of the Covid-19 pandemic~~	Then its ability to provide high quality and affordable care and to meet access targets will be reduced	Resulting in avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.	

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change as at March 2024  Risk Score Trajectory <table><caption>Risk Score Trajectory Data</caption><thead><tr><th>Month</th><th>Score</th></tr></thead><tbody><tr><td>Mar-23</td><td>20</td></tr><tr><td>May-23</td><td>20</td></tr><tr><td>Jul-23</td><td>16</td></tr><tr><td>Sep-23</td><td>16</td></tr><tr><td>Nov-23</td><td>16</td></tr><tr><td>Jan-24</td><td>16</td></tr><tr><td>Mar-24</td><td>16</td></tr></tbody></table>	Month	Score	Mar-23	20	May-23	20	Jul-23	16	Sep-23	16	Nov-23	16	Jan-24	16	Mar-24	16
Month	Score																			
Mar-23	20																			
May-23	20																			
Jul-23	16																			
Sep-23	16																			
Nov-23	16																			
Jan-24	16																			
Mar-24	16																			
Initial	4	5	20																	
Current	4	4	16																	
Target	4	3	12																	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)																			
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				Whilst improvement against trajectories continue to improve the risk score has been reviewed and remains unchanged on this occasion. The potential impact of the Junior Doctors industrial action on services is also a determinant for the risk score to remain as a 16. The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk.																

	It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service. Demographic change also leads to increasing demand for services particularly non-elective. There are limitations arising from National Policy, which limits the Health Boards ability to respond. No change as at March 2024.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are however, ongoing risk treatment activity outlined in the mitigating actions section.

Risk Lead	• Chief Operating Officer • Executive Director of Strategy & Transformation	Assurance committee	• Quality & Safety Committee (<i>potential harm</i>) • Planning, Performance and Finance (<i>performance targets</i>)

Controls	Assurances reported to Board and committees
Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023): • Admission Avoidance • Integrated Front Door • Acute Hospital Flow and Discharge • Integrated Discharge This programme expedited the development and mobilisation of the "Front Door" and "Back Door" elements of the Navigation Hub as separate pieces of work for a period of several months, to best enable the launch of Navigation Hub component supporting discharge pathways to be planned and expected on 5th December 2022. Electronic referrals have gone live in to the discharge hub and the navigation hub is operational. Go Live of 111#2 from 4.4.23. Further Faster – further faster funding has been released from Welsh Government on a recurrent basis which will focus upon:	• Integrated Performance Report • Nurse Staffing Act twice-yearly compliance reports • Harm Reviews • Assessment Dashboard • Update reports on specific services experiencing pressure, e.g. Ophthalmology • Follow-up reports on outpatients not booked • Urgent Care six goals progress reports • Planned Care Recovery Update report • Escalation processes leading to Chief Operating Officer Report to Quality & Safety Committee including Care Group performance review meetings. • Organisational Risk Register via Care Group Risk Registers. • Command Structure initiated to manage periods of Industrial Action (IA) stood down. Embedding IA process into daily huddle meetings. • Planning, Performance & Finance monthly report.

- Acute Community Team (ACT) expansion
- Virtual Ward development and roll out
- Navigation hub expansion

Planned Care Recovery Programme

- Enhanced monitoring process for Cancer Services – twice weekly focussed meetings
- Llantrisant Health Park site plans under development
- Clinical Services Plan Group being established (27th April inaugural meeting)
- Speciality Specific and Cancer Improvement Trajectories Completed.

IMTP – investment agreed by Board in March 2023 of £5.5m for Planned Care and £0.5m for Stroke services.

Medical Day Surgery expansion expanded to address the backlog in the light of capacity challenges. Plans in place for four specialties with a view to increasing day case surgery throughput. Pace impacted bed pressures;

Increasing amounts of straight to test and one-stop clinics across a number of specialties which, will improve how people are seen. This will be ongoing and picking up pace.

Development of Acute Clinical Services Plan.

Specific Improvement Groups/Boards

- ~~Stroke Strategy Group~~
- ~~Ty Lliard Improvement Board – fully deescalated from escalation status. Will be removed from this section in future iterations.~~
- Stroke Strategy Group, Stroke Programme Board and Stroke Operational Group **embedded**.
- Pathology Improvement Group
- Ophthalmology Improvement Board
- Dermatology Improvement Board
- Ear Nose Throat Transformation Board
- Theatres Transformation Board

- TI meetings
- Planned Care Recovery Operations Board.

- Trauma and Orthopaedic Improvement Board
- Critical Care Unit (CCU) Transformation Board
- Outpatient Improvement Board
- Adult Inpatient Mental Health Improvement Board.

All updates feed into the Planned Care Recovery Operations Board.

Established a Mental Health Services Recovery Programme – Which includes CAMHS, Adult Mental Health and Demand and Capacity improvement activity.

Annual Planning Process

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

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

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

Annual Capacity Plan established April 2023 to manage demand and making best use of capacity.

NHS run care capacity development

Escalation Status programme work

Regional Working

- A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented.
- Alternative bed options being worked-up by all CTM local authorities to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of hospital stabilisation and onward decision-making.

• Welsh Government supporting intervention with Bridgend County Borough Council regarding backlog of patients Medically Fit for Discharge. • Regional Pathology Steering Group • South East Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams. • Integrated Health & Social Care Programme Board. • Regional Integrated Fund (RIF) Governance Structures • Operational Services Management Board (Health Board wide) • Improving Care Board (Health Board wide) • Six Goals/Unscheduled Care Board • Cancer Board • Weekly Cancer Meetings • Planned Care Recovery Board/ Planned Care Recovery Operations Board. • Innovation Board Operational Processes • Clear criteria to prioritise based on clinical need • Centralised decision-making around use of spare capacity across the organisation. • Robust Interventions Not Normally Undertaken (INNU) application.	
Gaps in Controls and Assurances	Mitigating Actions
• Central digitally-based Capacity Management System	• As part of the Six Goals Framework a range of Task and Finish Group have been established to scope options for a digital alternative e.g. e-whiteboards. Timeline projector available upon request within the six goals information pack which is updated every month. • E-whiteboards in, the next stage is to embed and the next phase is to get them at the front door and SDEC. Timeline projector available upon request within the six goals information pack which is updated every month.
• Robustness of cancer tracking and specialty-specific elective data	• Implementation of online escalation process for all patients outside of agreed component waiting times.

	• Canisc replacement ongoing. Implementation of Breast, Urology & lower GI datasets • Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance (issued July 23).
• – Improvements being made in elective care trajectories albeit not fully embedded.	• Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commenced in November 2023. • Commenced additional outsourcing of Glaucoma patients. • Reconfiguration of elective surgery from October 2022 has seen an increase in activity. This will continue to be monitored and developed Completed, will move to control at the next iteration. • Reconfiguration of Trauma ongoing assessment • In sourced additional staff to open up additional two theatres went live from 9th January 2023 has seen an increase in activity. This will continue to be monitored and developed. A third theatre team will commence on the 1st March 2023 at Princess of Wales Hospital Completed, will move to control at the next iteration. A further theatre opened in July 2023 at Princess of Wales Hospital (POW) as a hybrid model using POW and ID medical staff. The Health Board has now recruited substantively and will be exiting the external agency medical contract Quarter 4. • Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). • Development (and from November 2022) implementation of Winter Plan. Pressures upon capacity continually being monitored to feed into Winter Plans. Meetings scheduled and first one to be held in August 2023. Winter plan meetings continue. • In Development – Clinical Services Plan.
Linked National Priority Measures	Current Performance - Highlights
Ministerial Measures: <i>Six Goals of Urgent and Emergency Care:</i>	The following key performance indicators should be considered from the Integrated Performance Dashboard:

- Percentage total conveyances taken to a service other than a Type One Emergency Department;
- Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission; and
- Percentage of total emergency bed days accrued by people with a length of stay over 21 days.
- Urgent care
- planned care,
- cancer
- and diagnostic indicators

Access to Timely Planned Care

- Number of patients waiting more than 104 weeks for treatment;
- Number of patients waiting more than 36 weeks for treatment;
- Percentage of patients waiting less than 26 weeks for treatment;
- Number of patients waiting over 104 weeks for a new outpatient appointment;
- Number of patients waiting over 52 weeks for a new outpatient appointment;
- Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%;
- Number of patients waiting over 8 weeks for a diagnostic endoscopy; and
- Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route).
- Patient and delayed ambulance handovers (15min handover)

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

None identified for inclusion in the BAF Report.

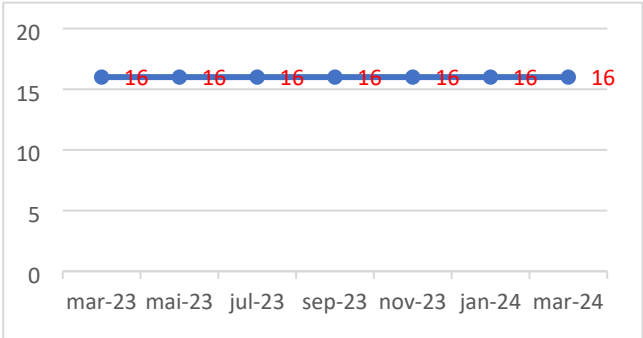
Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
4071	Failure to sustain services as currently configured to meet cancer targets	20
4103	Sustainability of a safe and effective Ophthalmology service	20
4491	Failure to meet the demand for patient care at all points of the patient journey	20
4632	Demand and capacity across the stroke pathway	20
5462	Adult weight management service - Insufficient capacity to meet demand. New escalation to the Organisational Risk Register in July 2023.	20
3826	Emergency Department overcrowding	20
5590	Radiopharmaceutical Business Interruption.	20
1133	Long-term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH).	20
5417	Paediatric dentistry – General Anaesthetic theatre list. New risk escalated to the Organisational Risk Register in March 2024.	16

3131	Mortuary Capacity	16
5404	Post Mortem Backlogs in Mortuary.	16
4152	Back log for Imaging in all modalities / areas and reduced capacity	16
2808	Waiting Times/Performance: ND Team	15

[Click here to go back to the summary Section](#)

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change as at March 2024  Risk Score Trajectory 
Initial	5	4	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			

Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>	Whilst improvement against trajectories continue to improve the risk score has been reviewed and remains unchanged on this occasion. Detailed discussion was held in August 2023 to consider reducing the likelihood score to a 3, in response to the positive progress being made e.g. HIW AW Joint Review into Quality Governance arrangements review outcome. However, in triangulating the risk description with incidents and complaints data, and in considering the mitigation activity still underway a decision was made to retain the likelihood score at a 4. Once Phase 2 of the Organisational Change Process is complete and the new structure is embedded then it is anticipated that the risk score in terms of

	frequency may reduce. Position remains unchanged as at February 2024 although it is anticipating that the likelihood score may reduce in the next 6-12 months. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service. It is also recognised that cultural change can only be achieved over time.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are however, ongoing risk treatment activity outlined in the mitigating actions section.

Risk Leads	- Executive Nurse Director - Executive Medical Director	Assurance committee	Quality and Safety

Controls	Assurances reported to Board and committees
Quality Frameworks and Policies - Strategic review of Infection, Prevention & Control (IP&C) is underway which will result in an IP&C Strategy 2024-2026. - Development of the CTM Safeguarding Strategy 2024-2027. Quality & Safety Framework approved by the Board in January 2023, which is aligned to the Care Group Model, is fully embedded across CTM; - Clinical Guidelines; - Suite of Standard Operating Procedures; - Clinical Education Framework; The Incident Management Framework, was launched in June 2022 to reflect national changes in national incident reporting; following consultation across CTM, the Incident Management Framework has been updated and was approved in January 2024. - Incident Investigation training established and being rolled-out across the Health Board on a monthly basis; - Clinical Education Forum (providing overarching Governance) established and continuing through 2024. The Board received the annual report in November 2023.	External Reports HIW / AW – Quality Governance Arrangements Joint Review Follow-Up – August 2023: The follow-up review found the Health Board has made significant progress in addressing the concerns and recommendations of the 2019 report. It has a stronger strategic focus on quality and patient safety, and there is greater clarity on roles and responsibilities in relation to quality and patient safety compared to 2019. The organisation's scrutiny of quality and patient safety has also improved considerably, with greater openness and transparency. There is also greater awareness of risk management across the organisation, and clearer processes in place for identifying, managing, and escalating risks. The Health Board's concerns and complaints processes are much clearer, and new corporate roles have been created to support implementation and ensure consistency. There is also an improved culture of learning, with a series of arrangements now in place to support the sharing of learning and improvement across the organisation.

- Listening & Learning Framework launched and implemented at the Listening and Learning Event in September 2022. A further Listening and Learning Event was held in May 2023 and planning is underway for the next **event which is planned for June 2024**. In the meantime, to raise awareness of the new Quality Act responsibilities, the Health Board is undertaking road show events from September and working collaboratively with the Improvement Team. Planning for a spring/early summer event is underway.
- Quality Strategy **endorsed at the Quality & Safety Committee in November 2022 and approved by the Board and launched in quarter four**. A Quality Strategy, **Annual Action Plan is in development, which will support** the achievement of the deliverables within the Quality Strategy. **An Update will be** received at the Quality & Safety Committee in January 2024.
- Implementation Board for the Duty of Quality and Candour being established – inaugural meeting undertaken. Board Briefing held October 2022. Change Team supporting implementation of Duty of Candour arrangements as of April 2023 including the roadshow events mentioned above. The duties within the act are integral to the Quality Strategy and have been built into Board and Committee report templates from November 2023.
- Allied Health Professionals and Health Care Science Delivery Plan development.

Learning from Experience

- Executive and Independent Member Patient Safety Walkabouts framework complete and **being** implemented.
- Citizen's Voice bodies launched in place of CHCs;
- Mortality Review programme. Medical Examiner reviews fully incorporated. Focus level 2 / 3 reviews across CTM;
- Shared Listening and Learning Forum
- Community Acquired Pressure Ulcer Collaborative. A new collaborative has been created for falls reduction / harm reduction. Forum for shared learning on prevention and improvement with internal

Annual Reports

- Clinical Audit Annual Report;
- Clinical Education Annual Report;
- Safeguarding Annual Report;
- Putting Things Right Annual Report;
- Infection Prevention and Control Annual Report;
- Medicines Management Expenditure Committee Annual Report;
- Organ Donation Annual Report.
- Health and Care Standards Annual Report; (incorporating patient survey)
- GMC Survey
- Improvement to be reported through Improving Care Board / Change to be reported through Strategic Transformation Board;

Quarterly Reports

- Quality Dashboard;
- Integrated Performance Dashboard;
- Quality Governance – Regulatory review progress updates;
- IPC Highlight reports;
- Care Group reports;
- High level update on mortality indicators;
- Research and Development Update;
- National Clinical Audit and NCEPOD studies;
- Targeted intervention process – continuous improvement self-assessment reports to Board;
- Maternity and Neonatal Improvement Programme Highlight Report;
- Community Health Council briefing papers;
- RADAR Reports;
- Improvement portfolio report;
- Multiple engagement events underway.

Internal Assurances

- Executive and Independent Member Patient Safety Walkabouts framework. The revised framework now implemented which includes 'Purpose, Form and Function' of IM Walkaround Visits.
- The Health Board has strengthened the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive

and external stakeholders e.g. (Welsh Wound Innovation Centre (WWIC) and Local Authorities); • Weekly executive-led patient safety meetings; • Service Level Patient Safety meetings incorporate learning from events; • Joint Executive and Independent Member Walkarounds; • Patient and Staff Stories received at Board Meetings and Quality & Safety Committee; • Active Forums such as "My Maternity My Way" which includes past and present service users; • Real-time patient feedback (current system Civica) being rolled out across the Health Board (PREMS), now rolled out across Emergency Departments. New software procured to replace Civica and to collect PREMS and PROMS - 2024 roll out plan in development with new supplier and CTM teams. • Following discussions in relation to the operating model that will support the new Care Groups it is considered that Quality Assurance has been embedded within the quality reporting structures. • Patient Safety Clinics, targeting service areas with high or low incident reporting; • Learning from events coordinator role in place, with lesson of the week via social media and a monthly newsletter is shared across the Health Board sharing learning around incidents and concerns; • Patient Reported Outcomes Measures system procured and piloted in Heart Failure / Cardiology services and plans in place to roll out across HB (PROMS); PROMS provider selected for CTM wide – procurement complete and roll out plan for 2024 in development. (Linked to PREMS and Civica replacement update above). • Staff ideas scheme launched across CTM for staff to provide ideas for improvement and collaborate on solutions; Over 1000 individuals registered and using the system. • RADAR (Recognition of Acute Deterioration & Resuscitation) Committee. – Training standards and compliance. This	patient safety catch-up. HIW Tracker is now in place; • Launched Nursing & Midwifery framework and agreed a set of nursing care related audit standards, which are being monitored through AMaT platform. • Central Patient Safety Team are manually reviewing and validating data currently in relation to locally reportable incidents. In progress, pace impacted by the implementation of the new Operating Model. • Medicines Safety Group, Access to Medicines Group established. Replacing the Medicines Formulary Committee with a broader remit. • Peer reviews of specific services e.g. critical care; • Health Inspectorate Wales unannounced visits; • Medication Prescription and Administration incident update; • All Safeguarding Hubs working collaborative across CTM population; • Planned Level 3 Safeguarding training for all Senior Clinical leaders (Execs – Care Group directors); Completed. Plan in place to roll out to all Care Group Clinical Directors and equivalents once in place. • Contacted (letter, key message and verbal reminders) all medical teams to emphasise, and expect, need to complete level 2 Safeguarding training and certain areas level 3; • Community Acquired Pressure Damage / Falls Reduction Collaborative; • Patient Safety Solutions – safety alerts and notices; • Mental Capacity Act (LPS); • Ad-hoc visits to Ty Llidiard (CAMHS) facility and ad-hoc review of clinical records; • Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level. • HIW undertake adhoc reviews of medical training within the Health Board.

is now a work stream within the Unscheduled Care Group;

- It is anticipated that the New Operating Model will support the triangulation and learning across the Health Board as one CTM;
- Advanced Clinical Practice Board established to provide governance oversight concerning advanced practice professionals.

Innovation & Improvement Programmes

- Quality Improvement showcase event held in July 2023 to highlight and share best practice improvement initiatives across CTM. **2024 event taking place July.**
- **Improvement Community of Practice implemented with over 30 QI champions currently in place.**
- Healthcare Pathways Initiative – writing and establishing guidelines from primary to secondary care referrals.
- Theatre Utilisation Group established to pilot the WG initiative to drive efficiency and standardise theatre processes across the Health Board.
- iCTM (Improvement & Innovation) department in place and 2022-2025 iCTM business plan developed aligned to CTM 2030 focusing on Experience, Efficiency and Effectiveness all underpinned by Improved outcomes and Patient Safety;
- Leading for Patient Safety with Improvement Cymru and Institute for Healthcare Improvement (IHI) launched. Work plan established and programme continuing for **2023/2024**; Shared learning event held in November 2023. Working with Improvement Cymru to develop the continuation of the collaborative.
- Improvement and Innovation CTM are actively supporting a number of services:
 - Maternity & Neonates
 - Urology
 - General Medicine (RGH)
 - Pressure Ulcer Improvement with WWIC
 - Engaging with external partners to ensure collaboration in relation to multiple stakeholder working to realise benefits for the communities we serve.

- Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.

Qualitative Intelligence

- Ongoing weekly safety huddles taking place with Executive Directors and Care Group Directors, and Quality and Safety Team to review concerns and complaints compliance across the Health Board;
- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers;
- Patient and Staff Stories;
- Executive & Independent Member Walkarounds;
- Executive Nurse Director weekly clinical focussed site visits;
- Improvement case studies;
- Social Media feedback and intelligence;
- Listening and Learning forum;
- Weekly executive-led patient safety meetings;
- Performance and Assurance Directorate of the NHS Executive—Dashboard reports inform the Health Board in terms of compliance across the Patient, Care and Safety portfolio;
- iCTM joint working with academic partners to explore cutting edge quality and safety activity to support the Health Board's continuing improvement journey;
- The Health Board is represented at the Duty of Quality & Duty of Candour all Wales meetings;
- Partnership Working with Cardiff & Vale re South Central Regional Stroke Network;
- Board Briefing regarding Regional Stroke Developments held in December 2022 and followed up in January 2023;
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

External Assurance

- Ombudsman's Annual Letter;
- Internal Audit Review – CSG & Care Group Quality Assurance. August 2022 – outcome of Reasonable Assurance;

○ Launch of Adult Inpatient Falls Reduction Programme (Adult Mental Health) in early October 2023. • Related escalation Status activity; • Monthly Quality Improvement (QI) training commenced from June 2022 and ongoing on a monthly basis; • Patient Safety Clinics commenced June 2022 and will run bi-monthly or as required by services; • Investigation and Putting Things Right (PTR) Training commenced during July 2022; • Value Based Healthcare programme in place aligned to national Value in Health priorities; • Enhanced resources in place for business analysis / data analysis to identify areas of improvement and change through data; • Innovation programme aligned to Value Based Healthcare principles; • Leading and empowering Improvement and Innovation built into the new Ignite, Aspire and Inspire leadership programmes; • Implementation of Care Group Improvement Faculties; • Medical Workforce & Nursing Workforce Productivity Programme established; • Speciality Teams across CTM are now regularly meeting to enhance shared learning amongst doctors. This will be enhanced further by the care group model currently being rolled-out; • Appointment of the Bereavement Clinical Lead to support the implementation of the All Wales Care of the Bereaved Framework and Pathways. • The Improvement Team have aligned resource to care groups and are meeting care group management on a monthly basis to discuss quality improvement activity. • The Deputy Executive Director of Nursing is a steering group member led by WG on the national safeguarding review for health, commissioned by the CNO. This will be due for completion in June 2024. • The Deputy Executive Director of Nursing is a steering group member, working with WG on a program of work following a	• HIW reports e.g. PCH Improvement Programme; • The Health Board is in the process of strengthening the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. Local governance of HIW actions will take place through our new Care Group quality and safety committees. The system will allow for the Care Group leads to have a dashboard of all their HIW Inspection activity and continuous monitoring of the improvement plans; an automated system is being explored for reporting and monitoring audit outcomes, the purpose of which is to strengthen the consistency of reporting internal audit, external audit and quality governance inspections and reviews. An update on progress was shared at the Audit & Risk Committee in December 2023. • Performance and Assurance Directorate of the NHS Executive governance and incident management; • Performance and Assurance Directorate of the NHS Executive Maternity and Neonatal SI closures; • Annual Undergraduate Review; • General Medical Council National Survey Feedback; • MSOP stood-down as of December 2022, oversight and scrutiny now conducted through internal Board mechanisms and to Welsh Government via IQPD and escalation meetings; • Positive IHI and Improvement Cymru visit feedback (autumn 22) as part of Leading for Patient Safety received and feedback to Board received; • National Safe Care Collaborative Programme Audit. Presented findings to the Board in December 22; • Following the completion of all tasks and actions set out during the escalation process, it was recommended that Ty Llidiard be de-escalated to Level 0 and out of escalation entirely. This was agreed at a meeting of the WHSSC Corporate

recent national report on Sexual Safety and associated safeguarding concerns. Research - Research & Development Programme Flow Efficiencies and Productivity - Speciality Teams across CTM are now regularly meeting to enhance shared learning amongst doctors. This will be enhanced further by the care group model currently being rolled-out. - Nursing Productivity Groups operational	Directors held on Monday August 14th. Routine performance monitoring meetings will be set up from September 2023 in line with the WHSSC Performance Framework.
Gaps in Controls and Assurances ~~Quality Strategy Action Plan to support deliverables~~	Mitigating Actions ~~Develop the action plan to support the Quality Strategy – ongoing. Timeframe: Update to be provided by 31st January 2024. Complete will be removed in the next iteration.~~
- Strategy & Framework Reviews and Development - Incident management framework - Safeguarding Strategy - IPC Strategy	Timeframes: - Review underway, timeframe end of January 2024. - Development of a strategy, timeframe end of March 2024. - Development of a strategy, timeframe end of March 2024.
Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation;	- Mortality Data Improving – should be in place by end of September 2023. Baseline position established by the end of September with dashboard development to follow in the coming months. Implementation delayed due to Digital and Data Team capacity constraints. Progress meetings scheduled with a new timeframe to be agreed. To further support the pace of this activity, the Medical Directorate have engaged the Chief Information Officer to support data intelligence. Data should be available for the purpose of analysis by April 2024. Progress being made, remains on track for April 2024. Proforma agreed – data validation in progress. - CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Executive to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS

	Executive are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting. Timescales dependent on external sources; • Ambition to develop live clinical quality dashboard – live for maternity and neonatal services– to be rolled out for other areas by the end of the financial year; Work in progress for other areas. • Improving Care Board has developed a portfolio of improvement programme and projects. Monthly governance meetings established. Move to control next period. • National Safe Care Collaborative Programme Audit recommendations and action plans led by IHI and Improvement Cymru – by the end of 2024;
• Raising awareness of staff responsibilities under the Duty of Quality and the Duty of Candour linking in with the actions arising out of the All Wales forum for which the Health Board is represented, which will include the development and roll out of training packages;	• The Health Board is represented on the programmes of work supporting the roll out of the Duty of Candour and Duty of Quality. Focus in terms of quality will be on the Code of Practice and the implementation of any training. Timescales: By April 2023, Training will be ongoing as required as the Act is embedded within the Health Board. Roadshows took place in September 2023 with excellent engagement with clinical leaders, all staff groups and services on the Duty of Quality and subsequent compliance. Completed. Data on Duty of Candour now routinely reported through weekly Executive Director Led Patient Safety Weekly meetings. Duty of Quality will continue to embed into services. This will move to a control in the next review.
• Feedback from staff and our communities on the ability to raise ideas, freedom and support to make change and empowerment. Holding engagement sessions for staff;	• Staff ideas scheme implemented (May 22) for raising ideas for improvement – to increase participation in 23/24 – Implemented. Ongoing and numbers increasing through the year. Onsite events planned for Quarter 1/ Quarter 2 2024-2025. • Improvement into practice training taking place every other month. • Permanent funding secured for PREMs and full deployment across the Health Board is planned. Further activity is also scheduled to increase awareness around the mechanism for sharing feedback using the

	"Have Your Say" process. Recruited and appointed to posts although post holders have not yet commenced.
Improving flow and efficiencies and productivity	Medical & Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.
Linked National Priority Measures	Current Performance - Highlights
Care Closer to Home 6. Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes; 7. Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months. Patient Safety Solutions Infection Prevention and Control - Six Tier One IP&C Targets; - National IP&C Guidance – to include implementation of respiratory and non-respiratory pathways; - NHS Wales National Framework – Management of patient safety incidents following nosocomial transmission of Covid-19. Children's Charter To reinforce children's rights and endorse CTM's commitment to upholding these rights within its services. Safeguarding - National Improvement Plan; - Further Mental Capacity Act (MCA) awareness being funded by Welsh Government along with measures to strengthen current Deprivation of Liberty Safeguards until MCA becomes the dominant legislation. - Independent Review (by HIW/CIW) being undertaken of CTM Region Safeguarding Boards in relation to Child Protection	Please refer to the following sections of the Integrated Performance Dashboard to triangulate risk, assurance and performance: - Cancer Standards; - Unscheduled Care; - Six Goals Programme (Emergency & Urgent Care, D2RA); - Waiting List Delays; - Mortality Indicators; - Tier 1 IP&C Indicators; - Nurse Sensitive Outcome Measures – Falls, Pressure Ulcers, medication administration; - Sepsis; - Mental Health Measures; - Putting Things Right Compliance; - Patient Safety Solutions compliance

Practices including the sharing of information.

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

New national nurse education standards

Dementia Standards - which include standards for inpatient hospital admissions.

NHS Wales Quality and Safety Framework: Learning & Improving.
Published by WG September 2021.

The Health & Social Care (Quality & Engagement) (Wales) Act 2020
Improving quality and public engagement in health and social care.

National Value Based Healthcare Strategy – alignment of CTMs programme of work to meet national priorities

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

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

Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
4907	Failure to manage Redress cases efficiently and effectively	16
~~4922~~	~~Covid-19 Inquiry Preparedness – Information Management~~ ~~Risk de-escalated from the Organisational Risk Register in March 2024.~~	~~16~~
5254	Failure to manage redress cases efficiently and effectively in respect of the Duty of Candour.	16
3133	Non-attendance at medical gas safety training and courses being rescheduled	16
4906	Failure to provide evidence of learning from events (Incidents and Complaints)	16
4417	Management of Security Doors in All Hospital Settings	16
~~3008~~	~~Unavailability of opportunities to train and maintain compliance with Manual handling training~~ ~~Risk de-escalated from the Organisational Risk Register in March 2024.~~	~~16~~
4908	Failure to manage Legal cases efficiently and effectively.	16
5646	Impact of Right Care Right Person approached. New risk escalated to the organisational risk register in January 2024.	16
3993	Fire enforcement notice – POWH Theatres	15
4691	New Mental Health Unit	15

4732	Lack of orthogeriatrician as NICE guidance and KPI1 NHFD	15

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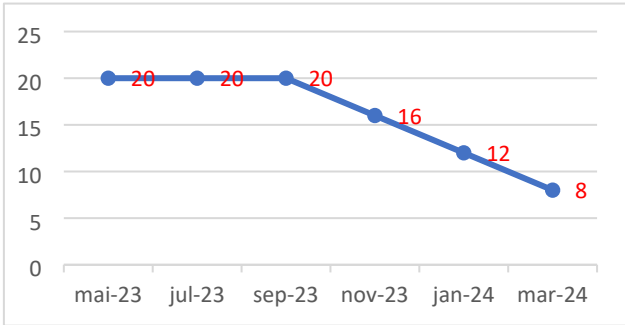
	Strategic Goals: Sustaining our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value based healthcare - Ensuring our estate is fit for the future	Risk score 8 12

Strategic Risk: **Finance Revenue Resource - (Risk No.3)**

If the Health Board fails to manage its revenue resources that are appropriate and sufficient for now and the future

Then we may fail to fulfil our financial and other statutory duties in 2023-24. In particular, failure to deliver the break-even Control Total for 2023-24 recently confirmed by WG.

Resulting in inability to fund planned improvements and new services, and increased regulatory scrutiny and enforcement. In particular, £51m of recurrent funding is conditionally dependent on delivering the break-even Control Total position for 2023-24.

	Consequence	Likelihood	Score	Risk Score Trend this Period: ↓ Risk score reduced. Risk to close as at March 2024 as target score reached.														
Initial	4	5	20															
Current	4	2 3	8 12															
Target	4	2	8															
Risk Appetite	Minimal (financial stability) Cautious (legal and regulatory)			Risk Score Trajectory  <table border="1"><thead><tr><th>Month</th><th>Score</th></tr></thead><tbody><tr><td>mai-23</td><td>20</td></tr><tr><td>jul-23</td><td>20</td></tr><tr><td>sep-23</td><td>20</td></tr><tr><td>nov-23</td><td>16</td></tr><tr><td>jan-24</td><td>12</td></tr><tr><td>mar-24</td><td>8</td></tr></tbody></table>	Month	Score	mai-23	20	jul-23	20	sep-23	20	nov-23	16	jan-24	12	mar-24	8
Month	Score																	
mai-23	20																	
jul-23	20																	
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jan-24	12																	
mar-24	8																	
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				The Health Board's M10 Finance report is forecasting that the Health board will achieve the break-even Control Total set by WG for 2023-24. The risks to achieving this forecast position have also reduced since M9.														
Risk Treatment Assessment i.e. Treat, Tolerate, Transfer etc.				The target score for this risk has now been reached.														

Risk Lead	Executive Finance	Director of	Assurance committee	Planning, Performance and Finance

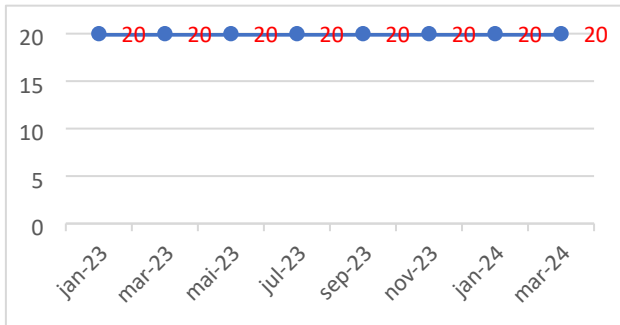
Controls	Assurances reported to Board and committees			
Financial Management - Budget setting process - Budgetary control and management accounting - Standing Financial Instructions - Scheme of Reservation & Delegation - Local Counter-Fraud Service - Monthly financial performance reviews for Care Groups and corporate directorates - Recovery plans for financially challenged services accompanied by enhanced monitoring and support	Financial Management - Annual Report and Accounts - Monthly Finance Reports - Monitoring Returns to Welsh Government - Internal Audit Programme - External Audit Programme - Losses and Special Payments Report to Audit & Risk Committee			
Gaps in Controls and Assurances	Mitigating Actions			
Finance Understanding of budgetary control and procurement processes in some services	Finance - Mitigation Actions for Gap 1: - Deliver training to budget holders within Care Groups/Directorates – <i>ongoing, for completion by end 2022. Ongoing throughout 2023-2024.</i> - Deliver procurement training to departments where compliance with procurement processes is low - ongoing, for completion by end 2022. <i>Ongoing throughout 2023-2024.</i>			
A recognised risk of shortfalls in savings delivery	- Mitigation Actions for Gap 2: - Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. <i>Ongoing throughout 2023-2024.</i> - Developing a more a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. <i>Ongoing throughout 2023-2024.</i> - Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. <i>Ongoing throughout 2023-2024.</i> ~~Allocating the £8m improvement target to Care Groups and developing robust~~			

	~~savings plans for the Care Groups to deliver a £8m improvement from their recent M6 forecast year-end overspends. Completed. This will be removed on next iteration.~~
Linked National Priority Measures	Current Performance - Highlights
Workforce 23. Agency spend as a percentage of the total pay bill Public Sector Prompt Payment (PSPP) Performance	The M10 YTD position is a £1.1m deficit and the M10 year-end forecast is a break even position. The M10 YTD savings position is a deficit of £0.2m. The forecast savings in 23/24 is £27.9m, which represents a £0.6m surplus compared to the annual target of £27.3m. The M10 agency spend was £3.4m (M9: £3.8m). The M10 YTD agency spend is £40.1m which represents 6.8% of the M10 YTD total pay spend of £586.3m. Cumulative PSPP performance at M10 was 97.3%, which is above the 95% target.
Were there any significant incidents affecting this strategic Risk this period:	

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
5427	~~Failure to reduce the planned recurrent deficit of £79.6m at the end of 2023-2024. Risk score reduced to a 12 in March 2024.~~	~~12~~ ~~16~~
	Risk de-escalated from the Organisational Risk Register in March 2024.	

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Strategic Goals: Sustaining our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value based healthcare - Ensuring our estate is fit for the future			Risk score 20
Strategic Risk: - Sufficient workforce to deliver the activity and quality ambitions of the organisation (Risk No. 4)			
If the Health Board fails to identify and plan for its future workforce requirements, and to promote CTMUHB as an attractive place to work	Then we may fail to recruit and retain staff with the right skills and experience	Resulting in Loss of skills and talent, staffing shortages which adversely affect the quality of care and employee experience and prevent us from delivering services fit for today and tomorrow	

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change as at March 2024  Risk Score Trajectory <table><caption>Risk Score Trajectory Data</caption><thead><tr><th>Period</th><th>Score</th></tr></thead><tbody><tr><td>jan-23</td><td>20</td></tr><tr><td>mar-23</td><td>20</td></tr><tr><td>mai-23</td><td>20</td></tr><tr><td>jul-23</td><td>20</td></tr><tr><td>sep-23</td><td>20</td></tr><tr><td>nov-23</td><td>20</td></tr><tr><td>jan-24</td><td>20</td></tr><tr><td>mar-24</td><td>20</td></tr></tbody></table>	Period	Score	jan-23	20	mar-23	20	mai-23	20	jul-23	20	sep-23	20	nov-23	20	jan-24	20	mar-24	20
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Target	5	4	20																			
Risk Appetite	Minimal (<i>financial stability</i>) Cautious (<i>quality and safety, (legal and regulatory)</i>)																					
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i> This risk is complex and reflects recruitment & retention challenges across health and social care on a local, national and international scale. Therefore, although we are “treating” this risk it is recognised that significant progress on this will not be achieved in the short term. As additional context in regards to the use of temporary staff, in August 2023, a moratorium on use of administrative agency was implemented across the health board, to include existing administrative agency engagements. Furthermore, there was a cessation of Health Care Support Worker (HCSW) agency usage from 1st October 2023.																						

	with an ongoing review of breaches/exceptions.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	This risk will be treated and managed through the expansion of programmes of work focused on strategic workforce planning, transformation and attracting/ recruiting/ developing/ retaining our workforce.

Risk Lead	• Executive Director for People	Assurance committee	• People and Culture

Controls	Assurances reported to Board and committees
Recruitment - Vacancy Scrutiny Panel. - Bank improvement action plan underway - Online recruitment through TRAC Overseas International recruitment of clinical professionals - Pathways to Employment programmes (Project Search/Supported Internships, apprenticeships, Network 75, Jobs Growth Wales +, Graduate Activity) alongside NHS graduate training schemes - Living Wage employer status - Medical Recruitment plan in development Retention - Engagement in All Wales Nursing Retention group, alongside launch of local group - Retaining and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan & HEIW Retention Resources launched 25th September with local plan developed including key areas of focus. - Career development opportunities, e.g. Apprenticeships, Qualifications & in-house learning and development offer e.g. Leadership & management programmes - Moving on questionnaires under review with aim of increasing completion rates and providing us with a valuable data source on turnover. - Lateral Moves Scheme for Band 5 Nurses under development and Midwives launched in February 2024. January Spring 2024 launch of new All Wales Flexible Working Policy with accompanying promotion and implementation of oversight mechanism.	- Workforce and Organisational Development Metrics report (includes key performance indicators such as staff in post, turnover, sickness) which is regularly reported to the CTM to People & Culture Committee. Data also included in Integrated Performance Report to the Board. Reporting also via Nursing Productivity and Medical Productivity into Values & Effectiveness Board. - Bank improvement plan and Overseas International recruitment for nursing are standing agenda items at Nurse Productivity. - Medical Productivity meeting includes workstreams on vacancies & recruitment, agency spend, job planning, alternative models and sickness absence. - Annual Education Commissioning Submission and IMTP Chapter and MDS. - Quarterly data return submitted to Welsh Government for NHS vacancy statistics - Suite of BI People dashboards launched, and bespoke Medical and Nursing ones under development. These have been well received, giving easy access to timely, relevant and accurate People data to inform decision-making. - Strategic Workforce Planning identified as a key area of focus for Inspiring People Board.

- Wagestream as a mechanism for regular pay
- Organisational Induction launched
- PDR "Your Conversation" promoting safe and productive environments for managers to interact with and listen to their staff

Temporary staffing solutions

- Medical Bank
- Modernised processes for Bank workers with service improvement project underway
- Locum Managed Service Agreements

Day-to-day management of staffing levels

- Electronic rostering
- Medical job planning
- Sickness absence management process

Workforce Planning

- Head of People Analytics commenced in January 2024.
- Attraction and Resourcing Lead commencing 4 March 2024 to develop and shape a forward-thinking Attraction and Resourcing Strategy for Cwm Taf Morgannwg (CTM) based on best / evidence-based practice.
- Health Education Improvement Wales (HEIW) Workforce Planning Tool and Skills for Health modelling tool
- Establishment Control being explored
- Development of CTM approach to workforce planning Development of tool to for workforce modelling/forecasting, including projecting the impact of interventions. Internal action plan and next steps underway with updates via the Inspiring People Board.
- 13 Physicians Associates allocated for 2024 ~~this year's~~ intake- building on our commitment to expand into alternative roles
- Attendance at Careers Fairs with learning to inform future attendance.
- Work experience pathway established
- New People data dashboards in place launched across Care Group, giving access to timely, accessible, relevant and

accurate People data to inform decision making. Nursing Data Dashboard in development with the first phase due to be launched on 1 April 2024.	
Gaps in Controls and Assurances	Mitigating Actions
Workforce Planning - Workforce Planning process not yet in place – currently at very early stage - Establishment control not in place and ongoing challenges in vacancy reporting	Appointment to Head of Workforce Planning post, Head of People Analytics post Attraction & Resourcing Lead commencing 4 March 2024 and Retention Lead appointment in process. Designing and developing an all-encompassing workforce planning approach. This will include establishment control and improved workforce analytics - to ensure we understand whom CTM has and who it needs, to improved attraction and recruitment approaches to employ the best people from the widest possible pool. The ~~creation~~ appointment of a new People Analytics role will support the enhancement of our people data (quality & provision), analytics and intelligence. This will support the development of our workforce both for now and the future. The following Workforce Planning activity is also now underway: ~~Commenced strategic workforce planning training with Heads of Therapies on 2nd October with a follow up session held on 6th December 2023. A further session to be scheduled in February 2024 to continue to build the workforce plan.~~ ~~First strategic workforce planning session for Regional Ophthalmology on 17th October 2023 with a follow up session on 16th January 2024 to discuss data and skills mapping.~~ ~~Neonatal SWP was due to commence Nov/Dec but now to be held at the end of February 2024.~~ - Neonatal SWP workshop held on 26 February 2024 with a further workshop to build the plan scheduled for May 2024. - The Health Board is building a framework for local, operational workforce plans that minimise vacancies and optimise the skills

	of the existing workforce to ensure opportunities to grow our own are maximised. • This strategic lens approach will drive consideration of the shape of the workforce, seamless workforce models that are multi professional and multi-agency and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace. • The plans under development will consider all the above, alongside workforce trends and horizon scanning, to inform consideration of future models of care and an understanding of the skills and capabilities needed and education required to deliver the future health needs of the CTM population. • Alongside development of our approach to workforce planning we are also developing a framework regarding new roles • Establishment of PA Working Group • Development of action plan for HCSW Assistant Practitioner Band 4 nurse role and Associate Nurse once announced by the CNO. • Workforce planning alignment to the ACSP to promote opportunities to maximise workforce productivity, integrated working, redesign and new role developments. • Establishment control options paper in development incorporating lessons learnt from other HBs in Wales to inform the options. This should be finalised for consideration in the first quarter of 2024.
Recruitment & Retention • The Health Board does not currently have a signed off Recruitment & Retention Plan.	• Action plan has been on the 10 HEIW retention themes. We are also represented and actively engaged in the all Wales Retention Group. • Retention updates being provided on an ongoing basis via the People and Culture Committee. • Retention Group established and Retention Lead appointment underway.
Linked National Priority Measures	Current Performance - Highlights
Workforce • 23. Agency spend as a percentage of the total pay bill • 27. Percentage sickness rate of staff	The following key metrics are set out within the Workforce and Organisational Development Metrics section of the Integrated Performance Report:

- Turnover remains high within the Health Board (11.86% in January 2024) this is an agreed area of focus for the Retention Group and Lead once in post to develop initiatives to reduce turnover and to encourage staff to stay.
- The number of job plans for consultants and other senior doctors needs to be improved.
- Sickness absence currently high reporting as 7.30% in December 2023; Rolling 12 months' rate for the same period was 6.78%

	Dec-23 Absence FTE %	Rolling 12 Month Absence FTE %
Add Prof Scientific and Technic	3.44%	4.07%
Additional Clinical Services	9.82%	9.52%
Administrative and Clerical	6.18%	5.46%
Allied Health Professionals	4.65%	4.34%
Estates and Ancillary	11.90%	11.13%
Healthcare Scientists	3.00%	4.72%
Medical and Dental	2.35%	2.47%
Nursing and Midwifery Registered	7.43%	6.51%
Students	4.28%	3.61%
Grand Total	7.30%	6.78%

- Staff in post stands at 12,764 headcount and 11,142.60 FTE as at 31st January 2024

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

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

None identified for inclusion in the BAF Report.

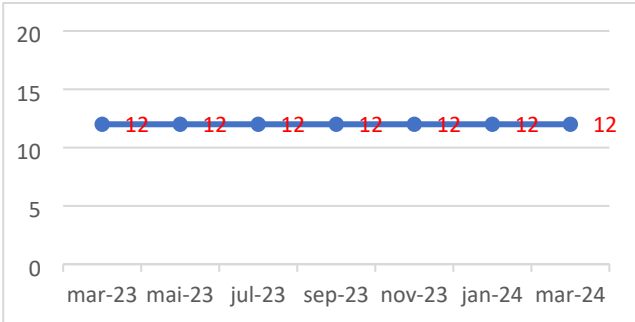
Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
4827	~~Lack of lead for Face Fit Training along with Face Fit Trainers~~ Risk closed March 2024.	20

4780	Patient Handling Training. Risk rated as a 16. Risk closed March 2024.	20
5640	Potential Junior Doctors Industrial Action	20
2713	Backlog of reporting radiology examinations. Risk score reduced in January 2024.	16
5658	Lack of Dietetic service provision to Princess of Wales Critical Care. New risk escalated to the Organisational Risk Register in March 2024.	16
4809	Non Compliance with Mandatory Violence and Aggression Training	15
4080	Failure to recruit sufficient medical and dental staff	15

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	Strategic Goal: Creating Health - Reducing health inequalities - Equal focus on mental and physical health - Supporting our communities - Being a healthy organisation	Risk score 12
Strategic Risk: Community & Partner Engagement - (Risk No.5)		
If the Health Board does not engage effectively with our population to understand their needs, and with partners in local government social care and the third sector, to understand their viewpoints	Then we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy	Resulting in - Lack of trust between the community and the Health Board. - Loss of opportunity to build relationships and create an inclusive environment where people connect, collaborate, and share ideas. - Challenge to public decisions relating to future service developments due to limited engagement - The inability to affect positive change in terms of improving health inequalities and health outcomes.

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change as at March 2024  Risk Score Trajectory 
Initial	4	5	20	
Current	4	3	12	
Target	4	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				This risk remains unchanged, as engagement with communities and partners is ongoing.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk is being actively managed via the communications team and wider engagement. As above, we will need to tolerate the fact that management of the risk will need to be ongoing.

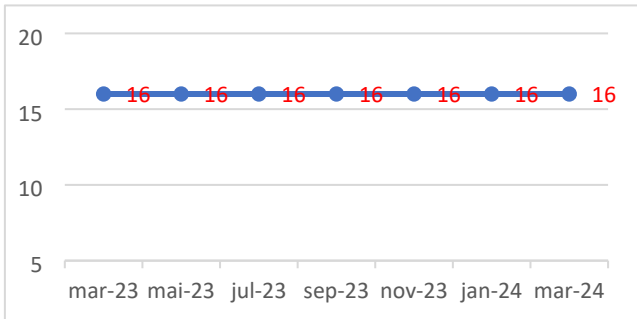
Lead Director	Director of Communications, Engagement & Fundraising.	Assurance committee	Population Health & Partnerships Quality & Safety Committee (Experience element) People & Culture Committee (Values Behaviours)

Controls	Assurances reported to Board and committees
Strategies & Plans • 2030 Strategy – ‘Our Health Our Future’ • Implementation of key actions in the Population Health Plan approved by Board in May 2021. <i>Framing and incorporating these actions as part of the Unified Transformation Programme – Creating Health. Completed</i> • Public Engagement Plan for ‘Our Health Our Future’ • Becoming an Engaging Organisation • Work programme set out in ‘Becoming a Population Health Organisation: a discussion and options paper for Board’, May 2021 Engagement Forums • Regional Partnership Board • Public Service Board • Area Partnership Board • CTM2030 Leaders Groups • Acute Clinical Services Plan – Senior Leaders Group • Hybrid Staff Q&A • Stakeholder Reference Group • Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well • Engagement with community groups by Lead Independent Members • Links with Llais including representation on Board • Regular joint executive meetings with the three local authorities • Accelerated Cluster Development Programme Board – engagement across Primary Care • Health and Social Care Integration Board • Forum with local authority Chief Executives to address health inequalities	Board Development Session – held on the 14th December 2023 in relation to community engagement and the maturity journey for the Health Board in further developing its approach to being an engaging organisation. Routine discussions with Board undertaken in relation to the engagement strategy for the Acute Clinical Services Plan. Reports to other committees • Community Health Council briefing papers to Quality and Safety Committee • People & Culture Committee consider reports in relation to culture and behaviours.

- Community Voluntary Councils (Interlink RCT, BAVO, VAMT) - OPAG (Older Person's Advisory Committee) - CTM 50+ Forums - Maesteg Stakeholder Reference Group - Partnership with CTM WISE (Wellness Improvement Service) - Regional Mental Health Forum - Partnerships with colleges and education providers Needs Assessment & Consultation Processes - Population Needs Assessment (Regional Partnership Board) - Formal consultation processes for service reconfiguration, e.g. vascular Organisational Structures - Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars	
Gaps in Controls and Assurances	Mitigating Actions
Review the Becoming and Engaging Organisation Strategy	- Revisit to ensure the principles support the direction of travel, particularly there consistency and alignment with the ACSP engagement strategy, - Board Development Session reviewed the strategy on the 14th December 2023, outputs of which will now be taken forward. - Engaging with the Consultation Institute to develop and embed robust systems and processes within the Health Board for managing consultation. Work has begun with the consultation institute to improve our understanding of our stakeholders and the risks associated with service change. Timeframes: 1st July 2024.
Linked National Priority Measures	Current Performance - Highlights
	Staff Survey Outcomes still awaited – anticipated for April 2024. Feedback from CTM Leaders Forum Shared Listening and Learning Stories
Were there any significant incidents affecting this strategic Risk this period:	
None identified for inclusion in the BAF Report.	
Associated Risks on the Organisational Risk Register	

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	Strategic Goal: Improving Care • Delivering safe and compassionate care. • Developing new models of care. • Digital transformation for patients and staff • Ensuring timely access to care		Risk score 16
	Strategic Risk: Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.6)		
If the Health Board does not accelerate its journey in becoming a digital and data organisation, that demonstrates an embedded culture of working digitally, organisational agility and strategic and functional clarity underpinned by operational sustainability	Then We will be unable to design and execute a Health Board wide strategy to transform services that are tailored to meet the needs of our people and our communities.	Resulting in Continuing health inequalities and poor population health outcomes, an inability to transform our cost base and our service design, which will result in slow progress towards improving our population's and patients experiences, and continue to constrain our ability to work seamlessly across our region.	

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score in March 2024.  Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (data and information; legal and regulatory)			
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				Progress continues to be made in improving the: - digital & data structure - security and protection of our data and digital assets. - digital infrastructure across some sites - standardisation of digital tools - Approval of the business case for e-prescribing - the advancement and availability of our clinical information. - the advancement our clinical information

	- Consolidation of the clinical systems in the Bridgend disaggregation - Development of a programme of work for patient centred contact - The Health Board continues to manage its information and digital debt on a risk-based basis. The Health Board still has vulnerabilities that need to be managed. A recent cyber-attack on a supplier that delivers critical digital services to the Health Board demonstrates the magnitude and likelihood of the risk that we face in providing secure and resilient digital services and in protecting the sensitive data we hold on behalf of our patients and population. This risk score has been reviewed and the assessment is that it remains unchanged from a score of 16 on this review.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is considered that the Health Board is continuing to 'Treat' this risk as it has a number of actions it is taking forward to mitigate this risk.

Risk Lead	Director of Digital	Assurance committee	Digital & Data
Controls		Assurances reported to Board and committees	
- Digital & Data Strategy - Population Health Strategy - Digital & Data Delivery Programme - IT Infrastructure Review - Digital Delivery Board - Digital Investment Fund - Information Security, Records Management and Information Governance Policies and Improvement Programmes - Project Portfolio Board		Reports to Digital and Data Committee - All-Wales Information Governance Toolkit and ICO Audit Review. - NIS-D Cyber Assessment Framework and Improvement Plan (CRU). - Digital Programme Assurance Report - Internal Audit Reports - Coding Improvement Plan - Bridgend Aggregation Programme - Medical Records Assurance Report Reports to other committees - Progress updates against Population Health Strategy - Planning, Performance & Finance	
Gaps in Controls and Assurances		Mitigating Actions	
Closing the gap in Digital Helplessness		Investment required in training resources to embrace and use existing technology, digital tools and basic troubleshooting. Publicise and expand the use of digital	

	material already available. Included within the IMTP Proposal – funding to be determined Timeframe: 2-3 year programme of work.
Training and Awareness Programme	Resources required to prioritise the development of a training and awareness programme. Included within the IMTP and identified as a requirement within the functional proposal for Digital & Data Timeframe: 2-3 year programme of work.
Maintaining a healthy cyber posture	Delivery of the cyber improvement plan (business sensitive) Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint.
Tested and integrated cyber incident management plan	Continued testing of our cyber incident plan with periodic table-top exercises. Working in conjunction with the Health Board emergency planning lead to ensure greater understanding of risk to service delivery (from a service perspective) and with external service providers most notably SBHB, DHCW and the private sector Timeframe: This action will not have a specific timeframe as this activity will be subject to undergoing periodic testing and iteration of the management plan.
Develop a baseline Asset Register and product catalogue	Development and maintenance of our asset register and product catalogue as part of NIS-D and data protection improvement plans. Cyber Resilience Unit's Assessment of our organisation's maturity will take place throughout the week of the 18th – 25th March 2024.
Poor adherence to policies	Recognised requirement for policies to balance enablement with protection. National discussions ongoing as to whether national policies should be 80:20 based, so that local circumstance can be incorporated within policies, improving adherence. This needs to be undertaken alongside increased training and awareness of policies as part of the OCP process. Timeframe: It is anticipated that this activity will take 24 months to complete recognising the need to ensure it is managed through the new Care Group Structure.

Insufficient capital and revenue resource allocation and the capacity of the skilled workforce – exacerbated by the short-term nature of funding and seldom meets post implementation requirements.	Prioritise existing resources and available funding to meet the highest risk areas. We have allocated additional revenue resources this year and a recruitment plan is forming Timeframe: No timeframe set as this action is dependent on external parties. There remains a gap in Capital revenue which is a continuing National challenge that organisations are facing.
Integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board	- Programme agreed with WG, DHCW and Swansea Bay University Health Board and year 1 delivery exceeded milestones. Year 2 ongoing however constraints exist most notably with regards to availability of capital funding. - Timeframe: 2-3 year programme of work.
Lack of an open architecture	- As part of the review of our EPR strategy, we are working with WG, Health Board partners and national services to develop existing commitments for delivery of an open architecture for NHS Wales and exploring alternatives for addressing gaps in functionality. - Consideration of the UHB's requirements for clinical and administration management to be undertaken and incorporated into the architectural design and EPR strategy. - Ongoing development of UHB's own clinical data repository to nationally agreed technical and data standards - Increasing representation for National Data Resource programme to accelerate benefits realisation Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.
Widespread non-adherence to data standards	- New clinical applications are now required to meet data and technical standards. - A clinical safety assurance process has been described and tested, to support an options appraisal. - Education and Training required for staff to develop their data literacy - Seeking further assurances from DHCW for roadmap that will see their products come into compliance with standards. - Improvement and greater multi-disciplinary management of the changes to service models, counting practices and

	consequent impact on measures which carry significant effect on both the efficiency and reputation of the Health Board (e.g. mortality rates and quality measures, income, bed capacity planning) is required Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.
Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales	Need to develop a more robust SLA and contract monitoring and management process for critical suppliers. Timeframes – 1 Year. The Health Board is in a planned programme of work with the relevant critical suppliers to ensure delivery against key objectives in year 1)
Capacity within current team to deliver digital transformation agenda	- Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities - Adoption of self service for basic Business Intelligence - Recruitment to vacant posts. - Resources required for UHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exists when compared to other HBs and DHCW Timeframe: 31.3.2024 - Additional resources are being added to the team this year with a view to getting a complete baseline. Modification of roles within existing capacity underway. Transformation roles will be recruited in response to digital medicines programme.
Delayed delivery of the digital patient notes programme	- Increased activity by outsourcing day forward scanning - Timeframe: 2-3 year programme of work.
Resourcing of Information Governance (IG) function within the Health Board	Mitigated, with both teams having successfully recruited to the full and enhanced establishments. ~~Ongoing challenges with meeting minimal operating requirements in Information Governance, however this is expected to improve with additional resource.~~
No function within the UHB focussing on benefits realisation	This function is identified within the Digital Transformation function which will be developed during 2023/2024. Now needs to be resourced as the Health Board moves into 2024-2025.

Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record	~~EPR Digitise programme continues to deliver, for e.g., Nursing and inpatient documentation increasingly being digitalised. See below action that replaces this item.~~ - Scoping of a business case to implement an integrated health record complemented by a digitally enabled patient centred contact programme is now the focus for the Digital and Data team. Board Development session planned for March 2024 to outline progress. - National data resource programme has delivered University Health Board's clinical data resource, which supports capture and transfer of clinical information in line with common language, terminologies and standards. - Proposal being made to the Digital Services for Patients & the Public which will enable the use of the NHS Wales patient portal and secure, authenticated digital communications between patients and clinicians in line with technical, information and clinical safety standards. Timeframe: 2-3 year programme of work.
Recruitment challenges due to short term funding allocations leading to an increased use of contracting arrangements.	Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Integrated Medium Term Plan (IMTP). Timeframe: Additional resources are being added to the team this year however recurrent funding is still a challenge for some of the National Programmes.
Information Commissioner Office (ICO) Audit planned to be completed March 2023.	Mitigated - ICO have signed off their audit engagement with CTMUHB as completed and satisfied sufficient plans are in motion.
Linked National Priority Measures	Current Performance - Highlights
Digital and Technology National Clinical Framework (WHC 2021/03) Welsh Government, March 2021), Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021) Value Based Health and Care	- Risk of failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025 remains on the organisational risk register with a risk score of 20. Dedicated resourcing continues to be a challenge for the deployment and additional funding routes need to be identified. - Risk relating to Dual deployment at CTM of both RISP and LINC Programme

Coding standards	Systems mitigated with rating reduced from 16 to 8 • Critical infrastructure programmes delivered at YCR, PCH and POW sites • Delivered ETR into radiology across CT, POW have gone live with 60 staff across 5 specialties (14500 electronic requests a month). • Open Eyes (national eye care clinical application) live for all Glaucoma clinics at POW, Maesteg and YCR. • Prescribing for Secondary Care has an approved Business Case by the Health Board, awaiting outcome of Welsh Government Investment Panel. • Electronic scanning of paper records continues to remain within the 48-hour window of a clinical activity, required to meet patient safety. • 97% of finished consultant episodes are being recorded within a month. Accuracy of procedure and diagnosis codes assured by DHCW at over 95% accurate at 4th digit.

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

Critical incidents under NIS-D:

22/02/2024	External Supplier suspected of a Ransomware attack.
24/02/2024	Ty Elai Contact centre external telephony outage – Reported as 5-hour outage for patient contact numbers and 111 triage.
30/01/2024	PSBA (Internet) outage for 90 minutes – affecting cloud based clinical services.
25/12/2023	FUJI load balancer failing resulting in CT scans not being uploaded to PACS for 6 hours
18/12/2023	Short period losses of WCP access due to DHCW web service failure (extended into 19/12/2023)

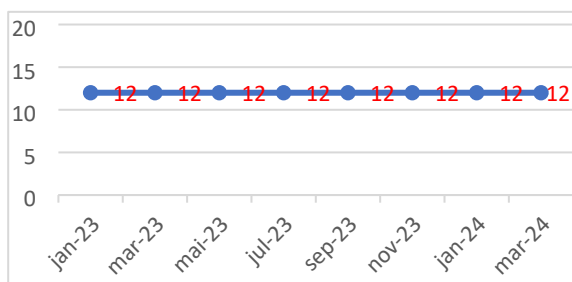
Strategic risk assessment	Holding information securely and confidentially	Effective governance, leadership and accountability	Obtaining information fairly and efficiently	Recording information accurately and reliably	Using information effectively and ethically	Sharing information appropriately and lawfully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

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
5276	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025.	20
4664	Ransomware attack resulting in loss of critical services and possible extortion	20
5669	Increased cost of Citrix Subscription. New risk escalated to the Organisational Risk Register in March 2024.	16
4337	Integrated Patient Records across the Health Board	16
4671	NHS Computer Network Infrastructure unable to meet demand	16
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	15
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	15
5040	Digital Healthcare Wales (DHCW interdependencies	15
4699	~~Failure to deliver a robust and sustainable Information Governance Function-Risk de-escalated from the Organisational Risk Register in March 2024.~~	15

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	Strategic Goal: Inspiring People • Viable and inspiring leadership • Promoting diversity and inclusion • Embedding our values and behaviours • Encouraging local employment	Risk score 12

Strategic Risk: Leadership and Management – (Risk No.7)		
If we fail to provide compassionate and effective leadership at all levels of the organisation and all professions to empower and enable our workforce	Then there will be lack of confidence to enable informed decision-making at the appropriate level and to implement organisational change	Resulting in lack of commitment and engagement, poor communication, deterioration of staff wellbeing, and difficulty in recruiting and retaining the staff we need

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change as at March 2024 Risk Score Trajectory <table><caption>Risk Score Trajectory Data</caption><tr><th>Period</th><th>Score</th></tr><tr><td>Jan-23</td><td>12</td></tr><tr><td>Mar-23</td><td>12</td></tr><tr><td>May-23</td><td>12</td></tr><tr><td>Jul-23</td><td>12</td></tr><tr><td>Sep-23</td><td>12</td></tr><tr><td>Nov-23</td><td>12</td></tr><tr><td>Jan-24</td><td>12</td></tr><tr><td>Mar-24</td><td>12</td></tr></table>	Period	Score	Jan-23	12	Mar-23	12	May-23	12	Jul-23	12	Sep-23	12	Nov-23	12	Jan-24	12	Mar-24	12
Period	Score																					
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Mar-24	12																					
Initial	4	4	16																			
Current	4	3	12																			
Target	4	2	8																			
Risk Appetite	Cautious (assets; trust and confidence)																					

Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>	CTM's bespoke leadership and management development programmes were designed in direct response to Targeted Intervention. The risk score was reduced in January 2023 reflecting the leadership development opportunities that are offered across the Health Board. Although the Leadership and & Management Programmes provide the foundations, a wider offer within the Health Board is still in development. Further work is now required to embed the offerings and further enhance leadership capacity and capability. Through an extended, more integrated leadership development offer, the aim is to raise the profile of leadership on a wider level, engaging staff at all levels with leadership activity.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	The risk will continue to be treated, as the Health Board strives to set the underpinning

	principles, initiatives and frameworks that shape and inform leadership at CTM.

Risk Lead	Executive Director for People	Assurance committee	People and Culture

Controls	Assurances reported to Board and committees
Leadership Development - Three in-house programmes creating a fully functioning leadership development pathway for all staff. - Work ongoing to scope and design a wider leadership development offer, using the three existing programmes as a baseline. This will specifically target the upskilling of leaders in response to the Phase 2 organisational restructure. Details of these programmes will be shared via a paper to Executive Leadership Group in Q4 2024. - Board Development Programme – A session has been completed with Board exploring CTM leadership and similar sessions held with Senior Care Group Leads and Assistant & Deputy Directors in February 2023. - Board Development Session 24th August 2023 – Compassionate Leadership. - Learning partnerships with University of South Wales, the Institute of Leadership and Management, HEIW, The Kings Fund and Academi Wales - HEIW Compassionate Leadership Programme launching in 2024. - Establishment of Leadership Coaching & Mentoring Network - Leadership and Culture Workshops for executives and senior leadership teams - Specific & targeted leadership development work within specific services, e.g. Maternity - Launch of Leadership Competency framework. - Training development between DoTHS and University of South Wales to deliver identified leadership priorities for AHP & HCS leads. The November session was held and a training schedule is now in place for 2024.	Internal Assurances - Inspiring People Board established and scheduled for each quarter - Workforce and Organisational Development metrics report - Employee Relations Update - Medical Workforce and Efficiency Report - Statutory and Mandatory Training Compliance Report - Targeted intervention process incorporated as business as usual. - Annual Wellbeing surveys undertaken, last one launched in May 2023. - Internal Audit to take place in January 2024. - PDR – <i>Your Conversation</i> training package launched October 2022 - Living Wage Employer Status – achieved in February 2023. - Disability Competent Leader awarded in February 2023 for a further three years. External Assurances - Teaching Hospital status renewal - Corporate Health Standard Gold accreditation received in February 2023. Platinum assessment achieved in March 2023, awards will be retained for the next three years following which the awards will cease to exist. - National Staff Survey closed December 2023, awaiting results from HEIW - Improved levels of leadership accreditation in staff gaining external qualifications (ILM/CMI).

- Leading through Change Programme launched in October 2023 to support Leaderships going through OCP – this includes focus on Compassionate Leadership, Restorative, Just & Learning Principles, Leading Inclusively and managing wellbeing.
- Leadership Competency Model used during OCP is being reviewed to align to Values & Behaviours and wider Culture work; with input from Subject Matter Experts for each categories. This will then be aligned to psychometric methodology to support development and will be aligned to the revised leadership development programmes

Leadership Engagement with the workforce

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

Employee Wellbeing

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

Gaps in Controls and Assurances

- Full implementation of leadership development programmes and embedding in practice
- Measuring impact of Organisational Development interventions

Mitigating Actions

- Working with Care Group leads to drive accountability and uptake of programmes across the Care Groups, integrating with local development plans in-line with Phase 2 organisational restructure.
- Quantitative data around engagement and completion of the programmes is shared

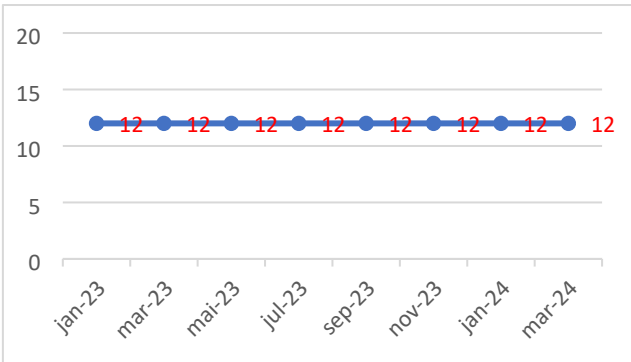
	with Care Group/ Directorate Leads via the Heads of People on a monthly basis. • Evaluation of the leadership development offer is continuous, with an evaluation framework embedded into the programmes. This data supports an internal audit being carried out by Shared Services, which commenced in January 2024. • ~~Following an interim, post-implementation evaluation report which was completed before the re-launch in October 2022, a follow-up evaluation and impact report is being undertaken in January 2024. This will support an internal audit being carried out by Shared Services in January 2024.~~
• Improved accessibility to leadership and management toolkits via an online repository, in partnership with HEIW.	• L&D have designed and launched the new CTM Leadership Portal, in collaboration with HEIW and hosted on HEIW's Gwella site. This acts as a virtual central space for all leadership development activity within the Health Board. • This includes facilitating all programmes via the Gwella Learning Management System, bringing an annual cost saving of £40k and further aligning the Health Board's offer to HEIW's resources. • The aim of this is to increase visibility and accessibility of CTM's leadership offer, whilst also providing a space to collaborate with other services to establish a wider range of leadership development pathways (e.g. managing wellbeing at work). • The Health Board also continues to inform the new Compassionate Leadership programme being developed by HEIW.
Linked National Priority Measures	Current Performance - Highlights
Culture, Values and Behaviours • Percentage of staff who report that their manager takes a positive interest in their health and wellbeing • 26. Percentage compliance with all Level 1 competencies of the Core Skills and Training Framework by organisation • 27. Percentage of sickness absence rate by staff	This question is not specifically asked in the Wellbeing Survey. We know that, on average, 56% of referrals to Vivup are from Managers. Please refer to latest performance dashboard information under the people services section.
Were there any significant incidents affecting this strategic Risk this period: None identified for inclusion in the BAF Report.	

Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score

[Click here to go back to the summary Section](#)

	Strategic Goal: Inspiring People • Viable and inspiring leadership. • Promoting diversity and inclusion. • Embedding our values and behaviours. • Encouraging local employment	Risk score 12
Strategic Risk: Culture, Values and Behaviours – (Risk No.8)		
If the Health Board fails to put the values of the organisation into practice	Then we will not have a culture that embraces inclusion, openness, innovation and teamwork	Resulting in poor experience for staff and patients alike, diminishing the trust and confidence of our population

	Consequence	Likelihood	Score	Risk Score Trend this Period:	
Initial	4	4	16		
Current	4	3	12	No change as at March 2024	
Target	4	2	8		
Risk Appetite	Cautious (<i>assets; trust and confidence</i>)			Risk Score Trajectory	
					
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				The score remains unchanged although progress continues to be made as the Health Board's values and behaviours become increasingly embedded and work on culture becomes more defined with a focus on how we are working to address inequalities within CTMUHB.	
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk will be treated and managed through the expansion of programmes of work that supports culture change – this is following a Culture Current State Analysis which was undertaken during the Summer 23 and a framework for a draft Culture Plan developed. Strategic Equality Plan (SEP) consultation now closed and a draft action plan has been developed. The SEP underpins the health board's strategic goals and aims to create an inclusive environment that welcomes diversity and helps to build a workforce that better	

	represents our communities. Both the Culture Plan and the SEP were taken to the 8 Nov 2023 People & Culture Committee and was discussed at the Inspiring People Board on 1 Nov 2023. A socialisation programme will be undertaken from April 2024 following a Board Session on Culture in Feb 2024 and sign off in March 2024 alongside the SEP.

Risk Lead	Executive Director for People	Assurance committee	People and Culture

Controls	Assurances reported to Board and committees
Policies and Frameworks - Workforce Policies, e.g. Respect and Resolution, Standards of Behaviour - Values and Behaviours Framework – co-produced with staff - Culture Plan - Strategic Equality Plan including alignment to Welsh Language Plan - Raising Concerns Procedure - All-Wales work to promote speaking up safely, led by ~~the Director of Corporate Governance / Board Secretary Executive Director for People~~. Currently with WG – expectation is to launch in autumn 2023. Communication and Engagement re: values & culture - Stakeholder Analysis was undertaken in Autumn 23 and this will be supporting the socialisation programme due to be undertaken following sign off at Board. - Communication & Engagement plan for the Culture Plan to be developed following analysis and implemented from Jan April 2024 – this includes Workstreams in: - Restorative Just and Learning - Values & Behaviours - Equality, Diversity & Inclusion - Developing Organisational Capability & Resilience - Soft launch of Restorative, Just and Learning principles with Speak Up Safely Launch in October 2023 undertaken - Developed Inclusion Communication Plan with monthly topic focus, which is currently being rolled out.	~~National Staff Survey was conducted in Autumn 2023 with results due to be published in Spring 2024~~ ~~National Staff Survey will be run in Autumn 2023~~ - Annual Wellbeing Survey (to be repeated in June 2024) - Values and Behaviours Update - Equality Annual Report - Welsh Language Standards Annual Report – scheduled for Board approval in September 2023. - Living Wage Accreditation awarded in February 2023.

Putting Values into Practice

- Restorative, Just & Learning Working Group set up with 28 Senior Leaders within CTMUHB who received training by MerseyCare. Wider group members invited and x3 task and finish group set up to carry out work on
 - Data & Evaluation
 - Education (inc Respect & civility)
 - Policy
- Values Based Recruitment – updated module and intranet pages ; review of strategic recruitment (Band8c+) being undertaken
- Suite of values-based resources and activities for managers and staff on SharePoint – further review of behaviours to ensure alignment to new draft culture plan
- Desk based review of behaviours have been undertaken to ensure alignment to new draft culture plan; this will link to the leadership competency model and be part of the Board Development Session in February 2024 and sign off in March 2024.
- Delivered x7 Cultural competency workshops over 5 areas: Executive Team, Strategy & Transformation, People Directorate, Mental Health & Learning Disability, ICTM
- Deliver Cultural Competency Workshops to 3 further areas identified – (Legal & Complaints; Patient Safety; Patient Experience) and an additional 3 areas (yet to be confirmed in discussion with Heads of People and Care Groups) – to be completed by March '24
- Dedicated support allocated for the completion of the Cultural Competency workbooks for all 11 areas by Dec '24
- Developing internal Cultural Competency programme by Q1 24/25 and deliver internal programme from Q2 24/25.
- **Delivery commenced on the** Educational offer to support Culture Plan responding to WG NHS Anti-Racist Wales Action Plan; LGBTQ+ Action Plan, Gender Equality & Disability Action Plans. **(Jan-March '24) – x6 workshops in development and delivery to commence in April 2024.**

• Developed framework to support Staff Networks and attended key events to support under-represented groups to raise awareness and deliver education. Developed Joint Chair Network; and supporting infrastructure of network • Developed workshop on Inclusive Thinking and Practice as a Leader to be delivered-as well as an Introduction to Restorative, Just & Learning Principles that is being delivered as part of the as part of Leading through Change Programme to support Phase 2 of Organisational Change Programme • Developed and delivered pre-employment workshops for our minority ethnic community; engaging with community partners to support with recruitment and entry into the Health Board in collaboration with L&D.	
Gaps in Controls and Assurances	Mitigating Actions
• Themes from culture current analysis shows further work in role-modelling and embedding values and behaviours is required	• Developed a Values & Behaviours work plan that looks at: review of current behaviours framework; update current resources and tools; update current education and support offer; looking at impact and sharing good practice; linking and aligning to Culture Plan
• Empowering staff to feed back on, or challenge behaviour which is inconsistent with the organisation's values	• Further work ongoing in collaboration with Staff Network Groups. • Speak up Safely Campaign launched in Oct 2023. • Restorative; Just & learning approach launch (soft) in Oct 2023. • Targeted work on Staff survey for 2023 to support developing a baseline for Culture Plan. Awaiting results from survey which are due in March 2024. • Dedicated education and leadership offering around managing behaviours and conflict; restorative conversations and providing feedback through the Culture programme.
• Cultural Health Check diagnostic tool developed that measures current alignment to values based on participants' contribution to the assessment. The Health Check has been piloted successfully and is being used for subsequent OD interventions.	• Through our Aspire and Inspire Leadership programmes our approach to leading behaviour change through leadership is paramount and a key feature of the programmes. • National Staff Survey is now complete and results will be available from March 2024

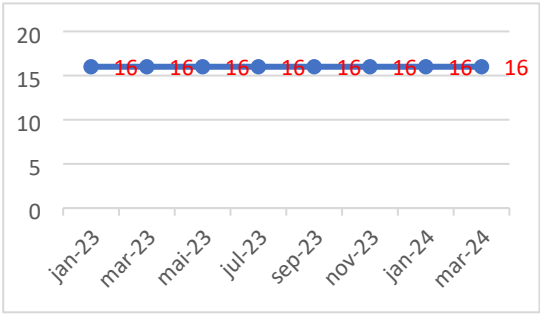
	Developing a Self-service model to support leaders/managers to run values and behaviours health check themselves. This will be following the review of the behaviours and leadership competency model.	
Current Strategic Equality Plan (SEP) requires review to align with the changing national context.	- Work ongoing to review the Strategic Equality Plan (SEP) to align with the changing national landscape, in particular the Anti-Racist and LGBTQ+ Wales Plan. SEP currently out for consultation – Ongoing as feedback being reviewed. - SEP Action Plan received at the People and culture on 8 November 2023, will now be submitted to Board for sign off in March 2024 and published.	
Linked National Priority Measures	Current Performance - Highlights	
Culture, Values and Behaviours 24. Overall staff engagement score 28. Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	Engagement is not a wellbeing concept and so we do not ask about it in the wellbeing survey. The best measure for this is the All Wales NHS Staff survey, which does specifically ask about engagement. This was conducted in November 2023 and the results should be made available in Spring 2024. 61.65% of the organisation have had a PDR/Appraisal within the last 12 months.	
Were there any significant incidents affecting this strategic Risk this period:		
None identified for inclusion in the BAF Report.		
Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
N/A	No directly linked risks on organisational risk register	N/A

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

Strategic Risk: Fulfilling our Environmental and Social Duties and ambitions (Risk No.9)	

If the Health Board's decisions fail to reflect our values or consider the long-term environmental or social impact	Then we will not fulfil our Socio-economic duty, our Wellbeing of Future Generations objectives and our value-based healthcare principles	Resulting in negative environmental and social impacts, and loss of trust and confidence among stakeholders

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	5	20	
Current	4	4	16	No change as at March 2024
Target	4	2	8	
Risk Appetite	Cautious (assets; trust and confidence) Open (estates)			
	Risk Score Trajectory			
				

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

Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are however, ongoing risk treatment activity outlined in the mitigating actions section particularly around the Climate Adaption Plan.

Risk Lead	Executive Director of Strategy and Transformation	Assurance committee	Population Health and Partnerships

Controls	Assurances reported to Board and committees
Wellbeing and Socio-economic duties	Wellbeing and socio-economic duties

• Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working. • 'CTM 2030' delivery focusses on community developments, employment and local procurement where possible. • CTM becoming established as an Anchor Organisation. Environmental Sustainability – Net Zero • Decarbonisation Strategy • Established a CTM Environmental Sustainability Group as part of transformation agenda. • 'CTM 2030' seeks to ensure that services take account of the impact on the environment • All-Wales approach to sustainable procurement • Green CTM Staff Forum • Fleet emissions reduction programme and trial of electric vehicles • Tree planting initiatives • Waste management – elimination of landfill for foodstuffs • Use of less environmentally impactful anaesthetic gases • Sustainable Health Care delivered a workshop to Board Members in March 2023. • Decarbonisation Action Plan in place.	• Wellbeing Statement accompanying Annual Plan • Progress reports against the Annual Plan • Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement Environmental Sustainability – Net Zero • Environmental Sustainability Annual Report • ISO 14001 (Certified Environmental Management System) accreditation Commenced reporting to Board / committees regarding Net Zero. Independent Assurance NWSSP Internal Audit Services review of Decarbonisation Action Plan delivery and compliance is underway. All Health Boards are subject to this review. Outcomes will be reported to the appropriate committee and associated actions added to the strategic risk as appropriate.
Gaps in Controls and Assurances	Mitigating Actions
• Climate Adaption Plan (moving away from mitigation)	• Climate/Environmental Adaption Plan proposal being considered by the Executive Leadership Group in July 2023. Executive Leadership Group accepted recommendations that the Health Board develop a Climate/Environmental Adaption Plan. This will be scoped at the Environmental Sustainability Group. Timeframes: objective will be to achieve a set of objectives by end of March 2024. Timeframe delayed to align with PSB review to ensure that Health Board considers all learning from their risk assessment against adaption planning. In the meantime, a sub group will be established to support this activity and learn from the PSB outcomes to inform Health Board approach. This has been captured within the refreshed Decarbonisation Action Plan.

	Engagement with the Public Services Board on a regional Adaption Plan – Ongoing.
Dedicated resource to manage and deliver Net Zero programme across the whole Health Board.	Ensure resourcing to manage Net Zero work programme across the Health Board, taking into account potential savings in energy costs. The delivery of the Health Board's decarbonisation plan 2030 is dependent on capital. Timeframe: Ongoing subject to capital availability. The Health Board recognises that there is a risk that the pace of change may slow in light of the current financial environment and challenges faced. Team restructure undertaken to release funding to source a Sustainability Manager as part of the Partnerships Team which is going through the scrutiny / recruitment stage.
Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation.	Procurement team part of Environmental Sustainability Group and wider decarbonisation networks. Ongoing. Pace of progress likely to be slowed as financial considerations become more dominant.
Mapping against 'More Equal Wales' guidance for Socio-economic Duty which came into effect in April 2021.	To include as discussion point as part of Building Healthier Communities work moving forward, including public health involvement. Ongoing.
Nationally the formula to establish carbon footprint of our organisation has changed CTMUHB's baseline assessment, which has placed the organisation significantly further away from its 2025 goal.	Refreshed Decarbonisation action plan to be reviewed which would consider additional actions. Timeframe – March 2024. On track being received at the Health Board meeting on 28th March 2024.
Global energy crisis will impact on service delivery for our communities and staff; this is being closely monitored, as it will impact upon health and wellbeing.	CTMUHB Financial Care Wellbeing Pathway launched to support the workforce recognising the impact of the cost of living increase impacting our workforce and population. Ongoing.
Linked National Priority Measures	Current Performance - Highlights
Economy and Environment - Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach - Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan - Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational	Quarter 3 reporting against the Decarbonisation Action Plan completed and submitted on the 30th January 2024. Annual Carbon Plan report is due by the 4th September 2023. Completed – submitted to Welsh Government. Next one due September 2025.

Economy in Health and Social Services
2021-22 Programme

Wellbeing of Future Generations Act

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

Nil

Associated Risks from the Organisational Risk Register

Risk no.	Description	Current score
5374	Fulfilling our environmental and social duties. New risk escalated March 2023.	16

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Strategic Goal: Creating Health

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

**Risk score
20**

(L4 C5)

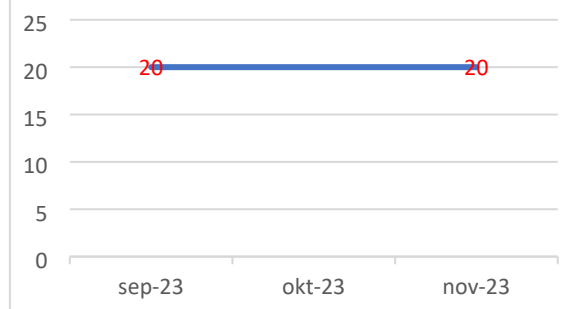
Strategic Risk: There will be a decrease in Healthy Life Expectancy (HLE) and an increase in the gap between the most and least deprived and an unsustainable health service. **(Risk No.10)**

If the Health Board does not effectively shift its services to prevention and early intervention and engage the population to improve their health

Then we will fail to improve healthy life expectancy and reduce inequalities in healthy life expectancy

Resulting in poorer health outcomes, greater inequalities and an unsustainable health service.

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	5	4	20	
Current	5	4	20	
Target	4*	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			*The consequence score has reduced for the target score assessment, as there will be an element of both mitigation and adaptation. The Health Board aims to reduce the behaviour and health risks (primary, secondary, tertiary prevention), however, the organisation will still need to adapt as appropriate. Risk Score Trajectory



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

Whilst not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities.

Risk Treatment Assessment
i.e. Treat, Tolerate, Transfer etc.

This risk will be treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.

Risk Lead

Executive Director of Public Health

Assurance committee

Population Health and Partnerships

Controls

Strategies & Plans

- Welsh Government strategies/ plans: "Healthier Wales", "Healthy Weight Healthy Wales", "Smoke Free Wales".
- CTM 2030 Strategy – 'Our Health Our Future'
- Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021, updated November 2022.
- Public Service Board – Well Being Plans

Engagement Forums

- Regional Partnership Board
- Public Service Board
- Area Partnership Board
- CTM2030 Leaders Groups
- Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well
- Engagement with community groups by Lead Independent Members
- meetings with the three local authorities

Assurances reported to Board and committees

Wellbeing and socio-economic duties

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

Reports to Board

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

Reports to Population Health & Partnerships Committee

- Population Health Management Programme
- Health Protection Programme
- Vaccination Programme Reports
- Regional Partnership Board Annual Report
- Transformation Fund and Leadership Board Updates
- Mental Health Strategic Update

- Accelerated Cluster Development Programme Board – engagement across Primary Care - Health and Social Care Integration Board - Forum with local authority Chief Executives to address health inequalities Needs Assessment & Consultation Processes - Population Segmentation & Risk Stratification - Pharmaceutical Needs Assessment - Health Needs Assessments, e.g. Homeless People, Prison Health, staff wellbeing - Wellbeing Assessment (PSB) - Population Needs Assessment (Regional Partnership Board) - Formal consultation processes for service reconfiguration, e.g. vascular Organisational Structures - CTM Leaders Network - Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars - Primary Care clusters Services: - Integrated Level 2 and Level 3 Weight Management Services – established in September 2022. - Smoking Cessation Service	
Gaps in Controls and Assurances	Mitigating Actions
Delay in developing health protection / immunisation capacity	Recurrent funding for 24/25 onwards now secured. All Hazards Health Protection plan in draft form
Limited analytical and health intelligence capacity, particularly in specialist areas such as epidemiology	Long Term Conditions - CTMUHB AHPs are developing a multidisciplinary model of care for Long Term Conditions termed 'My Health My Way' – this programme builds on existing services, enhancing a 'needs based' approach, where patients can access help when and where they need it, for complex long term conditions. This builds on the model adopted for Long COVID rehabilitation and is expanding for patients with ME/CFS, fibromyalgia, persistent pain and other physical health conditions. Recruitment has been successful in the most part and referrals routes are open. Q4 2023/24 -

	Collaborative working with WISE service will enable a comprehensive CTMUHB level 3 rehabilitation offer in the community with coaches and peer support. Q1 2024; the level 4 secondary care rehabilitation service will look to expand to self-referral, and gradually expand the remit of the service driven by clinical evidence based and as training and education of the workforce continues.
Strategic Focus on prevention/inequalities	CTM2030 strategy; Creating Health Portfolio board Creating Health Delivery Plan planned for Q4 2023/24
Capacity for population health management	Population health management programme maturing alongside primary care clusters; implementation within health board
Impactful action to address health inequalities	• Whole system approach to Healthy weight • Help me quit/ hospital programme • WISE • Cancer inequalities group • Implementation of Stroke equity Audit recommendations
Coherent prevention (1,2,3) for high burden diseases	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc.
Ability to influence wider system partners/determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)
Linked National Priority Measures	Current Performance - Highlights
Population Health – Ministers Measures Phase One • Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway • Qualitative report detailing progress against the Health Boards’ plans to deliver the NHS Wales Weight Management Pathway • Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally. • Percentage of adult smokers who make a quit attempt via smoking cessation services	Please refer to Integrated Performance Dashboard - Quadruple Aim 1.

Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates

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

No

Associated Risks from the Organisational Risk Register

Risk no.	Description	Current score
5462	Adult weight management service - Insufficient capacity to meet demand	20
5579	Lack of Children and Young Persons Weight Management Service. New risk escalated November 2023 with a risk score of 16.	16

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Agenda Item 5.4	28 March 2024	Health Board Meeting	Implementing a Regional Model of Integrated Community Care Services

Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Matt Jenkins
Presented By:	Matt Jenkins
Approving Executive Sponsor:	Linda Prosser
Report Purpose	To note
Engagement undertaken to date:	Ongoing, including through Regional Partnership Board structures

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	The aim is a simpler, predictable and more effective pattern of services. It will be more navigable for professionals and citizens alike and lead to better outcomes.
Related Health and Care Standard	Whole systems approach
Has an EQIA been undertaken?	No – will be undertaken in tandem with development of the model.
Are there any Legal Implications /Impact.	To be determined.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes – the program will influence our pattern of spend on community services.
Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health

Context

The Cwm Taf Morgannwg Regional Partnership Board has established a program to implement the CTM Model of Integrated Community Care Services. The aim is to create a simpler, predictable and more effective pattern community services. This will be more navigable for professionals and citizens alike, and lead to better outcomes.

The program focuses on developing and bringing together the following:

- Urgent Community Response Pathway;
- Population Health Management Pathway;
- Clinical Navigation Hub;
- Strategic Enablers.

Method for developing community pathways

- Mapping existing service and management models
- Development of the optimal service model (incl. link with CNH) and management model
- Transition planning including engagement with partner organisations, staff and the public

Authorisation at different stages through councils, UHB board and the RPB



Urgent Response Pathway Working Document – Mapping and Gapping

Urgent Response Pathway - target service area	Description	Existing provision in Bridgend area	Existing provision in Merthyr Tydfil area	Existing provision in RCT area
Therapy led reablement / intermediate care	Generally provided in a person's home or care home. A goal-focused intervention involving intensive, time limited assessment and therapeutic work up to six weeks (but possibly shorter).	Reablement Service Residential Reablement - 6 beds within Bryn y Cae Home for the Elderly.	Reablement Service Residential Reablement Increased capacity/ Intermediate care Reablement and initial response	Integrated Reablement Service (includes a duty system) Residential Reablement Increased capacity/ Intermediate care Sensory team (Assessment and rehabilitation for people with a sensory impairment)
D2RA beds	D2RA beds provide short-term intermediate level of care for patients with requirements somewhere between that of the general ward and intensive care unit.	There are 6 step down beds available in Bridgend - these beds are currently used for Reablement interventions. (Query – Would POWH Ward 21 constitute D2RA beds?)	There are no step-down beds available in MT. (There are 223 community health D2RA beds across CTM region largely accessible to MT and RCT residents)	RCT have access to 3 step-down beds in Tegfan, Garth Olwg and Parc Newydd res homes where there is therapeutic input. (There are 223 community health D2RA beds across CTM region largely accessible to MT and RCT residents)
Dementia Specialist services	A specialised service designed to meet urgent, severe or complex behavioural or psychological symptoms that arise due to an individual's dementia.	UHB Extended Memory Reablement with Dementia (No urgent response service currently in operation across CTM. Such a service exists in some other parts of the UK.) Complex Integrated Dementia Day and Outreach Service (RIF funded)	SDIT provides intensive support to care home staff and family members (No urgent response service currently in operation across CTM. Such a service exists in some other parts of the UK.)	SDIT provides intensive support to care home staff and family members in their own homes (No urgent response service currently in operation across CTM. Such a service exists in some other parts of the UK.) RCT provides memory reablement interventions in peoples own home
Assistive technology and mobile response service	Includes installation of lifeline monitoring and vision products, and a mobile response service (linked to the lifeline). Providing assistance to people in their homes for non-emergency calls (e.g. falls, welfare check etc.)	Lifeline Response Service Care and Repair Bridgelink Telecare and Mobile response Bridgend Care & Repair – Dementia First Care Worker Bridgend Care & Repair – Telecare installation as well as aids and equipment supply	Lifeline Response Service Care and Repair No mobile response service in MT	Lifeline and lifeline urgent Response Service Sensei / AI pilot linked to Reablement programmes Assistive Technology – Stay well in your community – limited use of anticipatory care opportunities Care and repair – simple rails ACE team aids and adaptations urgent duty response to moving and handling and equipment to services and individuals in the community. Support for hospital discharges pathway 1 and 3

Urgent Response Pathway - target service area	Description	Existing provision in Bridgend area	Existing provision in Merthyr Tydfil area	Existing provision in RCT area
Short term professional interventions	A specific type of social work intervention, for up to 6 weeks which is generally only used for problems or crises that have an immediate impact.	Duty Social Worker and Occ Therapist Community Services Partnership Stay well in your community – Ambition 1 – increased access to community h&sc Stay well in your community – Ambition 3 – place based care UHB Care Home Support Team UHB Community Services Partnership Acute Clinical Team (ACT) for patients in crisis/ admission avoidance	Duty Social Worker and Occ Therapist Hospital Discharge team Stay Well in your Community – Care Health & Wellbeing Team Stay Well in your Community – SW@H2 UHB Care Home Support Team UHB Community Services Partnership UHB SW@H1 Health at Home Service UHB SW@H1 Medication at Home @Home MDT Assessment and Intervention	Duty Social Worker and Occ Therapist Additional Social Workers (Hospital to Home) Health and Social Care Discharge Coordinators Hospital Discharge and Patient Flow Stay Well @ Home 1 – Hospital Based Teams Stay Well @ Home 1 – Support at Home Service Stay Well @ Home 1 – Central Management & Support Stay Well @ Home 2 - Stay well in your community UHB Care Home Support Team UHB Community Services Partnership UHB SW@H1 Health at Home Service UHB SW@H1 Medication at Home @Home MDT Assessment and Intervention
Hot clinics	Part of the ambulatory and SDEC same day emergency care pathway focusing on falls and frailty.	[@Home and AHP bid]	[AHP bid]	[AHP bid]
Palliative care and chronic disease management	An interdisciplinary medical caregiving approach aimed at optimising quality of life and mitigating suffering among people with serious, complex and often terminal illnesses.	Provided by a multidisciplinary Specialist Team (SPCT) aligned to each locality (council) area. Chronic disease management based in primary care and community, specialist nursing services (e.g. Parkinson's, diabetes, etc.) End of Life (EOL) care management through community nursing/ CHC	Provided by a multidisciplinary Specialist Team (SPCT) aligned to each locality (council) area. Chronic disease management based in primary care and community, specialist nursing services (e.g. Parkinson's, diabetes, etc.) End of Life (EOL) care management through community nursing/ CHC	Provided by a multidisciplinary Specialist Team (SPCT) aligned to each locality (council) area. Chronic disease management based in primary care and community, specialist nursing services (e.g. Parkinson's, diabetes, etc.) End of Life (EOL) care management through community nursing/ CHC

Key: [RIF Funded \(including as a contribution to overall costs\)](#)

Urgent Response Pathway milestones in 2024

- Check for coherence e.g. with Joint Partnership Boards and 6 Goals
- Collect 'as is' detailed descriptions of community services in scope
- Workshop 'to be' operating model
- Document and prompt further quick wins
- Review RIF funding and start to re-align with 'to be'
- Demand and capacity modelling, linked to finance and benefits
- Wider Staff and Citizen engagement
- Transition planning
- Gain agreement through sovereign bodies and RPB
- Directions on implementation (changes becoming visible before Winter 2024/25)

Recommendation:

The Board or Committee are asked to:

- Note the program of work being undertaken by CTMUHB and local authority and wider partners to implement a regional model of integrated community care services.



Agenda Item

5.5

CTM Health Board

**Effective Management of Board Business – Review
Proposal**

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
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Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Executive Directors and Independent Members	January to March 2024	No objections received
Audit Partners (Audit Wales and NWSSP Internal Audit)	January to March 2024	No weaknesses identified, areas to consider identified.
Welsh Government	January to March 2024	No weaknesses identified, areas to consider identified.

Acronyms / Glossary of Terms	

1. Situation /Background

- 1.1 The Chair commissioned a review of the effectiveness of Board Business, commencing in January 2024.
- 1.2 The aim of the review is to ensure Board and Committee business is managed in the most effective and efficient manner within the Health Board whilst ensuring clear alignment to the Health Boards Strategic Goals, Values and Behaviours framework and Board Assurance Framework.

2. Specific Matters for Consideration

- 2.1 The Board are directed to the detail included in proposal document captured in Appendix 1.

3. Key Risks / Matters for Escalation

- 3.1 The Board are directed to the detail included in proposal document captured in Appendix 1.
- 3.2 The consultation responses recognised the concerns from some Board Members that a Committee restructure could de-stabilise the Board, create lengthy meetings and agendas, and lose visibility of key areas of business. The Chair formally addressed these concerns in the responses returned to all Board Members, Welsh Government, internal and external audit who we engaged with during the consultation stage.
- 3.3 To provide further assurance the Corporate Governance Team have reflected on the areas of enquiry that will be reviewed during the Audit Wales Structured Assessment to demonstrate the robust approach that has been taken to mitigate any risks and ensure that the outcome of the proposal results in a strengthened structure, delivering a robust, effective and efficient approach to Board business.

4. Assessment

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This will be considered in the review of the suite of governance documents which will require review if the proposal is approved.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This will be considered in the review of the suite of governance documents which will require review if the proposal is approved.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	The Board needs to adopt a structure that delivers trust and confidence in Health Board leadership.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	As outlined in the report there are capacity and resource impacts as a result of this proposal.	

5. Recommendation

- 5.1 The Board are asked to **CONSIDER** if this proposal has been managed in a manner that demonstrates good governance and provides assurance that the implementation will be managed effectively and efficiently with appropriate review points.
- 5.2 If sufficient assurance is achieved, then the Board are asked to **APPROVE**;
- The implementation of new Board Committee and Sub Committee Structure outlined in section 9:
 - The responsibilities of all Board Members in terms of the approach to Board Development Sessions, Board Briefings and Agenda Planning.
 - The next steps as outlined in section 23.

6. Next Steps

- 6.1 If approved the Assistant Director of Governance & Risk will develop Terms of Reference and Operating arrangements for the revised structure. Approval of these documents will be sought at the Public Board Meeting at the end of September 2024.
- 6.2 The intention is that by quarter 3 - 2024-2025, the Health Board will be ready to implement the new structure and will present the following as a suite of updated governance documents:
- Standing Orders (Main Document) updated to reflect new Committee Structure.
 - Terms of Reference and Operating Arrangements reviewed and captured within the Standing Orders.
 - The table of Board and Committee Membership reviewed and updated to ensure key membership and quorum arrangements are known to all Board Members.
 - The Board Assurance Framework and Organisational Risk Register will be updated to reflect the new Committee assurance route for risks.
 - Board and Committee Cycles of Business will be updated, along with Forward Work Programmes.
 - Board and Committee report templates updated.
 - Electronic Board System updated to reflect new structure.
 - Template Agendas available to support Committee Agenda Planning
 - Annual meeting schedule updated with new dates and removal of legacy meetings.
 - Legacy reports from any Committees no longer in the structure.
- 6.3 For the avoidance of doubt there will be no changes to meeting arrangements until notified by the Corporate Governance Team to allow for the changes post Board approval to take effect.

Effective Management of Board Business Review Proposal



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Effective Management of Board Business Review

Proposal January 2024

1. Background

- 1.1 In response to the escalation status of the Health Board changing in April 2019, a review of the Board and Committee arrangements were undertaken resulting in the Board agreeing to a number of proposed changes. The changes are detailed in the Board proposal received at the Board meeting in January 2020, and are summarised below;
 - Revision of Board/Committee Report Template
 - Strengthening of committee assurance to Board via Highlight Reports
 - Reformatting Board agendas
 - Hold all meetings in public
 - Restrict In-Committee (private) Board meetings to only by exception, and when held, convened following the meeting held in public
 - Prior population of action logs ahead of meetings
 - Creation of document library on iBabs (superseded by Admincontrol)
 - Transfer of assurance on risk from the Quality & Safety Committee to Audit Committee
 - Transfer of Charitable Funds Committee to a standalone meeting from it being captured within the Audit Committee.
 - Frequency of meetings reviewed
 - Establishment of a new ICT&IG Committee (later renamed Digital & Data Committee)
 - Transfer of workforce related issues from Finance, Performance & Workforce Committee to allow more focus on Planning & Performance
 - Establishment of a new People and Organisational Development Committee (later renamed People & Culture Committee)
- 1.2 Since introducing the revised arrangements the Board has significantly improved the management of Board and Committee business and this is evident from the following independent sources of assurance;
- 1.3 At the time of introducing the revised arrangements, the Board was being supported through Targeted Intervention/Special Measures by Deloitte (Board Development Programme) and the Chair was supported by David Jenkins (Ministerial appointment).
- 1.4 The final closure report from Deloitte (June 2021) detailed improvement in all areas including focus of papers and agendas and functioning of committees. They also noted the Board *'follows good practice across a number of areas including agendas, committee structures....and some good content in papers'*.

- 1.5 The final submission report to the Minister from David Jenkins (May 2021) noted, *"I have seen significant improvements at Board level. In particular, the Board is now receiving better information and assurance and has a much-improved approach to risk management. The Board has a clearer focus on quality, safety and risk and there is greater awareness as to where accountability lies."*
- 1.6 Other independent sources of assurance are noted as follows;
- Health Inspectorate Wales and Audit Wales Joint Review Follow up Report on Quality Governance Arrangements (August 2023) noted;

"Terms of Reference for the relevant committees are up-to-date and reflect the latest governance arrangements. The Health Board has updated the Terms of Reference of all relevant committees to reflect the latest governance arrangements and new operating model. The Corporate Governance Team undertakes an annual review of Board and committee Terms of Reference as part the Health Board's wider review of Board effectiveness. Any changes made to the Terms of Reference are reported to the Board for approval."
 - Audit Wales Structured Assessment Report (December 2023) noted;

"We found that the Board and its committees operate effectively, cohesively, and transparently, but opportunities to further enhance some arrangements remain".

"The Board continues to conduct its business in an open and transparent manner. Agendas and papers for Board and committee meetings continue to be published on the Health Board's website in a timely manner".

"The Board and committees are operating well, and receive good support from the Corporate Governance Team despite the significant capacity challenges the team has been dealing with during 2023. Meetings are well chaired, with members and attendees observing the necessary etiquette".
- 1.7 The Health Board also routinely undertakes self-assessment of the Board and Board Committee effectiveness, any learning and improvement is shared with members and actions taken forward as appropriate.

2. Rationale for Change

- 2.1 It is over three years since the Board Committee governance review was implemented and the Health Board has moved significantly further forward in its approach to responding to the improvements required under the current escalation arrangements.
- 2.2 The management of Board and Board Committee business has significantly improved since the current arrangements were implemented.

- 2.3 It is good governance practice for organisations to routinely reflect on its Board and Board Committee business arrangements to ensure that they are operating effectively and efficiently.
- 2.4 Another trigger for change is recognising the time constraints that are increasingly being placed upon Independent Members, who, with the exception of the Chair and Vice Chair, hold a notional 4-day a month contract.
- 2.5 The sources of assurance outlined in 1.4-1.6 further complement Board and Board Committee business activity and demonstrates the improvement journey that the Health Board has travelled to improve its governance arrangements. The strength of the current governance arrangements shows a maturity level that supports an opportunity to re-focus the business activity without de-stabilising the improvement journey to date.

3. What will this proposal achieve?

- 3.1 The aim of the review is to ensure Board and Committee business is managed in the most effective and efficient manner within the Health Board whilst ensuring clear alignment to the Health Boards Strategic Goals, Values and Behaviours framework and Board Assurance Framework.

4. Objectives of the Proposal

- 4.1 This review is designed to meet the following objectives;
- Objective one – provide **greater clarity** on the defined roles of the **Board, Board Development and Board Briefings**.
 - Objective two – Ensure that the work of the Board and Committee are pitched at the right level and balance their responsibilities in **strategy development, setting and leading the right culture** and **accountability for delivering safe, effective care**.
 - Objective three – Improve the **focus**, co-ordination and **relevance of Board and committee papers**, reduce duplication and eliminate ambiguity of committee roles; therefore strengthening assurance to the Board.
 - Objective four - Develop **greater insight, oversight and foresight** in relation to the Health Board's integrated Population Health and Transformation agenda.

5. The role of the Board, Board Development and Board Briefing Sessions

Board and Formal Board Meetings

- 5.1 The principal **role of the Board** is to add value to the organisation through the exercise of strong leadership and control, including:
- Setting the organisation's strategic direction

- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
 - Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the Health Board's performance across all areas of activity.
- 5.2 The Board functions as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board. The Board comes together as a **formal Board meeting** every other month and ensures focus on the key responsibilities outlined in section 5.1.
- 5.3 The **Board may agree the delegation of any of their functions**, except for those set out within the 'Schedule of Matters Reserved for the Board' within the Model Standing Orders (see paragraph 2.0.2.(i)) to Committees and others, setting any conditions and restrictions it considers necessary and following any directions or regulations given by the Welsh Ministers. Therefore, for example, whilst setting strategy is reserved for the Board there is a role for Committees in providing detailed scrutiny and challenge to provide assurance to the Board as a whole prior to any decisions being made.
- 5.4 During 2023, the Board revised the format of its agenda for meetings and revised how it used the consent agenda at meetings. This further strengthened the focus at Board meetings and has been replicated across Board Committees as appropriate. The use of the consent agenda will continue to be reflected upon in the annual 'Board and Committee Effectiveness Self Assessments' in terms of reviewing the appropriateness of use to ensure this approach remains effective.

Board Development Sessions

- 5.5 The purpose of these sessions is to promote Board engagement, relationships and collaboration and increase the opportunity for Board members to gain a greater understanding of their core responsibilities, develop the skills of the collective Board, work together effectively in developing strategy, strengthening oversight and delivering the collective accountabilities of a Board. The approach will be a structured programme of development, facilitated where appropriate.
- 5.6 **Structured Programme of Board Development** – moving forward the Director of Corporate Governance / Board Secretary will strengthen the approach to Board Development and (in conjunction with the Chair and Chief Executive) develop a more structured programme to Board Development which includes any development /core training requirements, strategic development discussions, board engagement and appropriately themed topics.

- 5.7 **Topics for Board Development** are predominantly suggested by Executive Leads or via referrals from Board Committee meetings. This will continue, however, as part of this proposal topic requests need to be supported with the following narrative:

Board Development Topic Request	
Topic Title	
Priority Level	
Preferred Board Development Session Date	
Executive Lead	
Management Lead / Presenter	
Strategic Purpose e.g. Maintaining a cohesive and effective Board, Strategy development etc.	
Links to CTM Strategy - CTM:2030	
Links to CTM Delivery Plans (IMTP)	
Measures of Success	
Intended outcome of session	

- 5.8 There will be at least four sessions per annum where Board Members are asked to prioritise attendance in person. It is considered that meeting in person builds board relationships and engagement.
- 5.9 Where possible the sessions will be limited to **two topics** per session to allow for sufficient time for robust discussion and learning.
- 5.10 **Prior to the Board Development Session** the lead Executive will be asked to provide a short briefing with any supporting information or signposting for members to consider in order to support the most effective and efficient use of time at the sessions.

Board Briefing Sessions

- 5.11 The purpose of Board Briefing sessions is to brief Board Members on topical issues (including confidential issues) and to raise awareness and understanding to better inform decision-making and scrutiny. Items can be suggested by the Executive, or requested by Independent Members to build a programme of briefings relevant to topical and timely issues.
- 5.12 There will be at least four Board Briefing Sessions per annum and these where possible will be incorporated into the "IM Catch Up with the Chair and Chief Executive" meetings, which are already in the calendars on a fortnightly basis to help manage the Independent Member Time commitment. An invite will be extended to Executive Directors for the Board

Briefing aspects of the meeting and the meeting name will be redefined as a "Board Briefing" to reflect where the meetings have been repurposed.

- 5.13 These sessions will be offered in a hybrid approach allowing for a virtual format.
- 5.14 Executive Leads should notify the Director of Corporate Governance of any Board Briefing requests so they can liaise with the Chair and Chief Executive to schedule these into existing commitments. The dates will be added to the annual schedule of Board and Committee meetings for ease of reference.

6. Seeking assurance through the Board and Committees

- 6.1 As outlined in section 5.3, the Board can and has delegated certain functions to Board Committees, whilst maintaining that the Board is ultimately accountable and responsible for decision-making.

- 6.2 It should be noted that Committees have limited authority, usually just policy approval. To further understand where there are substantial variations please refer to the following schedules of the Health Boards Standing Orders as indicated below:

- Schedule 1.0 – Scheme of Reservation and Delegation of Powers
- Schedule 3.0 to 3.9 – Board Committee Terms of Reference

The link to these documents are available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

- 6.3 An effective Board and Committee structure provides the mechanism for Board Members to be able to focus on "Oversight, Insight and Foresight".

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

7. Mandatory and Statutory Requirements for Board Committees / Sub Committees

7.1 In accordance with the Standing Orders, the Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which cover the following aspects of Board business:

- Quality and Safety;
- Audit;
- Information governance;
- Charitable Funds;
- Remuneration and Terms of Service; and
- Mental Health Act requirements.

It is also a statutory requirement for the Health Board to have a Health & Safety Committee.

8. Current Board Committee Structure

8.1 There are currently **9** formal Board Committees

1. Audit & Risk Committee ([mandatory aspects for Audit](#))
2. Charitable Funds Committee ([mandatory aspects for Charitable Funds](#))
3. Digital & Data Committee ([mandatory aspects for Information Governance](#))
4. Mental Health Act Monitoring Committee ([statutory aspects of the Code of Practice under the Mental Health Act](#))
5. People & Culture Committee
6. Population Health & Partnerships Committee
7. Planning, Performance & Finance Committee
8. Quality & Safety Committee ([mandatory aspects for Quality & Safety](#))
9. Remuneration & Terms of Service Committee ([mandatory aspects for Remuneration](#))

8.2 There is currently **1** formal Sub Committee of the Board:

1. Health Safety & Fire Sub Committee ([Sub Committee of the Quality & Safety Committee](#)).

9. Proposed Board Committee Structure

9.1 The proposed changes are grouped into two main categories; Board Committee Structure and Frequency and Governance Discipline.

Board Committee Structure

9.2 The proposed Board Committee structure reduces the number of formal Committees from 9 to 7, as follows;

Five Committees that address the mandatory and regulatory requirements as follows:

1. Audit, Risk & **Assurance** Committee (mandatory aspects for Audit)
2. Charitable Funds Committee (mandatory aspects for Charitable Funds)
3. Mental Health Act Monitoring Committee (statutory aspects of the Code of Practice under the Mental Health Act)
4. Quality & Safety Committee (mandatory aspects for Quality & Safety)
5. Remuneration & Terms of Service Committee (mandatory aspects for Remuneration)

9.3 Two new Committees (**Established as determined by the Board**)

1. Strategic Development Committee
2. Operational Delivery Committee (The mandatory aspects for Information Governance will be captured in this meeting)

9.4 There will be **3** formal Sub Committees of the Board:

1. Health Safety & Fire Sub Committee (Sub Committee of the Quality & Safety Committee).
2. Organ Retention Sub Committee (Sub Committee of the Quality & Safety Committee)
3. Power of Discharge Committee (Sub Committee of the Mental Health Act Monitoring Committee)

Frequency of Committee meetings

9.5 *Figure 1* proposes a change in meeting frequency whilst still supporting the governance discipline requirements outlined on page 14.

Figure 1 – Committee changes including frequency

Current Committee	New Committee	Current Frequency	Revised Frequency	Changes	Comments
Board Committees					
1. Audit & Risk Committee	Audit, Risk & Assurance Committee	Every other month.	At <u>least</u> four times per year	Assurance added to the name of this Committee. Frequency reduced by 2 meetings per annum Information Governance and Cyber Assurance (Breaches) (ARAC Handbook).	The meeting would continue to be held in two/three parts i.e. Public Meeting Private Meeting Hosted Bodies ARAC (subject to any changes in response to the establishment of the Joint Commissioning Committee in April 2024). The Audit Committee Handbook suggests meeting frequency of at least four times per annum.
2. Charitable Funds Committee	Not applicable – remains as current.	At <u>least</u> twice per year	No change	No Changes	
3. Mental Health Act Monitoring Committee		At <u>least</u> four times per year	No Change - Based on average number of power of discharge decisions and model ToR – retain frequency		

Current Committee	New Committee	Current Frequency	Revised Frequency	Changes	Comments
4. Quality & Safety Committee	Quality, Safety & Experience Committee	At <u>least</u> six times per year	No change due to current volume of activity and focus	Experience added explicitly to this Committee	
	5. Strategic Development Committee	Not applicable as new committee	At <u>least</u> four times per year.	Incorporates all strategic elements and plans.	Focusing on 18 months and beyond
	6. Operational Delivery Committee	Not applicable as new committee	At <u>least</u> four times per year	Incorporates Planning, Performance, Finance, Digital, Information Governance	Focus on the 'Now and up to 18 Months'.
7. Remuneration & Terms of Service Committee	No Change	As and when required.	No Change will meet at least once per annum	No Change	Once per annum to consider Executive Performance Reviews.
Formal Board Sub Committee					
1. Health, Safety & Fire Sub Committee	No Change	At <u>least</u> four times per year	No Change - Fire Enforcement notices suggest we maintain frequency	No Change	Sub Committee of the Quality, Safety & Experience Sub Committee
2.	Power of Discharge Sub Committee	Not applicable as included as a new formal sub committee	At <u>least</u> four times per year	Not applicable	Sub Committee of the Mental Health Act Monitoring Committee Only 1 IM required.
3.	Organ Retention Sub Committee	Not applicable as included as a new formal sub committee	At <u>least</u> twice per year	Not applicable	Sub Committee of the Quality, Safety & Experience Sub Committee Only 1 IM required.



Committees to be removed					
Current Committee	New Committee	Current Frequency	Revised Frequency	Changes	Comments
People & Culture Committee	People & Culture Committee Removed from structure			Agenda realigned to the two new Committees.	
Planning, Performance & Finance Committee	Planning, Performance and Finance Committee Removed from the structure			Agenda realigned to the two new Committees.	
Population Health & Partnerships Committee	Population Health and Partnerships Committee Removed from the structure			Agenda realigned to the two new Committees.	
Digital and Data Committee	Digital and Data Committee Removed from structure			Agenda realigned to the two new Committees.	

Governance Discipline

This in summary strengthens the effectiveness and focus of the Board Committees by;

- Supporting sight from service to Board by continuing to receive Shared Listening and Learning stories at each Board and Quality, Safety and Experience meetings.
- Deep dives into areas programmed across the financial year to give a depth of focus
- Routine use of the Consent Agenda
- Board and Committee planning and management include Cycles of Business, Annual Terms of Reference review, Committee Annual Reports and Committee Highlight Reports to each Board meeting
- Routine self-assessment of the effectiveness of the Board and Committees to capture learning and improvement continue.
- Formal process to refer matters to other Committees and escalate matters for wider consideration by the full board continues.
- Direct Board involvement in development of strategy and monitoring delivery of the strategic aims/goals through the appropriate Committee structures.

10. Openness and Transparency

- 10.1 In accordance with Public Bodies (Admission to Meetings) Act 1960, any meeting of a body exercising public functions, being a body to which the act applies shall be open to the public.
- 10.2 The Model Standing Orders, states that the Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so. The use of the term "committee" incorporates:
- Board Committee
 - Joint-Committee
 - Sub-Committee
 - Joint Sub-Committee
- 10.3 This requirement also extends to Advisory Groups and therefore, the Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so. One of the outcomes of this review is for all Sub Committees and Advisory Groups to ensure their agenda and papers are publically available unless there are specific, valid reasons for not doing so in accordance with the provision outlined.

- 10.4 In accordance with the Public Bodies (Admission to Meetings) Act 1960, the Health Board may exclude the public from meetings, by resolution and this is *whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated within the resolution*. This should be the test for consideration holding meetings in public. Private meetings of the Board, Board Committee, Sub Committees and Advisory Groups should only be by exception.
- 10.5 In terms of a 'meeting in public' it is important to note that this is not a public meeting. In a public meeting, questions may be asked during the course of the meeting, whilst questions are taken after the completion of consideration of all agenda items during a meeting in public.
- 10.6 Currently only Health Board meetings are open to the public in terms of observing via the live broadcast link or attending in person.
- 10.7 Board Committees currently do not live broadcast or open the meetings for attendance by the public in person, however, agenda and papers are published in the public domain in advance of the meeting (7 calendar days).
- 10.8 As part of this review consideration should be given to improving compliance with the Public Bodies (Admission to Meetings) Act as currently Sub Committee and Advisory Group meeting papers are not routinely publically available on the Health Boards website.

11. Board Committee Membership

- 11.1 It is proposed that Board Committee membership is reviewed every two years, with a revisit annually, aligned to the review of the Terms of Reference to support any stability or succession planning requirements.
- 11.2 Each Board Committee will have a minimum of four members with a minimum quoracy of two members.
- 11.3 Board Committees will be open to all Independent Members to attend and participate as full members should they wish to.

12. Structure of the New Committees

12.1 Strategic Development Committee

- Strategic discussions to inform the full Board in terms of strategic decision making.
- This Committees focus will be 18 months and beyond.

- It is the intention that this proposed focus retains the important elements of the People, Digital and Population Health Strategies which will be a key focus and have clear visibility in this new structure.
- See detail in Appendix 3 in terms of the business of this meeting.

12.2 Operational Delivery Committee

- In Year Performance and Delivery activity.
- This Committees focus will be the now and up to 18 months.
- See detail in Appendix 3 in terms of the business of this meeting.

12.3 These new Committees along with the other Committees of the Board will incorporate the areas of the activity previously considered in the Committees that are being disbanded.

12.4 The **Power of Discharge Sub Committee** will be established as a Sub Committee to strengthen its links with the Mental Health Act Monitoring Committee and ensure there is independent scrutiny of decisions.

12.5 The **Organ Retention Sub Committee** will be established as a Sub Committee to strengthen its links with the Quality, Safety & Experience Committee and ensure there is independent scrutiny of decisions.

13 Benchmark with other Health Boards

13.3 Please see Appendix 5 for the Board Committees established in other NHS Wales Health Boards.

14 Capacity efficiencies if proposal is supported

14.3 The following information is based on Board Committee meetings by way of an example of potential capacity efficiencies.

14.4 Figure 2 presents a time saving of 16.5 hours per annum of physical attendance at Board Committee meetings.

<i>Figure 2 – Meeting Frequency</i>	
Current number of Committee meetings in a calendar year	9 Committees meeting circa 37 times per annum based on a 3 hour meeting is 111 hours per annum.
Proposed number of Committee Meetings in a calendar year	7 Committees meeting circa 27 times per annum based on a 3.5 hour meeting 94.5 hours per annum.

14.5 Figure 3 presents a time saving of 10 hours per annum for those attending agenda planning sessions.

Figure 3 – Agenda Planning meetings

Current number of agenda planning meetings per calendar year.	9 Committees meeting circa 37 times per annum in terms of agenda planning for 1 hour is 37hrs.
Proposed number of Committee Meetings in a calendar year	7 Committees meeting circa 27 times per annum in terms of agenda planning for 1 hour is 27hrs

- 14.6 There will be capacity released for the Corporate Governance Team as a result of a reduction of Committee meetings in terms of producing minutes, highlight reports, Committee Annual Reports etc. for the meetings being removed.
- 14.7 It should be noted that in the new proposal Executive Directors may have an increase in the number of Committees they are required to attend due to the change in remit and the importance of attending the Operational Delivery and Strategic Development Committee.
- 14.8 Effective agenda planning will be fundamental to the success of any revised structure to ensure that the right information is received by members at the right time and is appropriately strategically focussed. If the agendas are balanced it will mitigate the risk of lengthy meetings where focus on the strategic and high risk areas could be lost in the detail.

15 Agenda Planning

- 15.3 The importance of agenda planning has been recognised during the consultation on this proposal as a mechanism to ensure that there is effective and efficient management of Committee business and ensure that papers and items are strategically focussed and received at the right time.
- 15.4 Agenda planning meetings will be facilitated by the Corporate Governance Function, however, will be owned by the Executive Lead(s), Committee Chair and Vice Chair.
- 15.5 Agenda planning meetings will be scheduled for an hour, between meetings and will cover the following key areas:
- Reflection on the previous meeting
 - Consideration of the Committee Cycle of Business, Forward Work Programme, and alignment to the Strategic priorities and Board Assurance Framework in order to design an agenda that is strategically focussed and balanced.

16 Do the proposals achieve the objectives set in Section 4

15.1 This review is designed to meet the following objectives;

- **Objective one – provide greater clarity on the defined roles of the Board, Board Development and Board Briefings.**

Please refer to 5.5-5.15 which aim to clearly define these roles and the structured approach that will be taken.

- **Objective two – Ensure that the work of the Board and Committee are pitched at the right level and balance their responsibilities in strategy development, setting and leading the right culture and accountability for delivering safe, effective care.**

The establishment of a Strategic Development Committee and Operational Delivery Committee looks to avoid duplication of discussions across the range of meetings so it is clear where strategy is being discussed and set.

- **Objective three – Improve the focus, co-ordination and relevance of Board and committee papers, reduce duplication and eliminate ambiguity of committee roles; therefore strengthening assurance to the Board.**

Currently there can be duplication on discussions around operational performance and strategic direction, it is considered that by defining these roles with two clear Committees this will avoid duplication in terms of discussion, roles and papers.

- **Objective four - Develop greater insight, oversight and foresight in relation to the Health Board's integrated Population Health and Transformation agenda.**

This will be a specific focus of the Strategic Development Committee aligned to CTM; 2030.

17 How will we measure success?

17.3 As indicated within this report that there will be a review point built in to reflect on any new structure introduced. This will be through Board and Board Committee Effectiveness Self Assessments as well as informal discussion with Board Members.

17.4 Independent assurance will be through the outcome of Structured Assessment reviews undertaken by Audit Wales on annual basis who specifically consider how Board business is functioning.

18 Consultation and Engagement Stages

18.3 Consultation on this structure was undertaken as follows during January and February 2024.

- Chair, Vice Chair and CEO for initial considerations.
- Chair to share with all Board Members for a two week consultation period.
- Director of Corporate Governance will engage with the Governance Lead in Welsh Government to ensure they are assured that the Health Board continues to operate in accordance with model Standing Orders.
- Director of Corporate Governance will test the revised arrangements with Internal and External Audit colleagues for external assurance on the proposals.

18.4 All consultation feedback has been responded to directly by the Chair to the satisfaction of the consultee.

19 Legacy Management

19.3 It is recognised that there may be legacy actions from Committee Action Logs and Forward Work Plans that will need to be referred to the relevant Committee in the new structure, this will be undertaken by the Corporate Governance Team in conjunction with the relevant Committee Chairs and Executive Leads.

20 Review

20.1 These arrangements will be reviewed at a 12-month interval to consider if they are operating effectively and efficiently and providing Board Members with robust assurance. See measures of success in section 14.

21 Conclusion

21.3 The Chair received formal feedback from 12 consultees (Board Members, Audit Partners and Welsh Government) in response to the consultation, all of whom have received a direct response to address and resolve any queries raised.

21.4 Whilst it is acknowledged that any new Board Committee structure could take time to embed, and caution is recognised in terms of ensuring that meetings are managed in terms of maintaining a careful balance of timing and strategic content, there has been no objection to introducing the structure proposed subject to the good governance measures outlined in this proposal being adopted and a review period built into test effectiveness.

21.5 The Chair would like to thank those who have taken the time to contribute to this key governance activity.

22 Recommendation to the Board

22.3 The Board are asked to **CONSIDER** if this proposal has been managed in a manner that demonstrates good governance and provides assurance that the implementation will be managed effectively and efficiently with appropriate review points.

- 22.2 If sufficient assurance is achieved, then the Board are asked to **APPROVE;**
- The implementation of new Board Committee and Sub Committee Structure outlined in section 9:
 - The responsibilities of all Board Members in terms of the approach to Board Development Sessions, Board Briefings and Agenda Planning.
 - The next steps as outlined in section 23.

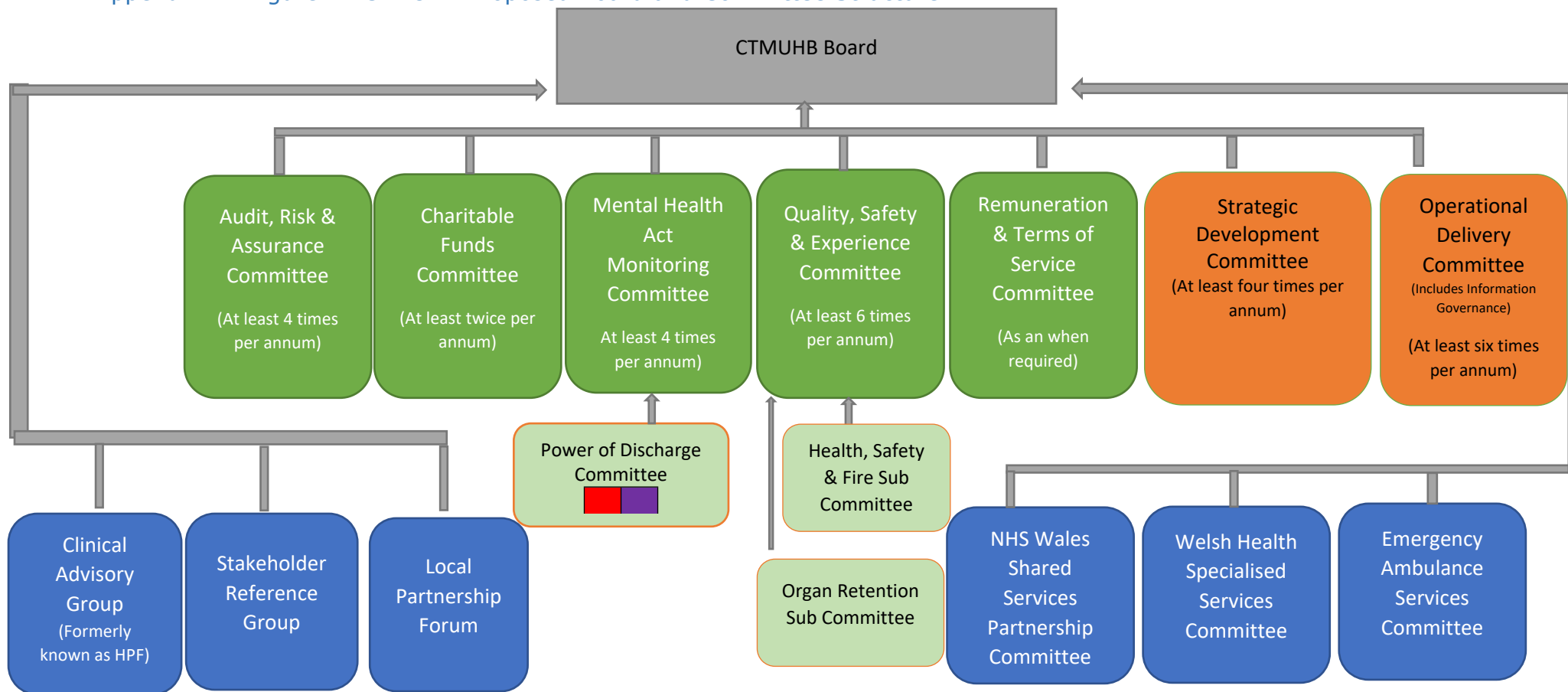
23 Next Steps

- 23.3 If approved the Assistant Director of Governance & Risk will develop Terms of Reference and Operating arrangements for the revised structure. Approval of these documents will be sought at the Public Board Meeting at the end of September 2024.
- 23.4 The intention is that by quarter 3 - 2024-2025, the Health Board will be ready to implement the new structure and will present the following as a suite of updated governance documents:
- Standing Orders (Main Document) updated to reflect new Committee Structure.
 - Terms of Reference and Operating Arrangements reviewed and captured within the Standing Orders.
 - The table of Board and Committee Membership reviewed and updated to ensure key membership and quorum arrangements are known to all Board Members.
 - The Board Assurance Framework and Organisational Risk Register will be updated to reflect the new Committee assurance route for risks.
 - Board and Committee Cycles of Business will be updated, along with Forward Work Programmes.
 - Board and Committee report templates updated.
 - Electronic Board System updated to reflect new structure.
 - Template Agendas available to support Committee Agenda Planning
 - Annual meeting schedule updated with new dates and removal of legacy meetings.
 - Legacy reports from any Committees no longer in the structure.
- 23.5 For the avoidance of doubt there will be no changes to meeting arrangements until notified by the Corporate Governance Team to allow for the changes post Board approval to take effect.

24 Appendices

- Appendix 1 - Figure 2 – CTMUHB Proposed Board and Committee Structure
- Appendix 2 - Figure 3 – CTMUHB Committee alignment to Strategic Goals
- Appendix 3 – Example of Board Committee Agendas (Attached Separately)
- Appendix 4 - High level summary of Sub Committee remits
- Benchmarking with other Health Board Committee structures

Appendix 1 - Figure 2- CTMUHB Proposed Board and Committee Structure



Key:

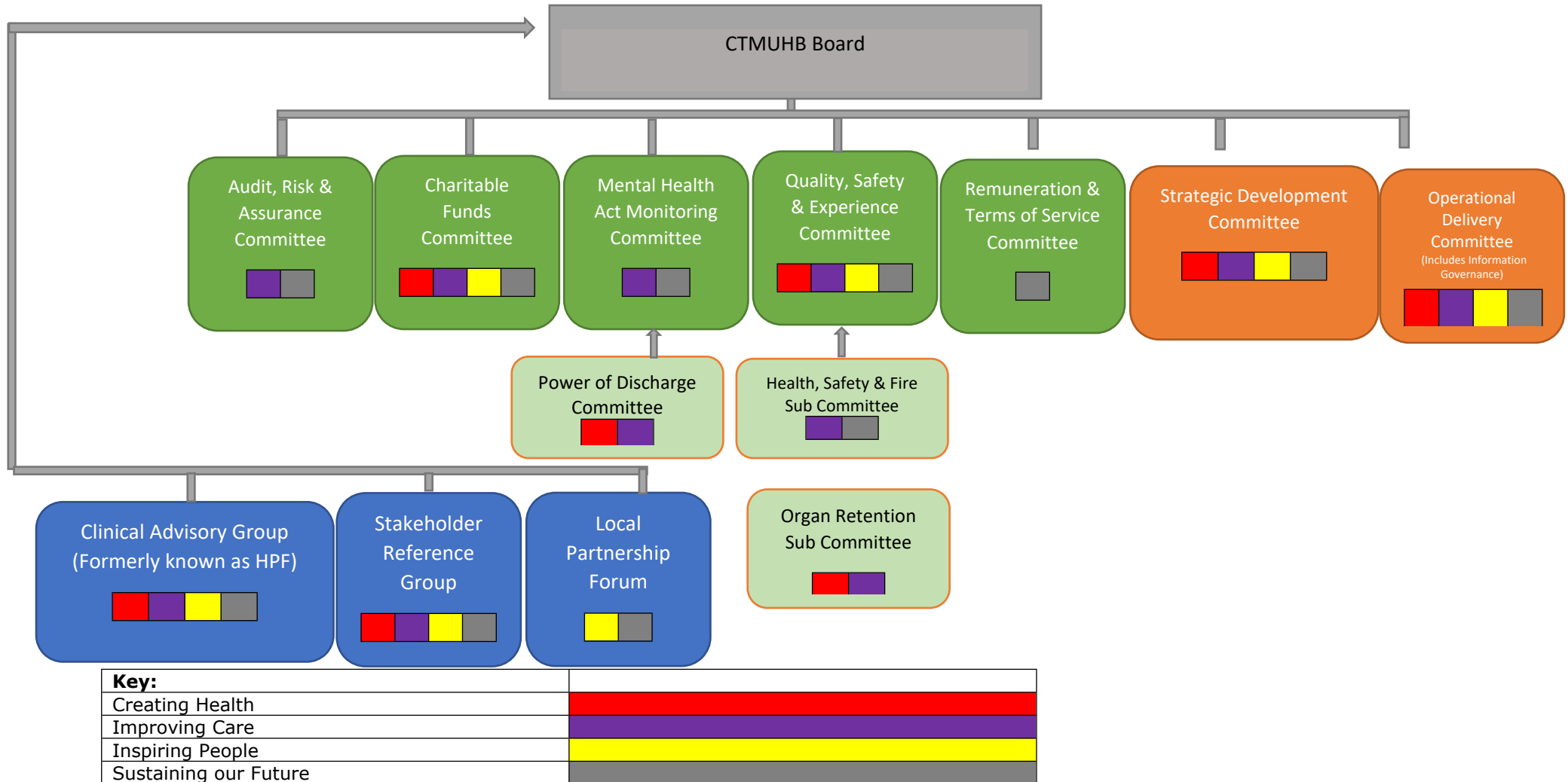
Dark Green – mandatory / regulatory elements captured in these Committee

Orange – Committees formed at the discretion of CTMUHB

Light Green – Sub Committee

Blue – Advisory Groups and Joint Committees (Please Note: Joint Committee structure will change at 1st April following the implementation of the National Commissioning review)

Appendix 2 - Figure 3 – CTMUHB Committee alignment to Strategic Goals



Appendix 3 – Agenda Templates – Board Committees

Please note the agendas have been drafted to include all topical matters, however, not all items will be received at every meeting. The intention is that these are illustrative of Committee Business matters and will be supported by a Committee Cycle of Business.

Appended as separate attachment

Appendix 4 - High level summary of Board Sub Committee Remits

Health, Safety & Fire Sub Committee	
Remit	Advise and assure the Board and the accountable officer on whether effective arrangements are in place to ensure organisational wide compliance of the Health Board's health and safety policy, approve and monitor delivery against the Health and Safety priority action plan and ensure compliance with the relevant standards.
Frequency	At least four times per annum.
Supporting Strategic Frameworks and Plans	Health & Safety at Work Legislation Health & Safety and other related policy and procedure documents.
Power of Discharge Sub Committee	
Remit	- Consider all relevant issues for Mental Health Act Hospital Managers to undertake their role in accordance with UHB and legislative requirements. - Receive activity-monitoring reports on the use of the Mental Health Act. - Ensure that discharge panels are acting in a fair and reasonable manner and exercised lawfully. - Consider updates regarding recommendations made during panel hearings. - Discuss and agree training for Mental Health Act Hospital Managers. - Receive professional advice to support the discharge of the Mental Health Act Manager Role. - Provide a forum for consideration of any matter affecting the decision making for discharge of patients detained under the Mental Health Act. - Receive development/discussion sessions to improve overall knowledge of services.
Frequency	At least four times per annum.
Supporting Strategic Frameworks and Plans	Mental Health Act Legislation
Organ Retention Sub Committee	
Remit	- Influence policy and practice in order to ensure that organ donation is considered in all appropriate situations, and to identify and resolve any obstacles to this. - Ensure that a discussion about organ donation features in all end of life care, wherever located and whenever appropriate, recognising and respecting the wishes of the individuals. - Maximise the overall number of organs donated, through better support to potential donors and their families.
Frequency	At least twice per annum.
Supporting Strategic Frameworks and Plans	

Appendix 5 - Board Committee structures established within other Health Boards in NHS Wales (Benchmarking)

Health Board	Current Board Committee Structure
Aneurin Bevan University Health Board	1) Audit, Risk & Assurance Committee 2) Finance & Performance Committee 3) Patient Quality, Safety and Outcomes Committee 4) Charitable Funds Committee 5) Partnerships, Population Health and Planning Committee 6) Remuneration and Terms of Service Committee 7) Mental Health Act Monitoring Committee 8) People and Culture Committee Sub Committees 1) Power of Discharge Sub-Committee
Betsi Cadwaladr University Health Board	1) Audit Committee 2) Charitable Funds Committee 3) Mental Health and Capacity Compliance Committee 4) Quality, Safety & Experience Committee 5) Partnerships, People and Population Health Committee 6) Performance, Finance and Information Governance Committee 7) Remuneration and Terms of Service Committee
Cardiff & Vale University Health Board	1) Audit Committee 2) Board of Trustees 3) Charitable Funds Committee 4) Digital Health Intelligence Committee 5) Finance and Performance Committee 6) Mental Health Legislation and Mental Capacity Act Committee 7) Quality, Safety & Experience Committee 8) People and Culture Committee 9) Remuneration and Terms of Service Committee 10) Shaping our Future Hospital Committee Sub Committees 2) Power of Discharge Sub-Committee
Hywel Dda University Health Board	1) Audit, Risk & Assurance Committee 2) Charitable Funds Committee 3) Health & Safety Committee 4) Mental Health Legislation Committee 5) People, Organisational Development and Culture Committee 6) Strategic Development and Operational Delivery Committee 7) Sustainable Resources Committee 8) Remuneration and Terms of Service Committee 9) Quality, Safety and Experience Committee 10) Ethics Panel Sub Committees 1) Clinical Reference Group

Health Board	Current Board Committee Structure
Powys Teaching Local Health Board	1) Audit, Risk and Assurance Committee 2) Charitable Funds Committee 3) Delivery and Performance Committee 4) Executive Committee 5) Patient Experience, Quality & Safety Committee 6) Planning, Partnerships and Population Health Committee 7) Remunerations and Terms of Service Committee 8) Workforce & Culture Committee
Swansea Bay University Health Board	1) Audit Committee 2) Health & Safety Committee 3) Mental Health Legislation Committee Papers 4) Quality and Safety Committee 5) Performance and Finance Committee 6) Population Health and Partnerships Committee 7) Workforce & OD Committee 8) Workforce & Digital Committee 9) Remuneration and Terms of Service Committee

Appendix 6 – Board Development Programme Template

Month Assigned to Session	Session Topic Title	Function	Executive Lead	Management Lead / Presenter	Strategic Purpose e.g. Building a cohesive and effective Board, Strategy development etc.	Links to CTM:2030	Links to CTM Delivery Plans (IMTP)	Measures of Success	Intended Session Outcome
EXAMPLE August 2023	1. <i>Facilitated Session: Developing High Quality Care Cultures</i>	<i>External Facilitation</i>	<i>Hywel Daniel, Executive Director for People</i>	<i>External Facilitator</i>	<i>Building a Cohesive and Effective Board</i>	<i>Inspiring People: Embedding our Values and Behaviours</i>	<i>People Plan, Our People Priorities</i>	<i>Board engagement. Relationship building.</i>	<i>Collaborative and Partnership working.</i>
	2.								
EXAMPLE February 2024	1. <i>Digital Transformation Agenda</i>	<i>Digital & Data</i>	<i>Director of Digital</i>	<i>Assistant Director for Digital Transformation, Digital and Data</i>	<i>Digital Strategy</i>	<i>Improving Care: Digital Transformation for Patients and Staff</i>	<i>Digital Delivery Plan</i>	<i>Assurance on strategic direction of travel alignment to CTM 2030</i>	<i>Clear message on digital transformation plans understood by all</i>
	2.								

Audit, Risk & Assurance Committee (ARAC)

1. Preliminary Matters

- 1.1 Welcome & Introductions
- 1.2 Apologies for Absence
- 1.3 Declarations of Interest

2. Consent Agenda Business

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

3. Main Agenda

- 3.1 Matters arising not otherwise contained on the Action Log

4. Governance, Risk & Assurance

- 4.1 Escalation Status
- 4.2 Regulatory Matters
 - Review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.
 - Provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.
 - Information Governance and Cyber Assurance (Breaches) (*ARAC Handbook*).
 - Annual Report (Accountability Report)
- 4.3 Standards of Behaviour Framework
 - Declarations of Interest
 - Gifts, Hospitality, Honoraria and Sponsorship
 - Ensure adequate and secure Speaking up Safely Arrangements.
 - Counter Fraud Activity and Arrangements
- 4.4 Systems of risk oversight and management
 - Board Assurance Framework
 - Organisational Risk Register

5. Financial Management and Reporting or Financial Focus

- 5.1 Procurement & Scheme of Delegation Report
- 5.2 Losses and Special Payments Report
- 5.3 Application of Accounting Policies
- 5.4 Annual Financial Statements and Accounts

6. Internal and External Audit Activity

- 6.1 CTMUHB Audit Recommendations Tracker
- 6.2 NWSSP Audit & Assurance Services - Internal Audit Activity
 - Internal Audit Progress Report
 - Internal Audit Reviews

- 6.3 Audit Wales – External Audit Activity
- Audit Wales Audit & Risk Committee Update Report
 - Audit Wales Reviews
 - Local
 - National

7. Consent Agenda

- 7.1 For Approval
- 7.2 For Noting

8. Committee Governance

- 8.1 Forward Work Plan
- 8.2 Committee Cycle of Business
- 8.3 Committee Highlight Report to Board

9. Close out Matters

- 9.1 Any Other Business
- 9.2 How did we do today?
- 9.3 Date and Time of Next Meeting

Charitable Funds Committee (CFC)

1. Preliminary Matters

- 1.1 Welcome & Introductions
- 1.2 Apologies for Absence
- 1.3 Declarations of Interest

2. Consent Agenda Business

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

3. Main Agenda

- 3.1 Matters arising not otherwise contained on the Action Log

4. Performance & Activity

- 4.1 Charity Strategy
- 4.2 Fundraising Activity
- 4.3 Charity Activity and Income Report
- 4.4 Charitable funds financial summary report
- 4.5 Expenditure Requests
- 4.6 Investment project evaluation reports
- 4.7 Investment Manager Update Report

5. Risk and Assurance

- 5.1 Organisational Risk Register
- 5.2 Audit Activity

6. Consent Agenda

- 6.1 For Approval
- 6.2 For Noting

7. Committee Governance

- 7.1 Forward Work Plan
- 7.2 Committee Cycle of Business
- 7.3 Committee Highlight Report to Board

8. Close out Matters

- 8.1 Any Other Business
- 8.2 How did we do today?
- 8.3 Date and Time of Next Meeting

Mental Health Act Monitoring Committee (MHAMC)

1. Preliminary Matters

- 1.1 Welcome & Introductions
- 1.2 Apologies for Absence
- 1.3 Declarations of Interest

2. Consent Agenda Business

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

3. Main Agenda

- 3.1 Matters arising not otherwise contained on the Action Log

4. Mental Health Act Activity Updates

- 4.1 Mental Health Act Operational Group Report
- 4.2 Mental Health Act Quarterly Activity Report
- 4.3 Strategic Update from South Wales Police
- 4.4 Strategic Update from Local Authority Partners

5. Governance, Risk and Assurance

- 5.1 Mental Health Act Compliance Report
- 5.2 Power of Discharge Sub Committee Highlight Report
- 5.3 Organisational Risk Register (in scope risks)
- 5.4 Risks relating to monitoring of the Mental Health Act

6. Consent Agenda

- 6.1 For Approval
- 6.2 For Noting

7. Committee Governance

- 7.1 Forward Work Plan
- 7.2 Committee Cycle of Business
- 7.3 Committee Highlight Report to Board

8. Close out Matters

- 8.1 Any Other Business
- 8.2 How did we do today?
- 8.3 Date and Time of Next Meeting

OPERATIONAL DELIVERY COMMITTEE

(Now and up to 18 Months)

1. Preliminary Matters

- 1.1 Welcome & Introductions
- 1.2 Apologies for Absence
- 1.3 Declarations of Interest

2. Consent Agenda

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

3. Main Agenda

- 3.1 Matters arising not otherwise contained on the Action Log

4. Integrated Performance

- 4.1 Escalation Status
- 4.2 Integrated Performance Dashboard
 - People Services
 - Quality & Safety
 - Operational
 - Digital & Data (Including Information Governance)
 - Population Health

5. Financial Performance

- 5.1 Financial Performance Report
- 5.2 Finance Report
- 5.3 Capital and Estates Programme / Discretionary Capital Programme

6. Planning & Operational Delivery

- 6.1 Integrated Medium Term Plan (IMTP)
- 6.2 Six Goals for Urgent and Emergency Care Programme
- 6.3 Planned Care Recovery Programme

7. Planning in Partnership

- 7.1 Llantrisant Health Park
- 7.2 Regional Integration Fund
- 7.3 National Digital Programmes

8. Risk

- 8.1 Organisational Risk Register

9. Consent Agenda

- 9.1 For Approval
- 9.2 For Noting

10. Committee Governance

- 10.1 Forward Work Plan
- 10.2 Committee Cycle of Business
- 10.3 Committee Highlight Report to Board

11. Close out Matters

- 11.1 Any Other Business
- 11.2 How did we do today?
- 11.3 Date and Time of Next Meeting

EXAMPLE

Quality, Safety & Experience Committee (QSEC)

1. Preliminary Matters

- 1.1 Welcome & Introductions
- 1.2 Apologies for Absence
- 1.3 Declarations of Interest

2. Consent Agenda Business

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

3. Main Agenda

- 3.1 Matters arising not otherwise contained on the Action Log

4. Shared Experiences - Listening and Learning

- 4.1 Listening and Learning Story
- 4.2 Spotlight Presentation
- 4.3 Patient Experience / Staff Experience Reports
- 4.4 Board Member walkarounds reflections

5. Setting the Scene - Quality & Safety Delivery

- 5.1 Report from the Clinical Executive Directors
- 5.2 Care Group Highlight Reports
- 5.3 Health, Safety & Fire Sub Committee Highlight Report
- 5.4 Estates?
- 5.5 Facilities?

6. Quality Governance, Risk & Assurance

- 6.1 Organisational Risk Register (in scope risks)
- 6.2 Healthcare Inspectorate Wales Improvement Plan Tracker
- 6.3 Patient Safety & Quality Dashboard
- 6.4 Delivering our Improvement Programmes
 - Mental Health Adult Inpatient Improvement Programme
 - Stroke Services

7. Consent Agenda

- 7.1 For Approval
- 7.2 For Noting

8. Committee Governance

- 8.1 Forward Work Plan
- 8.2 Committee Cycle of Business
- 8.3 Committee Highlight Report to Board

9. Close out Matters

- 9.1 Any Other Business
- 9.2 How did we do today?
- 9.3 Date and Time of Next Meeting

Remuneration & Terms of Service Committee (RTSC)

1. Preliminary Matters

- 1.1 Welcome & Introductions
- 1.2 Apologies for Absence
- 1.3 Declarations of Interest

2. Consent Agenda Business

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

3. Main Agenda

- 3.1 Matters arising not otherwise contained on the Action Log

4. Executive and Very Senior Manages (VSMs) Remuneration and Terms of Service

5. Executive and Very Senior Management Performance Management (objectives and appraisals) *annual*

6. Additional Payments (Medical and Dental)

7. Termination Arrangements / Remuneration Packages

8. Consent Agenda

- 8.1 For Approval
- 8.2 For Noting

9. Committee Governance

- 9.1 Forward Work Plan
- 9.2 Committee Cycle of Business
- 9.3 Committee Highlight Report to Board

10. Close out Matters

- 10.1 Any Other Business
- 10.2 How did we do today?
- 10.3 Date and Time of Next Meeting

Strategic Development Committee (18 months and beyond)

1. Preliminary Matters

- 1.1 Welcome & Introductions
- 1.2 Apologies for Absence
- 1.3 Declarations of Interest

2. Consent Agenda

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

3. Main Agenda

- 3.1 Matters arising not otherwise contained on the Action Log

4. Our People

- 4.1 People Plan
- 4.2 Culture Plan
- 4.3 Strategic Equality Plan

Visible and inspiring leadership
Promoting diversity and inclusion
Embedding our values and behaviours
Encouraging local employment

5. Our Models of Care

- 5.1 Acute Clinical Services Plan
- 5.2 Primary Care
- 5.3 Digital Transformation Plans
 - National Programmes
 - Local Programmes

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

6. Our Population / Working with Our Partners

- 6.1 Becoming a Population Health Organisation
- 6.2 Healthier Wales
- 6.3 Public Service Board – Well Being Plans
- 6.4 Public Engagement Plan for 'Our Health Our Future'
- 6.5 Regional Partnership Board
- 6.6 Public Services Board

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

7. Our commitment to Sustaining Our Future

- 7.1 Financial Plan
- 7.2 Estates and Capital Plan
- 7.3 Decarbonisation Strategy
- 7.4 Green CTM
- 7.5 Anchor Organisation
- 7.6 University Status

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

8. Planning in Partnership

- 8.1 Llantrisant Health Park
- 8.2 Regional Integration Fund

9. Board Assurance Framework (Risks affecting our Strategic Objectives)

- 9.1 Board Assurance Framework Report

10. Consent Agenda

- 10.1 For Approval
- 10.2 For Noting

11. Committee Governance

- 11.1 Forward Work Plan
- 11.2 Committee Cycle of Business
- 11.3 Committee Highlight Report to Board

12. Close out Matters

- 12.1 Any Other Business
- 12.2 How did we do today?
- 12.3 Date and Time of Next Meeting



Agenda Item

5.6

CTM Health Board

**Establishment of the NHS Wales Joint Commissioning Committee, as a
Joint Committee of Local Health Boards in NHS Wales**

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awduron yr Adroddiad / Report Authors	Rani Dash, Director of Corporate Governance, Aneurin Bevan University Health Board, and Chair of National Commissioning Programme Governance Workstream & Gareth Watts, Director of Corporate Governance/Board Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

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

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 Welsh Government's [*"A Healthier Wales: long term plan for health and social care"*](#) committed to a review of national commissioning functions. Consequently, an independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) (which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities.
- 1.2 The scope of the Review, as set out in its Terms of Reference, was to:
 - Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps;
 - Horizon scan future national (and regional) commissioning requirements;
 - Describe the current governance arrangements and interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive;
 - Describe the potential national commissioning functions to be undertaken ('function');
 - Describe the different options for delivery of those function ('form');
 - Describe the different options for future governance and decision-making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive;
 - Make recommendations on a preferred way forward; and
 - Set out processes and timelines for implementation (including proposed programme management arrangements and evaluation).
- 1.3 The review found that while there was good evidence of evolution and growing maturity in both WHSSC and EASC, there remained gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision-making and accountability arrangements.
- 1.4 In summary, the recommendations made were:
 - WHSSC, EASC and NCCU should be combined into a single entity and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
 - This new entity as a Joint Committee should be given a new name to highlight that it is a new body rather than just a merger of existing bodies.
 - The term "specialist" [or "specialised"] should not be used in any new name, but the scope and responsibilities of the service should be defined.

- The new body should take on an expert supportive role to Health Boards in developing Regional and Inter-Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
 - The new body should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
 - The current hosting agreement should be retained but would need to be reviewed after the new entity is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
 - There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
 - An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new body create its own identity.
 - The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.
- 1.5 While the commissioning of 111 services was not explicitly included in the initial scope of the review, this was considered under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by Health Boards. It was confirmed that this recommendation would therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.
- 1.6 It was also confirmed that the planned transfer of the Sexual Assault Referral Centres (SARCs) commissioning service from the NHS Executive to the NCCU on 1 April 2024 would also be included within the remit of the work to be taken forward.
- 1.7 In response to the review, a National Commissioning Programme, led by Welsh Government with accountability to the Minister for Health & Social Services and the Director General/Chief Executive of NHS Wales, was established. The purpose of which being to implement the recommendations arising from the review and to provide strategic direction and control to ensure all required preparatory work and engagement was undertaken in readiness for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

2. Specific Matters for Consideration

Establishment of the NHS Wales Joint Commissioning Committee

- 2.1 On the 6 November 2023, the Minister for Health and Social Services confirmed the title of the new national commissioning joint committee would be, NHS Wales Joint Commissioning Committee / Cyd-bwyllgor Comisiynu GIG Cymru.
- 2.2 The [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#) (the Directions) came into force on 7th February 2024 which provide that the Local Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of services specified within the Directions or as identified by the Local Health Boards. Specifically, these are: (a) specialised services for: (i) cancer and blood disorders, (ii) cardiac conditions, (iii) mental health and vulnerable groups, (iv) neurosciences, and (v) women and children; (b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis; (c) emergency medical services; (d) non-emergency patient transport services; (e) emergency medical retrieval and transfer services; (f) NHS 111 services; (g) sexual assault referral centres; and (h) other services as directed by the Welsh Ministers.
- 2.3 For the purpose of jointly exercising those functions set out within the Directions, the Local Health Boards will establish a joint committee to be operational on 1 April 2024, which will supersede the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee as Joint Committees of Local Health Boards.
- 2.4 The Directions determine that the host Local Health Board must provide administrative support for the operation of the joint committee and establish the NHS Wales Joint Commissioning Committee Team (JCCT); and that the Host Local Health Board will be Cwm Taf Morgannwg University Health Board (CTMUHB).
- 2.5 The [National Health Service Joint Commissioning Committee \(Wales\) Regulations 2024](#) (the Regulations) were laid before Senedd Cymru on 9th February 2024 and will come into force on 1st April 2024. These Regulations make provision for the constitution and membership of the NHS Wales Joint Commissioning Committee (the Joint Commissioning Committee [JCC]), including its procedures and administrative arrangements. An [Explanatory Memorandum](#) was also laid before Senedd Cymru.
- 2.6 As set out within Part 2 of the Regulations, membership of the JCC will consist of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members

(NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers.

- 2.7 In addition, the JCC's membership will include an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body. In addition, the intention is for the Chief Commissioner to hold Accountable Officer status, delegated by Welsh Government, for accountability for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.
- 2.8 At the time of writing, processes are underway to appoint the JCC's Chair and Lay Members and an Interim Chief Commissioner. Announcements in respect of these are expected imminently.

3. Governance Framework of the NHS Wales Joint Commissioning Committee

- 3.1 The Governance Framework for the JCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the JCC in its operations and handling of business. These documents are an integral part of the wider governance framework of Local Health Board and have been developed within that context.
- 3.2 The Governance Framework of the JCC will contain the following and an update on each element is provided below:



- 3.3 Standing Orders – The JCC’s Standing Orders are to be issued by Welsh Ministers to Local Health Boards (LHBs) using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board in Wales must agree the Standing Orders for the regulation of the NHS Wales Joint Commissioning Committee’s proceedings and business to form part of each LHBs Standing Orders.

The JCC Standing Orders therefore form a schedule to each LHBs own Standing Orders and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 and LHB Standing Order, paragraph 3.2 into day-to-day operating practice.

- 3.4 Scheme of Delegation and Reservation of Powers – The JCC’s Scheme of Delegation and Reservation of Powers will form an annex to the JCC’s Standing Orders, which form a schedule to each Local Health Boards (LHBs) own Standing Orders and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out in the context of the JCC’s business:
- Those matters reserved for Local Health Boards;
 - Those matters delegated from Local Health Boards and reserved for the JCC; and

- Those matters further delegated from the JCC to the Chief Commissioner (and other Officers as appropriate).

In addition to the responsibilities delegated from the JCC, the Chief Commissioner will have delegated responsibilities from the Host Body (set out within the Hosting Agreement) and delegated responsibilities from Welsh Government (set out within an Accountable Officer Memorandum).

It will also be necessary for the Host Body to confirm within its respective Scheme of Delegation and Reservation of Powers any functions delegated to the Chief Commissioner and Joint Commissioning Committee Team as the employer and provider of administrative (e.g. finance, workforce) services.

- 3.5 Standing Financial Instructions – The JCC’s Standing Financial Instructions (SFIs) will form an annex to the JCC’s Standing Orders, which form a schedule to each Local Health Boards (LHBs) own Standing Orders and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. These SFIs will align with the JCC’s Scheme of Delegation and Reservation of Powers and also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.
- 3.6 The Board is required to formally adopt the JCC’s Standing Orders, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions, as part of its overall governance framework for the Health Board, with the JCC being a formal Joint Committee.
- 3.7 On 18th March 2024, the Minister for Health and Social Services issued Model Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, attached at **Appendix A**. In addition, amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards following the establishment of the NHS Wales Joint Commissioning Committee were issued.
- 3.8 On 19th March 2024, the Minister for Health and Social Services issued Model the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, attached at **Appendix B**.

3.9 The Board is therefore asked to **ADOPT**:

- **Appendix A, Document 1: Amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards**
- **Appendix A, Document 2: Standing Orders for the NHS Wales Joint Commissioning Committee**
- **Appendix A, Document 3: Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee**
- **Appendix B, Document 1: Standing Financial Instructions for the NHS Wales Joint Commissioning Committee**

3.10 Accountability Map - an Accountability Map for the JCC has been developed and agreed by the National Commissioning Programme Oversight Board. The purpose of the Accountability Map is to outline the formal accountabilities and formal relationships between Welsh Government, Local Health Boards, the Host Body (CTMUHB), the JCC and its Team. This is attached at **Appendix C** for the Board's information.

3.11 Guidance on the Handling of Interests - Guidance has been developed to set out the arrangements for the appropriate handling of declarations of interests within the JCC's business, ensuring that the JCC operates within its Standing Orders and the Standards of Behaviour Framework set by CTMUHB as the Host Body. This guidance extends to the handling of interests which may, or be perceived to, arise where a JCC Officer Member (a Chief Executive of a Local Health Board) is an employee of an organisation which is a provider of services commissioned via the JCC.

3.12 Memorandum of Agreement between Local Health Boards - To ensure the effective operation of the JCC as a Joint Committee, a Memorandum of Agreement between all 7 Local Health Boards (LHBs) will be established, which will set out the commitment and ways of working, including the agreed roles and responsibilities of the Chief Executive Officer of each constituent LHB as individual officer members of the JCC.

3.13 Hosting Agreement - A Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards will be established to outline the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This will be supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given it is intended they both hold respective Accountable Officer responsibilities delegated by Welsh Government.

4. Assessment

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Consideration has been given to the Duty of Quality as set out in section 1A of the NHS (Wales) Act 2006 ("the 2006 Act") as it applies to the Welsh

		Ministers. The Duty of Quality places Ministers under an additional duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The establishment of the new JCC arrangements will support the delivery of the Duty of Quality requirements.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024
Cyfreithiol / Legal	Yes (Include further detail below) National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	
	There is not expected to be an additional cost as costs associated with the establishment of the new NHS Wales Joint Commissioning Committee will be borne out of existing budgets of WHSCC, EASC, NCCU and costs relating to any other commissioning functions transferred into the new Joint Commissioning Committee.	

5. Recommendation

5.1 The Board is asked to:

- a. NOTE the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1st April 2024, as directed by Welsh Ministers;
- b. NOTE that the JCC will supersede the Board's current joint committees, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1st April 2024;
- c. NOTE the development of the JCC's governance framework, as a key component of the Health Board's governance framework;
- d. ADOPT the amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards; and the Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 18th March 2024 (Appendix A);
- e. ADOPT the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 19th March 2024 (Appendix B); and
- f. NOTE the JCC's Accountability Map for information (Appendix C).

6. Next Steps

- 6.1 The JCC will be formally established on 1st April 2024. In addition to our role on this the JCC as one of the seven LHBs, as the Host Body we will continue play an active role in supporting the transitional arrangements for the JCC and the JCC Team.
- 6.2 Future updates on the continued embedding of the new arrangements will be brought to future Board meetings as well as to the relevant committee meetings including the Audit and Risk Committee.

Ein cyf/Our ref: MA-EM-0728-24

Chairs of Local Health Boards

18 March 2024

Dear Chairs

Interim Review of Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards and development of new Model Standing Orders and Reservation and Delegation of Powers for the NHS Wales Joint Commissioning Committee

As you are aware the new NHS Wales Joint Commissioning Committee will be established from 1 April 2024 as a Joint Committee of the seven Health Boards. This is in accordance with the NHS Wales Joint Commissioning Committee (Wales) Directions 2024.

In preparation for the establishment of the new Joint Committee Model Standing Orders and a Scheme of Reservation and Delegation of Powers have been developed. It has also been necessary to make some amendments to the Local Health Board Model Standing and Reservation and Delegation of Powers. These amendments also remove all references to the Welsh Health Services Commissioning Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) which will cease to exist on 31 March 2024.

The amendments to the Local Health Board documents and the issuing of Model documents for the NHS Wales Joint Commissioning Committee are in accordance with my powers of direction contained within Section 12(3) of the National Health Services (Wales) Act 2006.

These amendments supersede those issued on 27 July 2023 and as confirmed in Welsh Health Circular WHC2023/032. A new WHC will be published to confirm this.

Your Board is required to incorporate and adopt this latest review into your organisations Standing Orders and Reservation and Delegation of Powers. The NHS Wales Joint Commissioning Standing Orders form part of Schedule 4 of the Local Health Board Model Standing Orders.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Model Standing Financial Instructions for the NHS Wales Joint Commissioning Committee are under development these will be issued in due course.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. S. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Copy: Chairs of NHS Trusts and Special Health Authorities

Chairs of EASC and WHSSC

Chief Executives of Local Health Boards, NHS Trusts and Special Health Authorities

Directors of Governance/Board Secretaries of Local Health Boards, NHS Trusts and Special Health Authorities

Managing Director, WHSSC

Chief Ambulance Services Commissioner, EASC

Committee Secretaries, EASC and WHSSC

Amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Board following the establishment of the NHS Wales Joint Commissioning Committee

On 1 April 2024 the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) will cease to exist. They are to be replaced by the NHS Wales Joint Commissioning Committee. The new Joint Commissioning Committee will take on the functions of the former EASC and WHSSC together with commissioning of 111 and Sexual Assault and Referral Centres.

As a result of the establishment of the new Joint Commissioning Committee the following amendments are required to the LHB Model Standing Orders:

Remove the following paragraphs:

- xi) **The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and for the purpose of jointly exercising those functions will establish the Welsh Health Specialised Services Committee (“WHSSC”). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009 (S.I. 2009/3097)**, which make provision for the constitution and membership of the WHSSC including its procedures and administrative arrangements.
- xii) **The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8)** as amended by the **Emergency Ambulance Services (Wales) Amendment Directions 2016 (2016/8)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services and for the purpose of jointly exercising those functions will establish the Emergency Ambulance Services Committee (“EASC”). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566)** which make provision for the constitution and membership of the EASC including its procedures and administrative arrangements.

and replace with:

- xi) **The National Health Service Joint Commissioning Committee (Wales) Directions 2024 (WG24-06)** provide that the seven LHBs in Wales will establish a joint committee to exercise the functions of planning, securing and commissioning:
 - (a) specialised services for –
 - (i) cancer and blood disorders,
 - (ii) cardiac conditions,

- (iii) mental health and vulnerable groups,
- (iv) neurosciences, and
- (v) women and children,
- (b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis,
- (c) emergency medical services,
- (d) non-emergency patient transport services,
- (e) emergency medical retrieval and transfer services,
- (f) NHS 111 services,
- (g) sexual assault referral centres, and
- (h) other services as directed by the Welsh Ministers.

Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Welsh Ministers have made the **National Health Service Wales Joint Commissioning Committee (Wales) Regulations 2024 (2024 No. 135 (W29))**, which make provision for the constitution and membership of the Joint Commissioning Committee, including its procedures and administrative arrangements.

Renumber paragraphs after xi)

Paragraph 3.2 – Joint Committees

Remove paragraph 3.2.3

- 3.2.3 The Board shall establish, as a minimum, the following joint-Committees:
- The Welsh Health Specialised Services Committee (WHSSC).
 - The Emergency Ambulance Services Committee

and replace with

- 3.2.3 The Board shall establish, as a minimum, the following joint-Committee(s):
- The National Health Service Wales Joint Commissioning Committee (JCC)

Section 10 - GAINING ASSURANCE ON THE CONDUCT OF LHB BUSINESS

Remove paragraph 10.0.4

- 10.0.4 Assurances in respect of the functions discharged by WHSSC and EASC shall achieved by the reports of the respective Joint Committee Chair, and reported back by the Chief Executive. Reference should be made to paragraph 3.2 above regarding the governance arrangements which should be agreed for each of the Joint Committees.

and replace with

- 10.0.4 Assurances in respect of the functions discharged by the National Health

Services Wales Joint Commissioning Committee (the JCC) shall achieved by the reports of the JCC Chair, and reported back by the Chief Executive. Reference should be made to paragraph 3.2 above regarding the governance arrangements which should be agreed for each of the Joint Committees.

Schedule 1 – Model Scheme of Reservation and Delegation of Powers

Remove

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the Welsh Health Specialised Services Committee (WHSSC) or Emergency Ambulance Services Committee (EASC).

and replace with

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the NHS Wales Joint Commissioning Committee (the JCC)).

Schedule 4 – Joint Committee Arrangements

Remove

Schedule 4.1 – Welsh Health Services Specialised Services Committee
Schedule 4.2 – Emergency Ambulance Services Committee

and replace with

Schedule 4.1 – National Health Service Wales Joint Commissioning Committee

STANDING ORDERS FOR THE NHS WALES JOINT COMMISSIONING COMMITTEE

**This Schedule forms part of, and shall have effect as if
incorporated in the Local Health Board Standing Orders**

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1. INTRODUCTION

Foreword

- 1.1 Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing Standing Orders Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the NHS Wales Joint Commissioning Committee's (JCC) proceedings and business to form part of each LHBs Standing Orders.
- 1.2 These JCC Standing Orders form a schedule to each LHBs own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 and LHB Standing Order, paragraph 3.2 into day to day operating practice.
- Together with the adoption of a Schedule of Powers reserved to the Joint Committee; a Scheme of Delegation to officers and others; and Standing Financial Instructions (SFIs), they provide the framework for the business conduct of the Joint Committee.
- 1.3 These documents, together with the following, are designed to ensure the achievement of the standards of good governance set for the NHS in Wales:
- Memorandum of Agreement which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executive Officer of the constituent LHBs as individual members of the Joint Committee;
 - Hosting Agreement which outlines the accountability arrangements and resulting responsibilities for Cwm Taf Morgannwg University Health Board (the Host Body) and the other 6 LHBs; and
 - Cwm Taf Morgannwg University Health Board's Values and Standards of Behaviour Framework.
 -
- 1.4 All LHB Board members (and employees where appropriate), Joint Committee members, and the NHS Wales Joint Commissioning Committee Team (JCCT) must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content.

The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/a-wp/governance-e-manual/>

- 1.6 As a joint committee of the LHBs, the JCC is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf.

Ultimately, the 7 LHBs remain accountable for planning, securing and delivering health services to their respective populations.

- 1.7 Cwm Taf Morganwg University Health Board is appointed as the Host Body under Ministerial Direction and is accountable for the delivery of the functions of host body, as required by the **NHS Wales Joint Commissioning Committee (Wales) Directions 2024 (the JCC Directions) – to be linked.** As the host body they are required to provide administrative support for the operation of the JCC and establish the JCCT.

The Board of the Host Body will not be responsible or accountable for the planning, funding and securing of those services delegated to the JCC by the 7 LHBs, or as directed by Welsh Ministers, save in respect of residents within the areas served.

2. CONSTITUTION AND PURPOSE

Statutory Framework

- 2.1 The NHS Wales Joint Commissioning Committee (JCC) (the Joint Committee) is a joint committee of each LHB in Wales, established under the **NHS Wales Joint Commissioning Committee (Wales) Directions 2024 (the JCC Directions) – to be linked.**

The functions and services of the Joint Committee are listed in Section 3(2) of the JCC Directions.

- 2.2 The principal place of business of the JCC is Unit G1, The Willowford, Treforest Industrial Estate, Pontypridd CF37 5YL.
- 2.3 All business shall be conducted in the name of the NHS Wales Joint Commissioning Committee (JCC) on behalf of LHBs.
- 2.4 LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the NHS (Wales) Act 2006 which is the principal legislation relating to the NHS in Wales.

Whilst the NHS Act 2006 applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.

- 2.5 Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions.
- 2.6 LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.

However, in some cases the relevant function may be contained in other legislation.

- 2.7 Each LHBs functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and tertiary services for the citizens in their respective areas. The JCC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning, securing and commissioning of services delegated to it and will establish the Joint Committee for the purpose of jointly exercising those functions.
- 2.8 Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the [NHS Wales Joint Commissioning Committee \(Wales\) Regulations 2024 \(the JCC Regulations\)](#) which set out the constitution and membership arrangements of the Joint Committee.

Certain provisions of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.

- 2.9 In addition to directions, the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.
- 2.10 The Host LHB shall issue an indemnity to the Chair and Lay Members, on behalf of the LHBs.

NHS Framework

- 2.11 In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery.

The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.

2.12 Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.

2.13 The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; and Standing Financial Instructions, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework*; the Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

* The NHS Wales Values and Standards of Behaviour Framework can be accessed via the following link:

<https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/living-public-service-values/values-and-standards-of-behaviour-framework/>

2.14 The Welsh Ministers, reflecting their constitutional obligations and legal duties under the Well-being of Future Generations (Wales) Act 2015, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.

2.15 The Well-being of Future Generations (Wales) Act 2015 also places duties on LHBs, NHS Trusts and Special Health Authorities in Wales and therefore is extended to the activity of the JCC. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.

2.16 The Health and Social Care (Quality and Engagement) (Wales) Act 2020 places requirements to:

- Ensure NHS bodies and ministers consider how their decisions will secure an improvement in the quality of health services (the Duty of Quality); and
- Ensure NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour).

LHBs will need to ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance. These requirements therefore extend to the activity of the JCC, where relevant as set out within the JCC Scheme of Delegation.

The Duty of Quality statutory guidance 2023 can be found at
<https://www.gov.wales/duty-quality-healthcare>

The NHS Duty of Candour statutory guidance 2023 can be found at
<https://www.gov.wales/duty-candour-statutory-guidance-2023>

- 2.17 Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Ministers’ Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at:
<https://nwssp.nhs.wales/a-wp/governance-e-manual/>

Directions or guidance on specific aspects of Joint Committee/LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Purpose and Delegated functions

- 2.18 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning, securing and commissioning of:
- specialised services for:
 - cancer and blood disorders
 - cardiac conditions
 - mental health and vulnerable groups
 - neurosciences, and
 - women and children.
 - services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
 - emergency medical services
 - non-emergency patient transport services
 - emergency medical retrieval and transfer services
 - NHS 111 services
 - sexual assault referral centres, and
 - other services as directed by the Welsh Ministers.
- 2.19 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services identified in 2.18 for residents within their area.

Role of the Joint Committee

2.20 The Joint Committee's role is to:

- Determine a long-term strategy for the commissioning of services delegated to the JCC
- Produce an Integrated Medium-Term Plan which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which informs and compliments the LHBs Integrated Medium-Term Plans (IMTPs)
- In commissioning services, the JCC will act in accordance with the Directions and Scheme of Delegation of the health boards and will, for the relevant functions:
 - Identify and evaluate existing, new and emerging services and treatments and advise on the way in which these services should be delivered
 - Develop policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC
 - Determine annually those services that should be commissioned on a regional or national basis
 - Determine the appropriate level of funding for the commissioning of directed and delegated services at a regional or national level and determine the contribution from each LHBs for those services (which will include the running costs of the JCC and the Joint Commissioning Team) in accordance with any specific directions set by the Welsh Ministers
 - Secure the provision of services delegated at a regional and national level including those to be delivered by providers outside of Wales
- Ensure the JCC operates within an appropriate governance framework.

2.21 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making delegated to the Chief Commissioner and others undertaken at the direction of the Joint Committee.

2.22 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Where LHBs have delegated decisions to the JCC, each **LHB shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers reserved for the Joint Committee.**

In the event that the Joint Committee is unable to reach agreement, the dispute process set out within the Memorandum of Agreement should be followed.

2.23 The Joint Committee shall work with all its partners and stakeholders in the

best interests of the population of Wales.

3. SCOPE AND DUTIES

Joint Committee Framework

- 3.1 The specific governance and accountability arrangements established for the Joint Committee are set out within:
- These JCC Standing Orders and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others
 - The JCC Standing Financial Instructions (SFIs)
 - JCC Accountability Map
 - A Memorandum of Agreement which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executive Officer of the constituent LHBs as individual members of the Joint Committee;
 - A Hosting Agreement which outlines the accountability arrangements and resulting responsibilities for Cwm Taf Morgannwg University Health Board (the Host Body) and the other 6 LHBs; and
 - Guidance on the Handling of Interests.
- 3.2 **Annex 2** to these Standing Orders provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework.
- 3.3 The Joint Committee may from time to time agree operating procedures which apply to Joint Committee members.

The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will be included in Annex 2 of these JCC SOs.

Applying JCC Standing Orders

- 3.4 The JCC SOs (together with the JCC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any Advisory Groups.

The JCC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the LHB Boards. Further details on joint sub-Committees and Advisory Groups may be found in **Annexes 3 and 4** of these JCC SOs, respectively.

- 3.5 Full details of any non-compliance with these JCC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee to formally consider the matter and make proposals to the Joint Committee on any action to be taken. LHB Boards should be notified of any material non-compliance and the action taken, as determined by the Committee Secretary.

All Joint Committee members and Joint Committee Team officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. Ultimately, failure to comply with JCC SOs is a disciplinary matter.

Variation and amendment of JCC Standing Orders

- 3.6 Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year.

In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:

- Each of the seven LHBs are in favour of the amendment, and
- Where the Welsh Ministers agree if it relates to part of the Standing Orders issued under direction, or
- In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

- 3.7 During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the JCC SOs, the Chair of the Joint Committee shall have the final say, provided that the decision does not conflict with rights, liabilities or duties as prescribed by law.

In doing so, the Chair should take appropriate advice from the Committee Secretary.

- 3.8 The terms and provisions contained within these SOs aim to reflect those covered within all applicable legislation. The legislation takes precedence over these JCC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

- 3.9 The JCC SOs form a schedule to each LHBs own SOs, and shall have effect as if incorporated within them.

4. DELEGATED POWERS

- 4.1 Each LHB will have appropriate arrangements to equip their respective Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

Reservation and Delegation of Joint Committee Functions

- 4.2 Within the framework approved by each LHB Board and set out within these JCC SOs and subject to any directions that may be given by the Welsh Ministers; the Joint Committee may make arrangements for certain functions to be carried out on its behalf, so that the day-to-day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives.

In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.

- 4.3 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
1. Schedule of matters reserved to the Joint Committee
 2. Scheme of delegation to joint sub-Committees and others, and
 3. Scheme of delegation to the Chief Commissioner and others as appropriate
- all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs.

- 4.4 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

Chair's action on urgent matters

- 4.5 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and one Officer Member (CEO of an LHB) will take a decision after consulting with the Chief Commissioner, supported by the Committee Secretary.

The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.

The Committee Secretary will determine a process for the use of Chair's action on urgent matters, ensuring that the requirements outlined within these SOs are achieved.

- 4.6 Chair's action may not be taken where either the Joint Committee Chair or the Officer Member (CEO of an LHB) has a personal or business interest in an urgent matter requiring decision, on the advice of the Committee

Secretary.

In this circumstance, a Lay Member acting as the Vice-Chair will take a decision on the urgent matter, as appropriate. In terms of the officer member, an alternate officer member would need to be sought.

These arrangements will cease if the Chair is suspended in accordance with Regulation 9 of the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024. Reference should be made to Regulation 11 of these Regulations and advice should be sought from Welsh Government.

5. AUTHORITY

Committee Authority

- 5.1 Approve those policies relevant to the business of the Committee as delegated by the LHBs or the host Board.
- 5.2 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.
- 5.3 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.
- 5.4 As a Joint Committee of LHBs, the Joint Committee Chair will have a bi-lateral relationship with each of the Chairs of the 7 LHBs, in respect of the JCC's role carried out on their behalf and to ensure that the JCC's governance framework remains appropriate to the overarching governance framework of the 7 LHBs.

The Joint Committee Chair will have a relationship with the Host Body's CEO given their respective accountability arrangements with regard to their role in holding a shared accountability for the Chief Commissioner. The arrangements to support the relationship between the Joint Committee Chair and the Host Body CEO are further detailed in the Hosting Agreement.

Sub Committees

- 5.5 The Joint Committee may and, where directed by the LHB Boards jointly, or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

The Joint Committee shall determine, for agreement by the LHBs, a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.

- 5.6 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies, to be set out within agreed Terms of Reference and Operating Arrangements.

The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers, and set out in respective Terms of Reference and Operating Arrangements for LHB Boards for approval.

- 5.7 Full details of the joint sub-Committee structure requirements determined by the Joint Committee, including detailed terms of reference for each of these joint sub-Committees are set out in **Annex 3** of these JCC SOs.
- 5.8 As a minimum, it shall ensure that there are joint sub-Committee arrangements which cover the following aspects of Joint Committee business:
- Audit and Risk
 - Quality, Safety and Outcomes
 - Planning and Performance.

The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own joint sub-Committees or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the Hosting Agreement between the Joint Committee and the host LHB or the Memorandum of Agreement between the seven LHBs (as appropriate).

The LHBs shall agree the delegation of any of its functions to joint sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions of the Welsh Ministers.

The Health Boards shall agree and formally approve the delegation of specific powers to be exercised by joint sub-Committees which it has formally constituted on to others.

Full details of the joint sub-Committee structure established by the Joint Committee, including detailed Standing Orders for each of these joint sub-Committees are set out in **Annex 3** of these JCC SOs

- 5.9 Each joint sub-Committee established by or on behalf of the Joint Committee must have its own Terms of Reference and operating

arrangements, which must be formally endorsed by the Joint Committee for approval by LHB Boards.

These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority)
- Membership (including member appointment and removal; role, responsibilities and accountability; and terms and conditions of office) and quorum
- Meeting arrangements
- Communications
- Relationships and accountabilities with others (including the LHB Board its Committees and Advisory Groups)
- Any budget, financial and accounting responsibility
- Secretariat and other support
- Training, development and performance
- Reporting and assurance arrangements.

In doing so, the Joint Committee shall specify which aspects of the JCC SOs are not applicable to the operation of the joint sub-Committee, keeping any such aspects to the minimum necessary.

6. MEMBERSHIP

Membership of the Joint Commissioning Committee

- 6.1 The membership of the Joint Committee is provided for within the Joint Committee Directions and the Joint Committee Regulations. It shall be 11-13 voting members and one associate member as detailed below.

Chair

- 6.2 The Chair is responsible for the effective operation of the Joint Committee and is appointed by the Welsh Ministers through the Public Appointments process.

Non-Officer Members [known as Lay Members]

- 6.3 Up to 5 non-officer members, to be referred to as Lay Members, appointed by the Welsh Ministers through the Public Appointments process.

Note: At the time of preparing these Standing Orders 3 Lay Member have been appointed.

Officer Members

- 6.4 A total of 7, drawn from each Local Health Board in Wales (the Chief Executive Officer of each).

Associate Member

- 6.5 The Chief Commissioner of the JCC Team will be appointed as an Associate Member of the Joint Committee attending meetings on an ex-officio basis,

without voting rights.

- 6.6 Where a post of Chief Commissioner is shared between more than one person because of their being appointed jointly to the post, either or both persons may attend and take part in a Joint Committee meeting.

In attendance

- 6.7 The Joint Committee should, at appropriate times, invite other members of the JCC team and key providers of services commissioned by the JCC to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work. Representatives from Llais may also be invited to meetings as required (Section 7.7).

In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Llais) and to demonstrate openness and transparency in the conduct of business.

Member Responsibilities and Accountability

- 6.8 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing responsibility for all the decisions of the Joint Committee.

The JCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to JCC functions must be acting clearly in the interests of the JCC and of the population of Wales, rather than furthering direct or indirect financial, personal, professional or organisational interests.

- 6.9 Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the population of Wales.
- 6.10 All members must comply with the terms of their appointment to the Joint Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.
- 6.11 The Joint Committee may also co-opt additional independent external members from outside the LHBs or the JCCT to provide specialist skills, knowledge and experience. These individuals would attend in an ex-officio capacity.

The Chair

- 6.12 The Chair is responsible for the effective operation of the Joint Committee:
- Chairing Joint Committee meetings

- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with JCC SOs
- Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHBs Board.

Supported by the Committee Secretary, the Chair shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

The Chair, shall be appointed by the Minister for Health and Social Services for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

The Chair is accountable to the Minister for Health and Social Services in respect of their performance as Chair of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners. The Minister for Health and Social Services undertakes a performance appraisal of the Joint Committee Chair and sets objectives accordingly.

In addition to the eligibility, disqualification, suspension and removal provisions contained within the Constitution Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of and NHS body in Wales whilst also serving as the Chair of the Joint Committee.

Lay Members

- 6.13 On a day-to-day basis, Lay Members are responsible to the Committee Chair for discharging their roles as Lay Members of the JCC (and any subsequent sub-Committee). The Committee Chair will undertake performance appraisals of Lay Members on behalf of the Minister for Health and Social Services.

The Committee Lay Members are appointed by, and are accountable to, the Minister for Health and Social Services in respect of their performance as Lay Members of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners.

In addition to the eligibility, disqualification, suspension and removal provisions contained within the Constitution Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of an NHS body in Wales whilst also serving as a Lay Member.

Vice Chair

- 6.14 The members of the Joint Committee may appoint one of the non-officer members, other than the chair, to be vice-chair for such period, not exceeding the remainder of that person's term as a member, as they may specify on the appointment.

They may, at any time resign from the office of vice-chair by giving notice in writing to the chair or, if the office of chair is vacant, to the members.

The appointment will cease if the Chair were to be suspended and advice should be sought from Welsh Government and reference made to Regulation 11 of the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024.

Chief Commissioner

- 6.15 The Joint Committee will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.

This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Chief Commissioner may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.

The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services, by the Joint Committee, on behalf of the 7 LHBs.

In respect of personal performance this will include an annual performance review undertaken by the Committee Chair. This will take into account those functions delegated from the host, as set out within the Hosting Agreement, and will therefore be informed by the Chief Executive of the Host Body. Feedback from other Joint Committee members will also be sought in informing the appraisal of the Chief Commissioner.

As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host Body in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair.

As a Joint Committee of LHBs, the Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.

The Committee Secretary

6.16 The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members.

Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:

- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance
- Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups
- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role
- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of a committee culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, JCC SOs and the framework set by the LHBs and Welsh Ministers.

The Committee Secretary is accountable to the Joint Committee Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.

As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7 LHBs, in respect of the overarching governance framework of the 7 LHBs. As an employee of the Host Body (CTMUHB), the Committee Secretary will also have a relationship with the Host Body's Director of Corporate Governance with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement.

The Committee Secretary will have a relationship with the Head of NHS Governance within Welsh Government, as a Senior Governance Professional within NHS Wales

7. COMMITTEE MEETINGS

Chairing Joint Committee meetings

- 7.1 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the vice-chair, if appointed, shall preside. If the Vice-Chair is also absent or disqualified, the Lay Members present shall elect one of them to preside.

The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace.

In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

- 7.2 Quorum will be met if at least 6 voting members, 4 of whom are Officer Members (LHB Chief Executives) and 2 are the Chair, Vice-Chair or Lay Members, are present to allow any formal business to take place at a Joint Committee meeting.

If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a deputy to attend on their behalf. The nominated deputy must be an Executive Director (and hold office in accordance with regulation 3(2) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009) of the same organisation who can fully engage and take decisions in the absence of the CEO.

Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

If the Chief Commissioner is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting.

The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member or their deputy disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any

resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Frequency of Meetings

- 7.3 Meetings shall be held not less than six times a year and otherwise as the Chair of the Committee deems necessary.

Meeting arrangements

- 7.4 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

7.5 Circulation of Papers

The Committee Secretary will ensure that all papers are distributed at least 7 calendar days in advance of the meeting.

Putting Citizens first

- 7.6 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities
- The selection of accessible, suitable venues for meetings
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings, and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh, in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

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

- 7.7 The Joint Committee shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.

Part 4 of the Health and Social Care (Quality and Engagement)

(Wales) Act 2020 (2020 asc 1) (the 2020 Act) places a range of duties on LHBs and Trusts in relation to the engagement and involvement of Llais in their operations, which are extended to the activities of the JCC.

The 2020 Act places a statutory duty on LHBs and Trusts to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.

The Statutory Guidance on Representations made by the Citizen Voice Body can be found at

<https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf>

The 2020 Act also places a statutory duty on LHBs and NHS Trusts to promote awareness of Llais and make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions.

Promoting and facilitating engagement between individuals and Llais through access to relevant premises can help strengthen the public's voice and participation in shaping the design and delivery of services. LHBs and Trusts must have regard to the Code of Practice on Access to Premises and Engagement with Individuals (so far as the code is relevant).

The Code of Practice on Access to Premises and Engagement with Individuals can be found at:

<https://www.gov.wales/code-practice-llais-accessing-premises-and-engaging-people>

The LHBs and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning, developing, considering proposals for service change and commissioning services.

Annual Plan of Committee Business

- 7.8 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.

The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in Section 7.7 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.

The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of joint sub-Committees, Expert Panels and Advisory Groups.

The Joint Committee shall agree the plan for the forthcoming year by the end of May 2024, and for subsequent years by the end of March, and this plan shall be published on the Committee's website.

Calling Meetings

- 7.9 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time.

Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.

If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

Preparing for Meetings

- 7.10 **Setting the agenda**

The Joint Committee Chair, in consultation with the Committee Secretary and the Chief Commissioner, will set the agenda.

In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from joint sub-Committees and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.

Any Joint Committee member may request that a matter is placed on the agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting.

The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12-day notice period if this would be beneficial to the conduct of Joint Committee business.

- 7.11 **Notifying and equipping Joint Committee members**

Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 7 calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members

electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.

No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration.

Impact assessments shall be undertaken, as appropriate, when planning, securing or commissioning those services delegated to the Joint Committee. They will also be completed on all new or revised policies, strategies, guidance and / or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.

In the event that at least half of the Joint Committee members do not receive the agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

- 7.12 **Notifying the public and others** – Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh) as follows:
- Each LHBs website shall link to the JCC website, where the papers supporting the public part of the agenda will be available; as well as
 - Through other methods of communication as set out in the Joint Committee's communication strategy.

When providing notification of the forthcoming meeting, each LHB shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc.

Conducting Joint Committee Meetings

7.13 **Admission of the public, the press and other observers**

The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.

The Joint Committee shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting a JCC Member or a patient.

In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

- *That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].*

In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

The Committee Secretary, on behalf of the Joint Committee Chair, shall

keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

In encouraging entry to formal Joint Committee Meetings from members of the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Dealing with motions

- 7.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g., where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken.

The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member and seconded by another Joint Committee member (including the Joint Committee Chair).

7.15 Proposing a formal notice of Motion

Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out.

Where sufficient notice has been provided, and the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee's business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.

Amendments

Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

7.16 Motions under discussion

When a motion is under discussion, any Joint Committee member may propose that:

- The motion be amended
- The meeting should be adjourned
- The discussion should be adjourned and the meeting proceed to the next item of business
- A Joint Committee member may not be heard further
- The Joint Committee decides upon the motion before them
- An ad hoc committee should be appointed to deal with a specific item of business, or
- The public, including the press, should be excluded.

7.17 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

7.18 **Withdrawal of Motion or Amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

7.19 **Motion to rescind a resolution** – The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

A Motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a joint sub-Committee/Chief Commissioner to which a matter has been referred.

Voting

7.20 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint

Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted.

In order to ensure balanced and collective decision, Members are not permitted to abstain during voting, given that the JCC must discharge its collective duty for the population of Wales.

The Associate Member may not vote in any meetings or proceedings of the Joint Committee.

In determining every question at a meeting, the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the LHBs utilising their formal Board Advisory Fora (Stakeholder Reference Group and Healthcare Professionals' Forum).

The Joint Committee will make decisions based on a majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

A nominated deputy of an LHB Chief Executive may vote. Absent Joint Committee members, who have no nominated deputy present, may not vote by proxy. Absence is defined as being absent at the time of the vote.

Record of Proceedings

- 7.21 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

Confidentiality

- 7.22 All Joint Committee members (including the Associate Member), together with members of any joint sub-Committee, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant chair of a joint sub-Committee or group, as appropriate, and in

accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Standards of Behaviour Framework (including Gifts and Hospitality) Policy or legislation such as the Freedom of Information Act 2000, etc.

Committee members and attendees must not disclose any matter dealt with by or brought before the JCC in confidence without the permission of the Committee's Chair.

Expert panel and other groups

- 7.23 Where delegated by LHBs, the Joint Committee may also establish other groups to help it in the conduct of its business. The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers, must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed Standing Orders are set out in Annex 4 of the JCC SOs.

Any Expert Panel or Advisory Group established by the Joint Committee must have its own Standing Orders and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum in the same way as for sub committees (section 7.5).

In doing so, the Joint Committee shall specify which aspects of the JCC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers, and set out in respective Terms of Reference and Operating Arrangements.

The Joint Committee shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Expert Panel or Advisory Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

Reporting activity to the Joint Committee

- 7.24 Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities.

Joint sub-Committee Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

8. VALUES AND STANDARDS OF BEHAVIOUR**Values and Standards of Behaviour**

- 8.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework.

These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, JCC Team officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the JCC SOs.

**Declaring and recording Joint Committee members' interests
Declaration of interests**

- 8.2 It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or could be perceived to affect the conduct of their role as a Joint Committee member.

This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations.

The JCC's Guidance on the Handling of Interests provides further detail on the requirements of Joint Committee members.

The Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour Framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.

Register of interests

- 8.3 The Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members through the following processes:

The recording of JCC members' interests will be recorded as follows:

- JCC Chair – via the Host Body's policy and process for declaring and recording interests;
- JCC Lay Members - via the Host Body's policy and process for declaring and recording interests;
- JCC Officer Members – via their respective Health Board's policy and process for declaring and reporting interests; and
- Chief Commissioner - via the Host Body's policy and process for declaring and recording interests.

The register will be held by the Committee Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, working with LHBs in respect of Officer Members, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.

In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This may include publication on the Joint Committee's website.

Publication of declared interests in Annual Report

- 8.4 Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

Dealing with Members' interests during Joint Committee meetings

- 8.5 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it is taken in an open, balanced, objective and unbiased manner.

In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales.

The JCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to JCC functions must act in accordance with this principle, rather than furthering direct or indirect financial, personal, professional or organisational interests. This

also includes ensuring that Officer Members do not seek to achieve a greater benefit for the population of their respective Local Health Board over and above that of others.

Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary, before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting.

All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may vary dependent on the type of interest declared and further detail on the options takes are set out within the JCC's Guidance on the Handling of Interests.

For the purpose of the JCC's business, interests fall into the following categories with further detail set out within the JCC's Guidance on the Handling of Interests:

1. Personal Financial Interests
2. Non-Financial Personal Interests
3. Non-Financial Professional Interests
4. Indirect Interests
5. Provider Organisation Interests

In extreme cases, it may be necessary for the individual member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.

Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by a lay members acting as the Vice-Chair, on behalf of the Joint Committee.

In all cases the decision of the Joint Committee Chair (or the Vice-Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

Members with pecuniary (financial) interests

8.6 Where a Joint Committee member, or any person they are connected with

has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it.

The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

- 8.7 The Local Health Boards (Constitution, Membership and Procedures) Wales Regulations 2009 define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. The JCC SOs must be interpreted in accordance with these definitions.

Reviewing how interests are handled

- 8.8 The Joint Committee will ensure that arrangements of the Handling of Interests relating to the JCC are reviewed through the Host Body's assurance arrangements as required within the Hosting Agreement and Memorandum of Agreement between the 7LHBs.

Dealing with offers of gifts, hospitality and sponsorship

- 8.9 The Host Body's Standards of Behaviour Policy (Incorporating Declarations of Interest, Gifts, Hospitality, Sponsorship and Honoraria) applies to the Joint Committee's Chair, Lay Members and Chief Commissioner, and prohibits Joint Committee members from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

Gifts, benefits or hospitality must never be solicited. Any Joint Committee member who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or JCC Team member. Failure to observe this requirement may result in disciplinary and/or legal action.

In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate.

The Committee Secretary will ensure the recording of gifts, hospitality and sponsorship for the JCC's Chair, Lay Members and Chief Commissioner is embedded into the recording and reporting requirements of the Host Body.

The recording of gifts, hospitality and sponsorship for the JCC's Officer Members will be undertaken in accordance with the respective LHB's Standards of Behaviour Policy and reporting arrangements.

9. REPORTING AND ASSURANCE ARRANGEMENTS

Reporting to Health Boards

9.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the LHB Boards on the Committee's activities
- This includes written submission of Chair summary or highlight reports throughout the year and an in-person attendance at every LHB, meeting annually with Board Members
- Bring to the Board's specific attention any significant matters under consideration by the Committee
- Ensure appropriate escalation arrangements are in place to alert the Members, NHS Wales Chairs or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of NHS Wales.

Annual Reporting Requirements

9.2 The Committee shall provide a written, annual report to the host body on its work in support of the Annual Governance Statement.

The LHBs may also require the Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate.

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

Risk and Assurance

10.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

10.2 **The role of Internal Audit in Providing independent internal assurance.**

The Host Body shall ensure the effective provision of an independent internal audit function for the Joint Committee as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

10.3 **Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups**

The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, Expert Panels and any other Advisory Groups.

Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.

Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair to align with the LHBs annual reporting cycle, setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes
- Its Joint Committee Development Programme, as part of an overall Organisation Development framework, and
- Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

10.4 **External Assurance**

The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the Joint Committees operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.

The Joint Committee shall keep under review and ensure that, where

appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the Senedd's Public Accounts and Public Administration Committee and other appropriate bodies.

The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

11. DEMONSTRATING ACCOUNTABILITY

11.1 Accountability

Taking account of the arrangements set out within these JCC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and healthcare professionals.

The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

11.2 Support to the Joint Committee

The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee
- Co-ordinating and facilitating appropriate induction and organisational development activity
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others
- Ensuring the provision of secretariat support for Joint Committee meetings
- Ensuring that the Joint Committee receives the information it needs on a timely basis
- Ensuring strong links to communities/groups
- Ensuring an effective relationship between the Joint Committee and the Host Body, and
- Facilitating effective reporting to each LHB enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

12. REVIEW

- 12.1 The JCC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in JCC SOs, including the appropriate impact assessment.

DRAFT

NHS WALES JOINT COMMISSIONING COMMITTEE

SCHEME OF DELEGATION AND RESERVATION OF POWERS

A. MATTERS RELATING TO THE JCC, <u>RESERVED</u> FOR HEALTH BOARDS		
REF.	AREA	MATTER
A1.	Operating Arrangements	Approval of the Joint Committee's Governance Framework, including: - JCC Standing Orders - JCC Standing Financial Instructions - JCC Scheme of Delegation and Reservation of Powers - JCC sub-Committee Terms of Reference
A2.	Strategy & Planning	Endorse the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee), as agreed by the Joint Committee
A3.	Strategy & Planning	Endorse the JCC Integrated Medium-Term Plan, as agreed by the Joint Committee for inclusion in LHB Integrated Medium-Term Plans
A4.	Strategy & Planning	Endorse the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure), as agreed by the Joint Committee

B. MATTERS RELATING TO THE JCC, <u>DELEGATED FROM</u> HEALTH BOARDS AND <u>RESERVED FOR THE JOINT COMMITTEE</u>		
REF.	AREA	MATTER
B1.	Operating Arrangements	Develop, vary, and amend the Joint Committee's Governance Framework for LHB approval, including: - JCC Standing Orders - JCC Standing Financial Instructions - JCC Scheme of Delegation and Reservation of Powers - JCC sub-Committee Terms of Reference
B2.	Operating Arrangements	Develop and approve arrangements for the handling of Interests declared by Joint Committee members, in alignment with the Host Body's Values and Standards of Behaviour Framework
B3.	Operating Arrangements	Develop and approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to provide the JCC with advice in the exercise of its functions: - Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. - Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.
B4.	Strategy & Planning	Develop and approve the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee)
B5.	Strategy & Planning	Develop and approve the JCC's Integrated Medium-Term Plan, for LHB approval
B6.	Operating Arrangements	Ratify any urgent decisions taken by the Chair, in-line with JCC Standing Order requirements

B7.	Operating Arrangements	Receive report and proposals, after consideration by the appropriate Audit Committee, regarding any non-compliance with JCC Standing Orders (and schedules contained within), and where required ratify in public session any action required in response to failure to comply with JCC SOs for onward reporting to LHBs
B8.	Operating Arrangements	Adopt the Host Body's Values and Standards of Behaviour Framework for the JCC
B9.	Strategy & Planning	Determine and approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
B10.	Operating Arrangements	Approve the Joint Committee's Risk and Assurance Framework, ensuring alignment with the Host Body
B11.	Operating Arrangements	Approve the Joint Committee's Performance Management Framework
B12.	Performance & Assurance	Receive reports from the Chief Commissioner on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
B13.	Performance & Assurance	Receive assurance reports from the Joint Committee's sub-Committees and groups on the performance of those services commissioned by the JCC, and approve action required, including improvement plans, where required
B14.	Performance & Assurance	Receive reports produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)
B15.	Performance & Assurance	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required
B16.	Performance & Assurance	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Commissioner, set out in the JCC's SFIs, and in-line with any requirements of the Host Body
B17.	Performance & Assurance	Approve the Joint Committee's audit and assurance arrangements, in-conjunction with the Host Body as the provider of an internal audit function
B18.	Performance & Assurance	Receive assurance regarding the Joint Committee's performance against the Health and Care Quality Standards 2023 and the Duty of Quality and the arrangements for approving required action, including improvement plans, to provide onward assurance to LHBs and the Host Body.
B19.	Strategy & Planning	Approve policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC
B20.	Strategy & Planning	Approve the JCC's key plans and programmes required to exercise its functions relating to the planning, securing and commissioning of those services delegated to it (excluding the Integrated-Medium Term Plan [B5]).

C. MATTERS RELATING TO THE JCC, DELEGATED FROM THE JOINT COMMITTEE TO THE CHIEF COMMISSIONER

REF.	AREA	MATTER
C1.	Performance & Assurance	Responsibility for the leadership and overall delivery of the JCC's: Integrated Medium-Term Plan; and

		Budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
C2.	Performance & Assurance	Responsibility for the framework for planning and securing those services delegated to the JCC from LHBs, in-line with the approved Integrated Commissioning Plan (title to be confirmed)
C3.	Performance & Assurance	Responsibility for ensuring the Health and Care Quality Standards 2023 and the Duty of Quality is embedded within Joint Committee Team's activity
C4.	Performance & Assurance	Responsibility for implementing those policies approved by the JCC in relation to the planning and securing of those services delegated to the JCC from LHBs

D. MATTERS RELATING TO THE JCC, DELEGATED FROM THE JOINT COMMITTEE TO SUB-COMMITTEE AND OTHERS (INCLUDING INDIVIDUAL LAY MEMBERS)

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



Our ref: MA-EM-0832-24

Chairs of Local Health Boards

19 March 2024

Dear Chairs

Development of new Model Standing Financial Instructions for the NHS Wales Joint Commissioning Committee

Further to my letter of 18 March 2024 I am now able to issue the Model Standing Financial Instructions for the new NHS Wales Joint Commissioning Committee (the JCC).

The issuing of Model documents for the NHS Wales Joint Commissioning Committee are in accordance with my powers of direction contained within Section 12(3) of the National Health Services (Wales) Act 2006.

These amendments supersede those issued on 27 July 2023 and as confirmed in Welsh Health Circular WHC2023/032. A new WHC will be published to confirm this.

Your Board is required to incorporate and adopt this latest review into your organisations Standing Orders and Reservation and Delegation of Powers. The NHS Wales Joint Commissioning Standing Orders form part of Schedule 4 of the Local Health Board Model Standing Orders and the Model Standing Financial Instructions are Annex 2.1 of this Schedule.

Yours sincerely,

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Copy: Chairs of NHS Trusts and Special Health Authorities, Chairs of EASC and WHSSC, Chief Executives of Local Health Boards, NHS Trusts and Special Health Authorities, Directors of Governance/Board Secretaries of Local Health Boards, NHS Trusts and Special Health Authorities, Managing Director, WHSSC, Chief Ambulance Services Commissioner, EASC, Committee Secretaries, EASC and WHSSC

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Annex 2.1

STANDING FINANCIAL INSTRUCTIONS FOR THE NHS WALES JOINT COMMISSIONING COMMITTEE

**This Annex forms part of, and shall have effect as if incorporated in the
NHS Wales Joint Commissioning Committee Standing Orders and the
Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).**

Foreword

These Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the NHS Wales Joint Commissioning Committee's (the 'JCC' or the 'JCC') financial proceedings and business.

These JCC Standing Financial instructions (JCC SFIs) are an annex to the JCC Standing Orders (JCC SOs) which form a schedule to each LHBs own Standing Orders and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. Together with the adoption of a schedule of decisions reserved to the JCC; a scheme of delegations to officers and others; and JCC Standing Orders, they provide the regulatory framework for the business conduct of the JCC.

These documents, together with the following, are designed to ensure the achievement of the standards of good governance set for the NHS in Wales:

- Memorandum of Agreement which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executive Officer of the constituent LHBs as individual members of the Joint Committee;
- Hosting Agreement which outlines the accountability arrangements and resulting responsibilities for Cwm Taf Morgannwg University Health Board (the Host Body) and the other 6 LHBs; and
- Cwm Taf Morgannwg University Health Board's Values and Standards of Behaviour Framework.

All JCC members, host LHB and the Joint Commissioning Committee Team (JCCT) staff must be made aware of these JCC Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The JCC's Committee Secretary or the Director of Finance will be able to provide further advice and guidance on any aspect of the JCC SFIs or the wider governance arrangements for the JCC. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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NHS Wales Joint Commissioning Committee

1. INTRODUCTION

1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the NHS Wales Joint Commissioning Committee's (the 'JCC' or the 'JCC') financial proceedings and business. The Standing Financial Instructions shall apply equally to members off the Joint Commissioning Committee (JCC) and staff of the JCC Team.
- 1.1.2 These SFIs shall have effect as if incorporated in the JCC Standing Orders (SOs) (incorporated as Annex 2 of SOs), and both should be used in conjunction with the host body SOs and SFIs.
- 1.1.3 These SFIs detail the financial responsibilities, policies and procedures adopted by the JCC. They are designed to ensure that the JCC's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of matters reserved to the JCC and the Delegation of Powers and Scheme of Delegation to others.
- 1.1.4 These SFIs identify the financial responsibilities which apply to member of the JCC, including members its joint sub-Committees, and the JCCT staff. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and Financial Control Procedure notes.
- 1.1.5 The general principle is that financial control procedures used by the JCC and the JCCT will normally be those of the host unless otherwise approved by the appropriate process. In some cases, the financial control procedures of the Host Body may need to be amended to take into account the nature of the business of the JCC. In these exceptional circumstances, the financial control procedures must be scrutinised and recommended by the Director of Finance of the JCCT (as referred to as the Director of Finance within these SFIs) for approval by the Audit and Risk Committee that deals with the JCC matters. Prior to consideration by the Audit and Risk Committee, the Director of Finance will discuss any proposed changes to Financial Control Procedures with the Executive Director of Finance of the Host Body.

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- 1.1.6 Should any difficulties arise regarding the interpretation or application of these SFIs the advice of the Committee Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the JCC's SOs.

1.2 Overriding Standing Financial Instructions

Full details of any non-compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Committee Secretary, who will ask the Audit and Risk Committee that deals with the JCC matters to formally consider the matter and make proposals to the JCC on any action to be taken. LHB Boards should be notified of any material non-compliance and the action taken, as determined by the Committee Secretary.

- 1.2.1 All JCC members, members of joint sub-Committees and the JCCT staff have a duty to report any non-compliance to the Director of Finance and the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported.

- 1.2.2 Ultimately, failure to comply with JCC SFIs is a disciplinary matter.

1.3 Financial provisions and obligations of LHBs and the JCC

- 1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The JCC exists for the purpose of jointly exercising those functions relating to the planning and securing a defined range of services on a national All-Wales basis, on behalf of each of the seven LHBs in Wales. Each LHB shall be bound by the decisions of the JCC in the exercise of its delegated functions. The JCC must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the JCC to plan and secure those services, including the running costs of the JCCT. The JCC will prepare an Integrated Medium-Term Plan (IMTP) which shall outline the funding requirements in relation to the relevant services. The JCC will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to the IMTP and any variation from the agreed IMTP.

2. RESPONSIBILITIES AND DELEGATION

2.1 The JCC

- 2.1.1 The JCC exercises financial supervision and control by:
- a) Formulating and approving the Medium-Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium-Term Plan (IMTP)
 - b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding

- c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability), and
- d) Defining specific responsibilities placed on JCC members and the Chief Commissioner, and joint sub-Committees, as indicated in the JCC's Scheme of Delegation and Reservation of Powers.

2.1.2 The JCC has adopted the JCC SOs and resolved those certain powers and decisions may only be exercised by the JCC in formal session. The JCC, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day-to-day business of the JCC may be carried out effectively, and in a manner that secures the achievement of the JCC's aims and objectives.

2.1.3 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services for residents within their area.

2.2 The Chief Commissioner

- 2.2.1 The Chief Commissioner and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain ultimately responsible for financial control.
- 2.2.2 The Joint Committee will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.
- 2.2.3 The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services, by the Joint Committee, on behalf of the 7 LHBs.
- 2.2.4 As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host Body in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair.

- 2.2.5 The Chief Commissioner will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the LHBs and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship is set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.
- 2.2.6 The Chief Commissioner is responsible for ensuring that financial obligations and targets are met and has overall responsibility for the JCCT's system of internal control.
- 2.2.7 It is a duty of the Chief Commissioner to ensure that JCC and JCCT members, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Director of Finance of the JCCT

2.3.1 The Director of Finance is responsible for:

- a) Implementing the JCC's financial policies and for co-coordinating any corrective action necessary to further these policies
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions
- c) Recommending to the relevant Audit and Risk Committee any Financial Control Procedures for the JCC, where the Host Body's cannot be applied, for approval
- d) Ensuring that sufficient records are maintained to show and explain the JCC's transactions, in order to disclose, with reasonable accuracy, the financial position of the JCC at any time, and
- e) Without prejudice to any other functions of the JCC, and employees of the host LHB and JCCT, the duties of the Director of Finance include:
 - (i) The provision of financial advice to members of the JCC, joint sub-Committees, Advisory Groups, and the JCCT;
 - (ii) The design, implementation and supervision of systems of internal financial control, and
 - (iii) The preparation and maintenance of such accounts, certificates, estimates, records and reports as the JCC may require for the purpose of carrying out its delegated responsibilities.

2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

2.4 JCC members, members of joint sub-Committees, and JCCT staff

2.4.1 All members of the JCC, its joint sub-Committees, (including those employed to perform JCCT functions), severally and collectively, are responsible for:

- a) The security of the property of the JCC and host LHB where these are used by the JCCT
- b) Avoiding loss
- c) Exercising economy and efficiency and sustainability in the use of resources, and
- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of Delegation and Reservation of Powers.

2.4.2 For all JCC members and JCC Team staff, and joint sub-Committees who carry out a financial function, the form in which financial records are kept and the manner in which members of the JCC, joint sub-Committee and JCCT discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by the host LHB to commit the JCC to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Commissioner to ensure that such persons are made aware of this.

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit and Risk Committee

3.1.1 An independent Audit and Risk Committee is a central means by which the JCC ensures effective internal control arrangements are in place. In addition, the Audit and Risk Committee that deals with JCC matters provides a form of independent check upon the Team supporting the JCC.

3.1.2 The governance and issues relating to the hosting of the JCC will be incorporated into the standard business of the existing Host Body's Audit and Risk Committee. Assurance on the governance and issues relating to the hosting of the JCC will be reported to the Host Body's Board.

3.1.3 Issues relating to the functions of the JCC delegated from LHBs will be reported into a separate Host Body Audit and Risk Committee for the JCC specifically, operating within its own work cycle as required. The assurance from this will be reported to the LHB Boards. Detailed terms of reference and operating arrangements for this are set out in Annex 3 to the JCC's SOs. This Audit and Risk Committee will follow the guidance set out in the NHS Wales Audit and Risk Committee Handbook.



3.2 Chief Commissioner

- 3.2.1 The Chief Commissioner is responsible for ensuring arrangements are in place within the JCCT to review, evaluate and report on the effectiveness of internal control, in-line with the requirements of the Host Body's audit arrangements, as set out within the Hosting Agreement.

3.3 Chief Executive of the Host Body

The responsibilities of the Chief Executive of the host LHB are set out within the Host Body's [SFIs](#).

- 3.2.1 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:
- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature
 - b) Access at all reasonable times to any land or property owned or leased by the host LHB
 - c) Access at all reasonable times to JCC members and the JCCT
 - d) The production of any cash, stores or other property of the host LHB under a JCC member or a member of the JCCT's control, and
 - e) Explanations concerning any matter under investigation.

3.4 Internal and External Audit

- 3.3.1 CTMUHB, as the Host Body, has responsibility for ensuring that appropriate internal and external audit of the activities of the JCC are in place. Details of these arrangements will be further set out within the Hosting Agreement.

3.5 Fraud and Corruption

- 3.5.1 In line with their responsibilities, the Chief Commissioner and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.
- 3.5.2 The Chief Commissioner and Director of Finance shall report to the JCC and the host LHBs Local Counter Fraud Specialist any matters relating to fraud or corruption.
- 3.5.3 More detailed information about counter fraud can be found in section 3.5 of the host LHBs SFIs.

3.6 Security Management

- 3.6.1 The Chief Executive of the host LHB has overall responsibility for controlling and coordinating security. The Chief Commissioner will ensure that adequate processes are in place to comply with the requirements.
- 3.6.2 In line with their responsibilities, the Chief Executive of the host LHB will monitor and ensure compliance with Directions issued by Welsh Ministers on NHS Security management.

4. FINANCIAL DUTIES

4.1 Legislation and Directions

- 4.1.1 Whilst the JCC is not a statutory body, the JCC exists for the purpose of jointly exercising functions on behalf of each of the seven LHBs in Wales which means it must operate in a way which supports delivery of the Local Health Boards two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular “WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts.”

WHC/2016/054 - English and Welsh Versions



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- 4.3.2 To support the LHB’s statutory duty, the JCC is required to prepare an Integrated Medium-Term Plan. The Integrated Medium-Term Plan (IMTP) must reflect longer-term planning and delivery objectives for the ongoing development of those services commissioned on behalf of the seven health boards, in conjunction with the Welsh Ministers. The Integrated Medium-Term Plan should be continually reviewed based on latest Welsh Government policy and national and local priority requirements. The Integrated Medium-Term Plan, produced and approved annually, will be 3 year rolling plans. In particular, the Integrated Medium-Term Plan must reflect the Welsh Ministers’ priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.
- 4.3.3 The NHS Planning Framework directs health boards and trusts to develop, approve and submit an Integrated Medium-Term Plan (IMTP) for approval by Welsh Ministers. Whilst there is not a statutory duty upon the JCC to develop an IMTP it is a requirement. The plan must:
- describe the context, including population health needs, within which the JCC will deliver key policy directives and operational targets from Welsh Government
 - demonstrate how the JCC are:

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- a) delivering their well-being objectives, including how the five ways of working have been applied,
 - b) contributing to the seven Well-being Goals,
 - c) establishing preventative approaches across all care and services,
 - demonstrate how the JCC will utilise its existing commissioned services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to the quality and efficiency of services
 - demonstrate how financial breakeven is to be achieved over a rolling three-year period.
- 4.3.4 Integrated Medium-Term Plans should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans to ensure that the Integrated Medium-Term Plan (including a balanced Medium-Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.
- 4.3.5 The Integrated Medium-Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium-Term Plan will incorporate the balanced Medium-Term Financial Plan and will incorporate the JCC's response to delivering the
- NHS Planning Framework
 - Quality, governance and risk frameworks and plans, and
 - Outcomes Framework.
- 4.3.6 The Integrated Medium-Term Plan will be developed in line with the Integrated Planning Framework and include:
- A statement of significant strategies and assumptions on which the plans are based
 - Details of major changes in activity, commissioned service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans
 - Profiled activity, service, quality, workforce and financial schedules
 - Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures.
- 4.3.7 The JCC will, in respect of those functions delegated to it by LHBs:
- a) Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services
 - b) Develop national policies for the equitable access to safe and sustainable, high quality services across Wales, whether planned, funded and secured at national, regional or local level, and

- c) Agree annually those services that should be planned on a national basis and those that should be planned locally.
- 4.3.8 The Chief Commissioner is responsible for the development of the plan and submission to the JCC, on an annual basis, the rolling 3 year Integrated Medium-Term Plan. The JCC's approved Integrated Medium-Term Plan will be submitted to Local Health Boards and Welsh Government in line with the requirements set out in the NHS Planning Framework.
- 4.3.9 The JCC will:
- a) Approve the Integrated Medium-Term Plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Committee approval, the Plan will be submitted to Local Health Boards and Welsh Government prior to the beginning of the financial year of implementation
 - b) Approve a balanced Medium-Term Financial Plan as part of the Integrated Medium-Term Plan, which meets all financial duties, probity and value for money requirements
 - c) Agree the appropriate level of funding for the provision of those services delegated to the JCC , and determining the contribution from each LHB for those services (which will include the running costs of the JCC and the JCCT) in accordance with any specific directions set by the Welsh Ministers
 - d) Prepare and agree with the Local Health Boards a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the Committee plan is not in place or in balance.

5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

5.1 Budget Setting

- 5.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Commissioner, prepare and submit budgets for approval and delegation by the JCC. Such budgets will:
- a) Be in accordance with the aims and objectives set out in the JCC Integrated Medium-Term Plan, and Medium-Term Financial Plan, and focussed on delivery of improved population health, safe patient centred quality services
 - b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the JCC approved balanced IMTP
 - c) Take account of approved business cases and associated revenue costs and funding
 - d) Be produced following discussion with appropriate Directors and budget holders
 - e) Be prepared within the limits of available funds

- f) Take account of ring-fenced, specified and non-recurring allocations and funding
- g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents)
- h) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- i) Identify potential risks and opportunities.

5.2 Budgetary Delegation

5.2.1 The Chief Commissioner may delegate the management of a budget to permit the performance of a defined range of activities,. This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget
- b) The purpose(s) of each budget heading
- c) Individual or committee responsibilities
- d) Arrangements during periods of absence
- e) Authority to exercise virement
- f) Achievement of planned levels of service, and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

5.2.2 The Chief Commissioner, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the JCC.

5.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Commissioner, subject to any authorised use of virement.

5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Commissioner, as advised by the Director of Finance.

5.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.

5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.

5.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets

successfully.

5.3 Financial Management, Reporting and Budgetary Control

- 5.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every JCC meeting. Any significant variances should be reported to JCC as soon as they come to light and the JCC shall be advised on any action to be taken in respect of such variances.
- 5.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:
- a) Regular financial reports, for revenue and capital (where applicable), to the JCC in a form approved by the JCC containing sufficient information for the JCC to:
 - Understand the current and forecast financial position
 - Evaluate risks and opportunities
 - Use insight to make informed decisions
 - Be consistent with other JCC reports, and as a minimum the reports will cover:
 - Details of variations from the Medium-Term Financial Plan showing the contributions to be made by each LHB under the risk sharing framework
 - Actual income and expenditure to date compared to budget and showing trends and run rates
 - Forecast year end positions
 - A statement of assets and liabilities, including analysis of cash flow and movements in working capital
 - Explanations of material variances from plan
 - Capital expenditure and projected outturn against plan (where applicable)
 - Investigations and reporting of variances from financial, activity and workforce budgets
 - Details of any corrective action being taken as advised by the relevant budget holder and the Chief Commissioner's and/or Director of Finance's view of whether such actions are sufficient to correct the situation
 - Statement of performance against savings target
 - Key workforce and other cost drivers
 - Income and expenditure run rates, historic trends, extrapolation and explanations, and
 - Clear assessment of risks and opportunities.
 - Provide a rounded and holistic view of financial and wider JCC performance.
 - b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible
 - c) An accountability and escalation framework to be established for the JCCT to formally address material budget variances

- d) Investigation and reporting of variances from financial, activity and workforce budgets
- e) Monitoring of management action to correct variances
- f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will:

- be held to account for managing their responsibilities within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Commissioner subject to the JCC's scheme of delegation;
- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement; and
- c) No permanent employees are appointed without the approval of the Chief Commissioner other than those provided for within the available resources and workforce establishment as approved by the JCC.

5.3.5 The Chief Commissioner is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Integrated Medium-Term Plan and Medium-Term Financial Plans.

5.4 Capital Financial Management, Reporting and Budgetary Control

5.4.1 The JCC is not normally allocated any capital expenditure. In the event that there is an allocation the general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers and host procedures and processes.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Chief Commissioner is responsible for ensuring that the appropriate monitoring returns for the JCC are submitted to the Welsh Ministers in accordance with published guidance and timescales.

5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Chief Commissioner. This commentary should also highlight and quantify any significant risks with an assessment of the impact and

likelihood of these risks maturing.

- 5.5.3 All information made available to the Welsh Ministers should also be made available to the JCC. There must be consistency between the Medium-Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly JCC reports.

6. ANNUAL ACCOUNTS AND REPORTS

- 6.1 The JCC is not a corporate body and does not therefore have a statutory duty to prepare annual accounts and reports.
- 6.2 However, the JCC is hosted by the host LHB and therefore the Chief Executive of the host LHB is required to ensure that the financial results of the JCC are consolidated into its own financial statements and disclosed as appropriate. Details of what is required is set out in the Hosting Agreement and will be communicated to the JCC and JCCT by the Executive Director of Finance of the Host Body.

7. BANKING ARRANGEMENTS

7.1 General

- 7.1.1 The JCC is legally hosted by the host LHB and therefore all banking arrangements are the responsibility of the host LHB. Further details of the banking arrangements can be found in section 7 of the host LHBs [SFIs](#).

8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

- 8.1.1 The JCC is generally only an expenditure incurring segment of the host LHB. Any cash requirements for the JCC is likely to be incidental to its main activities.
- 8.1.2 All aspect relating to the recording, handling and collection of cash will be the responsibility of the host LHB.
- 8.1.3 Further details of the processes and responsibilities can be found in section 8 of the host LHBs [SFIs](#).

9. INCOME, FEES AND CHARGES

9.1 General

- 9.1.1 The JCC is generally only an expenditure incurring segment of the host LHB. Any income generated by the JCC is likely to be incidental to its main activities, including recovery of contract underperformance or the cost of drug therapies under agreed rebate arrangements.

9.1.2 All aspects relating to the recording, handling and collection of income will be the responsibility of the host LHB.

9.1.3 Further details of the processes and responsibilities can be found in section 9 of the host LHBs [SFIs](#).

10. NON PAY EXPENDITURE

10.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

10.1.1 The Chief Commissioner will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the JCC's Scheme of Reservation and Delegation of Powers.

10.1.2 The Chief Commissioner will set out in the operational scheme of delegation and authorisation:

- a) The list of managers who are authorised to place requisitions for the supply of goods and services, and
- b) The maximum level of each requisition and the system for authorisation above that level.

10.2 The Director of Finance's responsibilities

10.2.1 The Director of Finance will:

- a) Advise the JCC regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure
- c) Ensure systems are in place for the authorisation of all accounts and claims
- d) Ensure Directors and officers (staff) strictly follow NHS Wales' system and procedures of verification, recording and payment of all amounts payable
- e) Maintain a list of Directors and officers (including specimens of their signatures) authorised to certify invoices
- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed
- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs, and
- h) Be responsible for Petty Cash system, procedures, authorisation and record

keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures.

10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Director of Finance and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement
- c) Contracts above specified thresholds are approved by Welsh Ministers prior to any commitment being made
- d) goods have been duly received, examined and are in accordance with specification and order
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct
- f) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to JCC members, members of the Host Body or any employee of the Host Body, including JCCT staff, other than:
 - (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars
 - (ii) Conventional hospitality, such as lunches in the course of working visits. This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7. of the host LHBs Standing Orders and the JCC's Standing Order 8.9.
- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Commissioner
- h) All goods, services, or works are ordered on official orders except works and services executed in accordance with a contract and purchases from petty cash
- i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds
- j) Goods are not taken on trial or loan in circumstances that could commit the JCC to a future uncompetitive purchase
- k) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.

10.3.2 The Chief Commissioner and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the scheme of delegation.

10.4 Departures from SFI's

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. The JCC must consult with NWSSP Procurement Services, Host Body Executive Director of Finance, Director of Finance and Committee Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of the JCC, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable.

10.6 Prepayments

10.3.1 Prepayments should be exceptional and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%)
- It is the industry norm e.g. courses and conferences
- It is in line with requirements of Managing Welsh Public Money
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact
- The prepayment is part of the routine cash flow system agreed by the Directors of Finance.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate JCCT Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the host LHB or JCC if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments
- b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations where the contract is above a stipulated financial threshold), and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Commissioner if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

General Information

11.1 Procurement Services

11.1.1 While the Chief Commissioner is responsible for procurement, as delegated by the Host Body, the service is delivered by NWSSP Procurement Services.

11.1.2 Procurement staff are employed by NHS Wales Shared Services Partnership (NWSSP) and provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the Host Body. Where the term Procurement staff or department is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example pharmacy and works who undertake procurement on a devolved basis.

11.2 Policies and Procedures

11.2.1 NWSSP Procurement Services shall, on behalf of the Host Body, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The policies and procedures shall comply with these SFIs, Procurement Manual, and the Revised General Consent to enter Individual Contracts.

11.2.2 The Chief Commissioner is ultimately responsible for ensuring that the JCC Members and JCCT staff strictly follow procurement, tendering and contracting procedures.

11.2.3 NWSSP Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures:

- Are kept up to date
- Conform to statutory requirements and regulations
- Adhere to guidance issued by the Welsh Ministers
- Are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

11.3 Procurement Principles

11.3.1 The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by the JCCT to

perform its functions, and furthermore embrace all building, equipment, consumables and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

11.3.2 The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:

- Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented
- Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin
- Equal treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information
- Proportionality: requirements and conditions in the procurement should be reasonable in proportion to the object of procurement and measures taken should not go beyond what is necessary
- Legality: public bodies must conform to legal requirements
- Integrity: there should be no corruption or collusion with suppliers or others;
- Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement
- Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.

11.4 Legislation Governing Public Procurement

11.4.1 Prior to January 2021 a range of EU Directives which set out the EU legal framework for public procurement were implemented into UK law by statutory regulations, the primary statutory regulations in Wales being 'The Public Contracts Regulations 2015 No. 102. From 1 January 2021 no further amendments or developments of EU related procurement law are to be incorporated into domestic law. Following the Health Service Procurement (Wales) Act 2024 coming into force, it is expected that secondary legislation governing NHS Wales procurement will be in place by late 2024. The Welsh Government policy framework and the Wales Procurement Policy Statement (WPPS) also govern this area. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. Legislation, policy and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the JCC's SFIs.

11.4.2 The main Regulations (the Public Contracts Regulations (2015 No. 102)) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are

responsible for seeing that those Regulations are understood and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.

11.4.3 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the Chief Commissioner (JCCT) and Procurement Services e.g. Engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

11.4.4 Other relevant legislation and policy include:

- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Policy Framework
- The Wales Procurement Policy Statement (WPPS).

11.5 Procurement Procedures

11.5.1 To ensure that the JCCT is fully compliant with UK Procurement Regulations, and Welsh Ministers' guidance and policy, the JCCT shall, through NWSSP Procurement Services, ensure that it shall have procedures that set out:

- a) Requirements and exceptions to formal competitive tendering requirements
- b) Tendering processes including post tender discussions
- c) Requirements and exceptions to obtaining quotations
- d) Evaluation and scoring methodologies
- e) Approval of firms for providing goods and services.

11.5.2 All procurement procedures shall reflect the Welsh Ministers' guidance and the JCC's delegation arrangements and approval processes.

11.6 Procurement Consent

11.6.1 Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on NHS Wales to obtain the consent of the Welsh Ministers before:

- Acquiring and disposing of property
- Entering into contracts, and

- Accepting gifts of property (including property to be held on trust, either for the general or any specific purposes of the JCCT or for any purposes relating to the health service).

The provision allows the Welsh Ministers to give consent, which may be given in general terms covering one or more descriptions of case.

11.6.2 General Consent has been granted to LHBs by the Welsh Ministers for individual contracts up to the value of £1 million in each case, with the exception of those contracts specified in 11.6.3. All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being entered into. In addition, Health Board's must provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being entered let.

11.6.3 The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and/or Welsh Ministers direction, and therefore does not apply to:

- i) Contracts of employment between LHBs and their staff
- ii) Transfers of land or contracts effected by Statutory Instrument following the creation of the LHBs
- iii) Out of Hours contracts
- iv) All NHS contracts, that is where one health service body contracts with another health service body
- v) Wales Public Sector Framework Agreements, through direct award or mini competition
- vi) Third Party Public Sector Framework Agreements as established by Crown Commercial Services or NHS supply chain

No further approval is required to award contracts under these Frameworks through a direct award. Approval will, however, be required for award of contracts under these Framework Agreements through mini competition or where the specification of the product or service required is modified from that stated within the Framework Agreement.

11.6.4 The Revised General Consent does not remove the requirement for LHBs to comply with SOs, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

Planning

11.7 Sustainable Procurement

11.7.1 To further nurture the Welsh economy, in support of social, environmental and

economic regeneration, Health Boards must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible. The principles of the Well-being and Future Generations Act (Wales) 2015 (WBFGA 2015) should be adopted at the earliest stage of planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

11.7.2 The WBFGA 2015 requires that bodies listed under the Act must operate in a manner that embraces sustainability. The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

11.7.3 The 7 Wellbeing goals are:

- a prosperous Wales
- a resilient Wales
- a healthier Wales
- a more equal Wales
- a Wales of cohesive communities
- a Wales of vibrant culture and thriving Welsh language
- a globally responsible Wales.

These goals have been put in place to improve the social, economic, environmental, and cultural well-being of Wales

11.7.4 Public bodies need to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future. The Act expects them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now
- take action to try and stop problems getting worse - or even stop them happening in the first place.

11.7.5 The JCCT is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.

11.7.6 The JCCT shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA 2015. The JCCT shall benchmark its performance against the WBFGA 2015. For all contracts over £25,000, the JCCT shall take

account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).

11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with Welsh Government commitments policy set out in the current WPPS and subsequent versions of this statement the JCCT shall ensure that it provides opportunities for these organisations to quote or tender for its business.

11.9 Planning Procurements

11.9.1 The Chief Commissioner must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks governing public procurement and the requirement of open competition.

11.9.2 Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost
- the likely 'route to market' which will consider the legislative and policy framework set out above
- The availability of funding to be able to award a contract following a successful procurement process
- That the procurement follows current legislative and policy frameworks including Value Based Procurement.

11.9.3 The procurement specification should factor in the 4 principles of prudent healthcare:

- Equal partners through co-production
- Care for those with the greatest health need first
- Do only what is needed, and
- Reduce inappropriate variation.

Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

11.9.4 Where free of charge services are made available to the JCCT, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that the Host Body does not unintentionally commit itself to a single provider or

longer-term commitment. Regular reports on free of charge services provided to the JCCT should be submitted to the Host Body's Audit and Risk Committee.

11.9.5 The JCC is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

11.9.6 Joint or Collaborative Initiatives

Specialist advice should be obtained from Welsh Government and the opinions of NWSSP Procurement Services and NWSSP Legal and Risk prior to external opinion being sought where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

11.10 Procurement Process

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the Host Body's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales.

11.10.2 In the absence of an existing suitable procurement framework to source the required item, a competition must be run in accordance with the table below. The Chief Commissioner must ensure the value of their requirement considers cumulative spend for like requirements and opportunity for collaboration with other Health Boards and Trusts.

11.10.3 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

Competition Requirements

11.11 Procurement Thresholds

11.11.1 The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in EU Procurement Directives and UK Procurement Regulations.

Goods/Services/Works Whole Life Cost Contract value (excl. VAT)	Minimum competition ¹	Form of Contract
<£5,000	Evidence of value for money has been achieved	Purchase Order
>£5,000 - <£25,000	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
>£25,000 – Prevailing OJEU threshold	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
>OJEU threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route.	Formal contract and Purchase Order
Contracts above £1 million	Welsh Government approval required ²	Formal contract and Purchase Order

¹ subject to the existence of suitable suppliers

² in accordance with the requirements set out in SFI 11.6.3.

11.11.2 Advice from the Procurement Services must be sought for all requirements in excess of £5,000.

11.11.3 The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Host Body to risk of legal challenge and could result in disciplinary action against an individual[s].

11.11.4 Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000, must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 and require competition.

11.12 Designing Competitions

11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- Required timescales are achievable
- Specifications are drafted which:
 - are fit for inclusion in competition documents
 - are drafted in a manner encouraging innovation by the market
 - are capable of being responded to and do not narrow competition
 - deliver in line with legislative and policy frameworks
 - include robust performance measures to effectively measure and manage

- supplier performance, and
- consider the ability of the market to deliver.

11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the JCC and ultimately the improvement of patient outcomes and wider health and social care communities.

11.12.3 Criteria for selecting suppliers and achieving an award recommendation must:

- be appropriately weighted in consideration of quality/price
- consider cost of change where relevant
- be transparent and proportionate
- deliver value for money outcomes
- fully explore complexity/risk, and
- consider whole life cost.

11.13 Single Quotation Application or Single Tender Application

11.13.1 In exceptional circumstances, there may be a need to secure goods / services / works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition)
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause
- a need to retain a particular contractor for genuine business continuity issues (not just preferences) or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all Wales competition / national strategy.

11.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The Executive Director of Finance of the Host Body must approve such applications up to £25,000. The Host Body's Chief Executive is required to approve applications exceeding £25,000, in-line with the Host Body's [SFIs](#). The recording and reporting of applications will be in-line with the Host Body's Standing Financial Instructions and governance arrangements.

11.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Commissioner and Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The

Head of Procurement will scrutinise and endorse each request to ensure:

- Robust justification is provided
- A value for money test has been undertaken
- No bias towards a particular supplier
- Future competitive processes are not adversely affected
- No distortion of the market is intended
- An acceptable level of assurance is available before presentation for approval in line with the JCC Scheme of Delegation, and
- An 'or equivalent' test has been considered proving the request is justified.

11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA / STA, where the JCCT has already entered into an arrangement directly.

11.13.2 The recording and reporting of SQA and STA will be in-line with the Host Body's Standing Financial Instructions and governance arrangements.

11.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. Procurement Manual details schedule of departures from SQA/STA where competition not possible.

11.13.8 For performance monitoring purposes, the NWSSP Procurement Service will retain a central register of all such activity including SQA/STA's not endorsed by Procurement or any exceptional matters.

11.14 Disposals

11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

11.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the Health Board making use of any agreements covering the disposal of such items.

11.14.3 Disposals will be undertaken in-line with the requirements set out within the Host Body's Standing Financial Instructions.

Approval & Award

11.15 Evaluation, Approval and Award

11.15.1 The evaluation of competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the JCCT. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and

reach a consensus recommendation for internal approval.

- 11.15.2 The internal approval of any recommendation to award a competition must follow the JCC's Scheme of Delegation.
- 11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.
- 11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.
- 11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

11.16 Contract Management

- 11.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money.
The relevant budget holder shall oversee and manage each contract on behalf of the JCCT so as to ensure that these implicit obligations are met. This contract management will include:
 - Retaining accurate records
 - Monitoring contract performance measures
 - Engaging suppliers to ensure performance delivery
 - Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services, and
 - Permitting stage payments as part of a formally agreed implementation / delivery plan which must be supported by written evidence issued by the budget holder.
- 11.16.2 Contract management on All Wales contracts will be provided by NWSSP Procurement Services.
- 11.16.3 Advice on best practice on Contract Management is available from NWSSP Procurement Services.

11.17 Extending and Varying Contracts

- 11.17.1 Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract,

e.g. scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

- 11.17.2 If there is no such provision, the Public Contracts Regulations 2015 define such limitations.
- 11.17.3 The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.
- 11.17.4 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.
- 11.17.5 If there was no provision to extend, further approvals are required from the JCCT and the local Head of Procurement. The JCC Team must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.
- 11.17.6 This ensures an appropriate identification and assessment of potential risks to the compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.
- 11.17.7 The JCCT must seek advice from NWSSP Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The JCC Team must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

11.18 Requisitioning

- 11.18.1 In choosing the item to be supplied (or the service to be performed) the JCCT shall always obtain the best value for money. The JCCT will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.
- 11.18.2 Where a required item is not on catalogue or on framework contract the JCCT shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with SFI 11.11 thresholds.

11.18.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.19 No Purchase Order, No Pay

11.19.1 The JCCT will ensure compliance with the 'No Purchase Order, No Pay' policy, the All-Wales policy which was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.20 Official orders

11.20.1 Official Orders, issued following approved requisition and sourcing, must:

- a) Be consecutively numbered
- b) State the terms and conditions of trade.

11.20.2 Official Orders will be issued on behalf of the JCCT by NWSSP Procurement Services.

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The JCC will commission healthcare services for the resident population of all Local Health Boards, both from the LHB provided services and from Trusts and other providers. The Chief Commissioner is responsible for ensuring the JCC enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services. These agreements will be entered into in the name of the Host Body and authorised in-line with the Host Body's Scheme of Delegation.

12.1.2 All Health Care Agreements, Individual Patient Commissioning Agreements and Contracts should aim to implement the agreed priorities contained within the Integrated Medium-Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Commissioner should take into account:

- The standards of service quality expected
- The relevant quality, governance and risk frameworks and plans
- The relevant national service framework (if any)

- The provision of reliable information on quality, volume and cost of service and
- That the agreements are based on integrated care pathways.

All agreements must be in accordance with the functions delegated to the JCC by the Welsh Ministers.

12.2 Statutory provisions

12.2.1 The National Health Service (Wales) Act 2006 (c.42) enables Health Boards to commission certain healthcare services. The JCC commissions services on behalf of the seven health Boards, and the Host Body enters into these contracts. Further information is available in paragraph 12.2 of the Local Health Board [SFI's](#) and these provisions may extend to the JCC with regard to those services delegated to the JCC.

12.3 Reports to Committee on Health Care Agreements (HCAs)

12.3.1 The Chief Commissioner will need to ensure that regular reports are provided to the JCC detailing performance, quality and associated financial implications of all health care agreements. These reports will be linked to, and consistent with, other Committee reports on commissioning and financial performance.

12.4 Tendering for supply of health care services

12.4.1 Where the JCC is required or elects to invite quotes or tenders for the supply of healthcare services, the host LHBs [SFIs](#) in relation to procurement shall apply in relation to such competitive exercises.

12.4.2 The procurement arrangements surrounding the provision of healthcare services is a complex area and as such legal advice must be secured where there is doubt over the applicability or not of applying competitive processes. Further guidance is provided in the Host Body's [SFIs](#), Annex A.

13. GRANT FUNDING

13.1 Policies and procedures

13.1.1 The host LHB shall be responsible for all aspects of the grant funding process on behalf of the JCC. Further details can be found in section 13 of the host LHBs [SFIs](#).

14. PAY EXPENDITURE

14.1 Appointments and Remuneration

14.1.1 Appointments to the JCC shall be in accordance with section 6 of the JCC SOs and the [NHS Wales Joint Commissioning Committee \(Wales\) Regulations 2024](#).

14.1.2 All other appointments or recruitments to the JCCT (including the Chief Commissioner) and any remuneration or employment contract related matters shall be dealt with by the host LHB on behalf of the JCC in accordance with the host LHBs own [SOs](#) and [SFIs](#).

14.1.3 Further details of the host LHBs responsibilities can be found in section 14 of the host LHBs [SFIs](#).

15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 General

15.1.1 The funding delegated by the JCC is mostly revenue in nature, however in the event that it is required all Capital plans, and annual capital programmes, must be approved by the JCC before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium-Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within capital finance resource limits.

15.1.2 Any capital plans, and capital investment and expenditure incurred, by the JCC or the JCCT shall be dealt with in accordance with section 15 of the host LHBs [SFIs](#). This includes the recording and safeguarding of assets.

16. LOSSES AND SPECIAL PAYMENTS

16.1 Losses and Special Payments

16.1.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

16.1.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

16.1.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Commissioner and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Chief Commissioner.

- 16.1.4 Where a criminal offence is suspected, the Director of Finance must liaise with the Executive Director of Finance of the host and the host LHB's Counter Fraud Service to determine the next immediate action including when to inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the host LHBs Local Counter Fraud Specialist (LCFS) and the Counter Fraud Service (CFS) Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.
- 16.1.5 The Director of Finance or the host LCFS must notify the Audit and Risk Committee dealing with JCC matters, the Auditor General for Wales' representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.
- 16.1.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:
- a) The Audit and Risk Committee on behalf of the JCC,
 - b) The host body Executive Director of Finance and LCFS, and
 - c) An Auditor General for Wales' representative.
- 16.1.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the JCC's and the host LHBs interests in bankruptcies and company liquidations.
- 16.1.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.). The Director of Finance must consult with and notify the Executive Director of Finance of the Host body on all losses and special payments.
- 16.1.9 The Host Body's Audit and Risk Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in in Annex 3 of the JCC SOs.
- 16.1.10 For any loss or special payments, the Director of Finance should consider whether any indemnity claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.
- 16.1.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Executive Director of Finance of the Host Body and the Health and Social Services Group's Director of Finance.

- 16.1.12 All novel, contentious and repercussive cases must be notified to the Executive Director of Finance of the Host Body and referred to the Welsh Government's Health and Social Services Group's Finance Directorate, irrespective of the delegated limit.
- 16.1.13 The reporting of all losses and special payments will be in-line with the Host Body's Standing Financial Instructions and governance arrangements.
- 16.1.14 The JCC must obtain approval of the Executive Director of Finance of the Host Body and the Health and Social Services Group Director General's approval for special severance payments. Where this relates to employment, the Host Body's Remuneration and Terms of Service must provide approval.
- 16.1.15 The Host LHB must notify the JCCT of any changes to the reporting and approval requirements in respect of losses and special payments in order to facilitate full compliance with the hosts [SFIs](#).

17. DIGITAL, DATA and TECHNOLOGY

17.1 Digital Data and Technology

- 17.1.1 The JCC and the JCCT shall operate within the guidance set out in section 18 of the host LHBs [SFIs](#).

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Commissioner and Host Body Chief Executive

- 18.1.1 The Host Chief Executive is the accountable officer for the retention of records and the associated statutory duties. The Chief Commissioner is responsible to the Host Chief Executive in respect of retention of records in order for the Host Chief Executive to discharge their statutory body accountability for this function.
- 18.1.2 The Chief Commissioner shall have delegated responsibility from the Host Body in respect of maintaining archives for all records in respect of JCC matters, in-line with the Host Body's Policy on Records Management.
- 18.1.3 The records held in archives shall be capable of retrieval by authorised persons.
- 18.1.4 Records held in accordance with regulation shall only be destroyed in-line with the Host Body's Policy on Records Management and Schedule for the Retention and Destruction of Records.

NHS Wales Joint Commissioning Committee - Accountability Map

APPROVED – March 2024

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Health Boards	Health Board Chief Executives are equal members of the Joint Committee, delegated to act on the behalf of respective Boards.	The JCC is a Joint Committee of the 7 LHBs. Ultimately all 7 LHBs are bound by the decisions taken by the JCC, in-line with the powers delegated to it from the 7 LHBs or as directed by the Minister for Health and Social Services. The JCC is accountable to Health Boards via respective CEOs as set out below.		As a Joint Committee of Health Boards, each of the 7 LHB's ultimately remain accountable to Welsh Government for planning, securing and delivering health services to their respective populations.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Joint Committee		The Joint Committee will report to the individual LHBs on its activities. It is formally accountable to the individual LHBs, via the respective CEO as a JCC Member and a LHB Board Member, in respect of its role carried out on the LHB's behalf.		The Joint Committee may form part of the NHS performance management system, via the Chief Commissioner, as determined by Welsh Government. Ultimately, the 7 LHBs remain accountable for the performance of those

				activities delivered via the JCC on their behalf. The individual accountability of the Committee Chair is set out below.
To From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Committee Chair		As a Joint Committee of LHBs, the Committee Chair will have a bi-lateral relationship with each of the Chairs of the 7 LHBs, in respect of the JCC's role carried out on their behalf and to ensure that the JCC's governance framework remains appropriate to the overarching governance framework of the 7 LHBs.	The Committee Chair will have a relationship with the Host Body's CEO given their respective accountability arrangements with regard to the Chief Commissioner (Tier 1 Director) (as described further below under Chief Commissioner arrangements and set out within the Hosting Agreement). The arrangements to support the relationship between the Chair and the Host Body CEO are further detailed in the Hosting Agreement.	The Committee Chair is accountable to the Minister for Health and Social Services in respect of their performance as Chair of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners. The Minister for Health and Social Services undertakes a performance appraisal of the Committee Chair and sets objectives accordingly.

To From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Lay Members	On a day-to-day basis, Lay Members are responsible to the Committee Chair for discharging their roles as Lay Members of the JCC (and any subsequent sub-Committee). The Committee Chair will undertake performance appraisals of Lay Members on behalf of the Minister for Health and Social Services.			The Committee Lay Members are appointed by, and are accountable to, the Minister for Health and Social Services in respect of their performance as Lay Members of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners.

To From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Chief Commissioner (Tier 1 Director)	The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services. In respect of personal performance this will include an annual performance review undertaken by the Committee Chair. This will take into account those functions delegated from the host, as set out within the Hosting Agreement, and will therefore be informed by the Chief Executive of the Host Body. Feedback from other Joint Committee members will also be sought in informing the appraisal of the Chief Commissioner.	As a Joint Committee of LHBs, the Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.	As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host LHB (CTMUHB) in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. In this regard, the Host Body CEO will inform the annual performance review of the Chief Commissioner, undertaken by the Committee Chair. As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair. The governance and issues relating to the hosting of the JCC will be incorporated into the standard business of the existing Host Body's Audit Committee. The assurance for the governance and issues relating to the hosting of the JCC will be to the Host Body's Board. Issues relating to the functions of the JCC delegated from the 7 LHBs will be fed into a separate Host Body Audit Committee for the JCC specifically, operating within its own work cycle as required. The	The Chief Commissioner will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the Health Boards, and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship will be set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body. The Chief Commissioner will have a relationship with Welsh Government officials, with regard to informing and discharging policies relating to the resources and functions delegated to the JCC. The Chief Commissioner and Officers of the JCC Team may seek advice where matters present a conflict with the Host Body as a provider of services commissioned by the JCC. Detail on the handling of

			assurance for this will be to the 7LHBs.	conflicts between the Chief Commissioner and the JCC Team are further described within the Hosting Agreement.

To From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Tier 2	Tier 2 roles will have a relationship with the JCC Chair and the wider Committee, recognising the professional advice that these roles will provide. Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.	As a Joint Committee of LHBs, Tier 2 roles will have a relationship with the Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.	Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team. Where Tier 2 roles have regulated professional accountabilities, these roles will be professionally accountable to the appropriate member of the Executive Team of the Host Body (CTMUHB) and will be explicitly set out within the Hosting Agreement.	The Chief Commissioner and Officers of the JCC Team may seek advice from Welsh Government where matters present a conflict with the Host Body as a provider of services commissioned by the JCC. Detail on the handling of conflicts between the Chief Commissioner and the JCC Team are further described within the Hosting Agreement. Tier 2 Officers will have a relationship with Welsh Government officials with regard to informing and discharging policies relating to the resources and functions delegated to the JCC.

To From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Committee Secretary	The Committee Secretary is accountable to the JCC Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance	As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7	As an employee of the Host Body (CTMUHB), the Committee Secretary will have a relationship with the Director of Corporate Governance of the Host Body	The Committee Secretary will have a relationship with the Head of NHS Governance within Welsh Government, as a

	Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.	LHBs, in respect of the overarching governance framework of the 7 LHBs.	(CTMUHB) with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement.	Senior Governance Professional within NHS Wales.

To From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Host Body	The Chief Executive of the Host Body for those elements set out within the Hosting Agreement will ensure the Chief Commissioner is discharging their responsibilities as an employee of the host body. The Host Body CEO and Chair will have a relationship with the JCC Chair relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.	The Host Body will enter into an agreement with 6 other LHBs for the delivery of the Hosting Agreement to support the effective functioning of the JCC on their behalf. The 6 LHBs will have a relationship with the Host Body CEO and Chair relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.	The Host Body's CEO will be responsible to the Board of the Host Body for the effective delivery of the Hosting Agreement. The Chair of the Host Body will have a relationship with the JCC Chair and the 6 LHB CEOs, relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.	CTMUHB is appointed as Host Body for the JCC under Ministerial Direction, ultimately CTMUHB is therefore accountable to the Minister for Health and Social Services for the effective delivery of the Hosting Agreement. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.

CTM Health Board

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open / Public Not Applicable
Awdur yr Adroddiad / Report Author	Jose Roper, Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Linda Prosser	15/03/2024	Endorsed for Approval

Acronyms / Glossary of Terms	
AMU	Acute Medical Unit
BSW	Bowel Screening Wales
C.difficile	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
CTM	Cwm Taf Morgannwg
CTP	Care and Treatment Plan
CYP	Children and Young People



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

- 1.1** During June 2023, Welsh Government released the NHS Performance Framework for 2023/24. The framework supports the delivery of improvements in the Minister's areas of focus and is available to read at the following URL:

<https://www.gov.wales/sites/default/files/publications/2023-06/nhs-wales-performance-framework-2023-2024.pdf>

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

This report sets out the UHB's performance against the Welsh Government's performance framework and a small number of local priority measures such as stroke care and ambulance red releases.

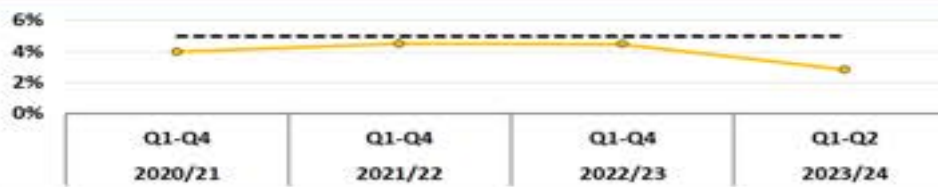
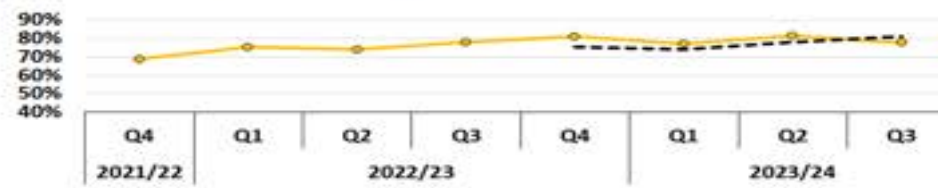
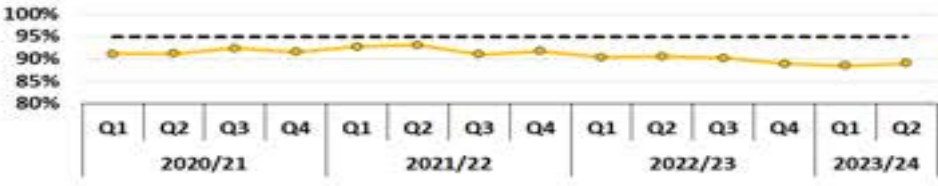
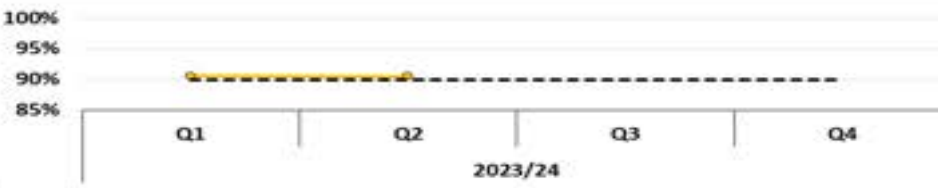
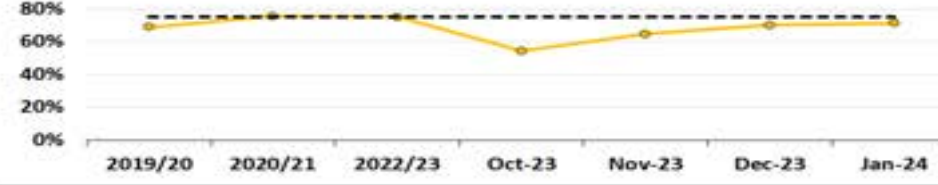
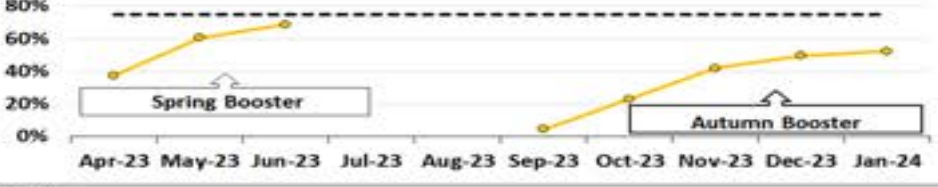
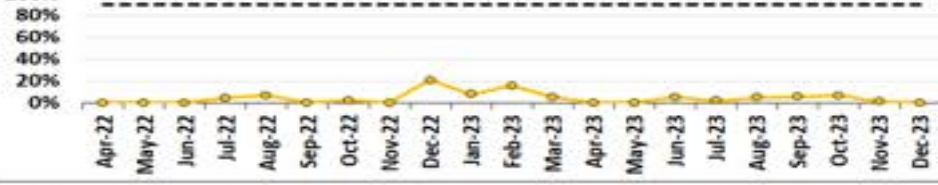
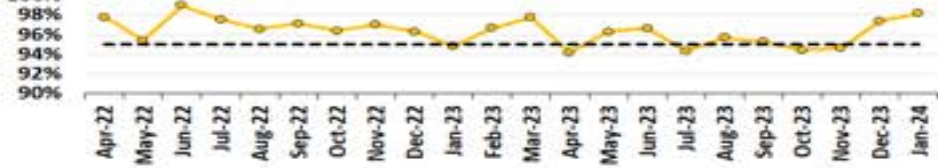
A one page summary of the UHB's recent performance against the highest profile indicators within the WG framework, which have been the focus of the Executive Directors over the past quarter, is provided overleaf. Over the past month improvements have been noted in 12 out of the 18 areas.

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 [amber].

Quality		Population Health	
58 NRI's remain open >90 days → <i>This is the same as the previous period</i>	85.38 is the rate of E.coli per 100,000 population ↓ <i>Compared to the equivalent period last year the rate was 85.76</i>	71.3% of adults aged 65+ received the influenza vaccine during the last week of Jan 2024 ↑ <i>Compared to the previous period the rate was 70.1%</i>	67.8% of frontline healthcare workers received the influenza vaccine during 2020/22 ↑ <i>Compared to the previous year the uptake was 63.2%</i>
The % of eligible patients thrombolysed was 20.0% ↑ <i>Compared to last month the rate was 0.0%</i>	The rolling 12 month mortality rate is 2.53% ↓ <i>Compared to the equivalent period last year the rate was 2.91%</i>	84.8% of complaints received a response within 30 days ↓ <i>Compared to last month the rate was 89.7%</i>	2.84% of adults who smoke made a quit attempt during Quarters 1 & 2 of 2023/24 ↑ <i>Compared to the previous year 2.05% attempted during the same period</i>
Operational Performance		People	
65.2% of patients were seen within 4 hours from arrival at an Emergency Department ↓ <i>Compared to last month compliance was 66.6%</i>	100% of GP Practices have achieved in-hours access standards during 2022/23 ↑ <i>Compared to the previous year the rate was 98%</i>	6.80% of staff have been absent due to sickness during the 12 mth period (Feb 23 to Jan 24) ↓ <i>Compared to the previous year the rate was 7.35%</i>	Provisionally the CTMUHB Nursing & Midwifery turnover rate is provisionally 10.42% ↓ <i>Compared to the previous month the rate was 10.43%</i>
Provisionally there are 2,865 patients waiting longer than 2 years for referral to treatment → <i>Compared to the previous period 2,854 patients had waited this length of time</i>	51.7% of patients started their cancer treatment within 62 days → <i>Compared to the previous month the rate was 51.9%</i>	63.8% of staff (excluding M&D) have received their PADR ↓ <i>Compared to the previous month the rate was 64.3%</i>	78.9% of staff have completed Level 1 mandatory training ↑ <i>Compared to the previous month the rate was 78.1%</i>
Finance			
The Month 10 financial position is £1.1m Deficit ↓ <i>Compared to last month it has fallen by 1.0m</i>			

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

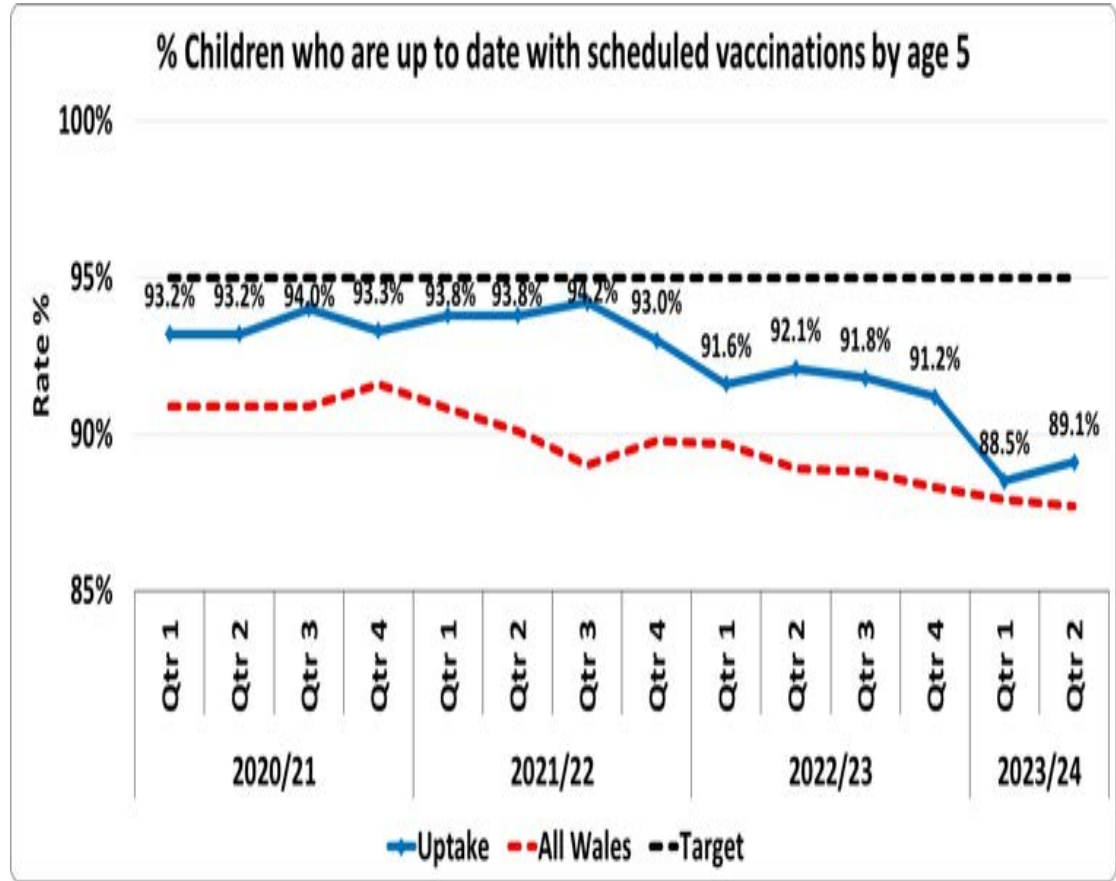
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management																																																		
Performance Measure		Target	Key:  Trend  Target/Trajectory	Key: Target Achieved	Target Failed																																													
Latest Position																																																		
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	 <table border="1"><thead><tr><th>Period</th><th>Trend (%)</th></tr></thead><tbody><tr><td>Q1-Q4 2020/21</td><td>4.0</td></tr><tr><td>Q1-Q4 2021/22</td><td>4.5</td></tr><tr><td>Q1-Q4 2022/23</td><td>4.5</td></tr><tr><td>Q1-Q2 2023/24</td><td>3.0</td></tr></tbody></table>	Period	Trend (%)	Q1-Q4 2020/21	4.0	Q1-Q4 2021/22	4.5	Q1-Q4 2022/23	4.5	Q1-Q2 2023/24	3.0	2.84% on the basis of this extrapolation compliance should hit 5.7% at year end	Q1-Q2 2023/24																																			
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	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 Qtr Improvement Trend	 <table border="1"><thead><tr><th>Period</th><th>Trend (%)</th></tr></thead><tbody><tr><td>Q4 2021/22</td><td>70</td></tr><tr><td>Q1 2022/23</td><td>75</td></tr><tr><td>Q2 2022/23</td><td>72</td></tr><tr><td>Q3 2022/23</td><td>78</td></tr><tr><td>Q4 2022/23</td><td>80</td></tr><tr><td>Q1 2023/24</td><td>75</td></tr><tr><td>Q2 2023/24</td><td>80</td></tr><tr><td>Q3 2023/24</td><td>78</td></tr></tbody></table>	Period	Trend (%)	Q4 2021/22	70	Q1 2022/23	75	Q2 2022/23	72	Q3 2022/23	78	Q4 2022/23	80	Q1 2023/24	75	Q2 2023/24	80	Q3 2023/24	78	77.8%	Q3 2023/24																											
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Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95%	 <table border="1"><thead><tr><th>Period</th><th>Trend (%)</th></tr></thead><tbody><tr><td>Q1 2020/21</td><td>92</td></tr><tr><td>Q2 2020/21</td><td>92</td></tr><tr><td>Q3 2020/21</td><td>93</td></tr><tr><td>Q4 2020/21</td><td>92</td></tr><tr><td>Q1 2021/22</td><td>93</td></tr><tr><td>Q2 2021/22</td><td>93</td></tr><tr><td>Q3 2021/22</td><td>91</td></tr><tr><td>Q4 2021/22</td><td>92</td></tr><tr><td>Q1 2022/23</td><td>91</td></tr><tr><td>Q2 2022/23</td><td>91</td></tr><tr><td>Q3 2022/23</td><td>90</td></tr><tr><td>Q4 2022/23</td><td>90</td></tr><tr><td>Q1 2023/24</td><td>89</td></tr><tr><td>Q2 2023/24</td><td>89</td></tr></tbody></table>	Period	Trend (%)	Q1 2020/21	92	Q2 2020/21	92	Q3 2020/21	93	Q4 2020/21	92	Q1 2021/22	93	Q2 2021/22	93	Q3 2021/22	91	Q4 2021/22	92	Q1 2022/23	91	Q2 2022/23	91	Q3 2022/23	90	Q4 2022/23	90	Q1 2023/24	89	Q2 2023/24	89	89.1%	Q2 2023/24																
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Percentage uptake of the COVID-19 vaccination for those eligible - Spring booster 2023: aged 75 yrs and over; residents in care home for older adults and immunosuppressed aged 5 yrs & over.	 <table border="1"><thead><tr><th>Period</th><th>Trend (%)</th></tr></thead><tbody><tr><td>Apr-23</td><td>40</td></tr><tr><td>May-23</td><td>60</td></tr><tr><td>Jun-23</td><td>65</td></tr><tr><td>Jul-23</td><td>65</td></tr><tr><td>Aug-23</td><td>65</td></tr><tr><td>Sep-23</td><td>10</td></tr><tr><td>Oct-23</td><td>25</td></tr><tr><td>Nov-23</td><td>45</td></tr><tr><td>Dec-23</td><td>50</td></tr><tr><td>Jan-24</td><td>52.6</td></tr></tbody></table>	Period	Trend (%)	Apr-23	40	May-23	60	Jun-23	65	Jul-23	65	Aug-23	65	Sep-23	10	Oct-23	25	Nov-23	45	Dec-23	50	Jan-24	52.6	Please note data reflects just the last week of January 52.6%																										
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Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	 <table border="1"><thead><tr><th>Period</th><th>Trend (%)</th></tr></thead><tbody><tr><td>Apr-22</td><td>95</td></tr><tr><td>May-22</td><td>95</td></tr><tr><td>Jun-22</td><td>95</td></tr><tr><td>Jul-22</td><td>95</td></tr><tr><td>Aug-22</td><td>95</td></tr><tr><td>Sep-22</td><td>95</td></tr><tr><td>Oct-22</td><td>95</td></tr><tr><td>Nov-22</td><td>95</td></tr><tr><td>Dec-22</td><td>95</td></tr><tr><td>Jan-23</td><td>95</td></tr><tr><td>Feb-23</td><td>95</td></tr><tr><td>Mar-23</td><td>95</td></tr><tr><td>Apr-23</td><td>95</td></tr><tr><td>May-23</td><td>95</td></tr><tr><td>Jun-23</td><td>95</td></tr><tr><td>Jul-23</td><td>95</td></tr><tr><td>Aug-23</td><td>95</td></tr><tr><td>Sep-23</td><td>95</td></tr><tr><td>Oct-23</td><td>95</td></tr><tr><td>Nov-23</td><td>95</td></tr><tr><td>Dec-23</td><td>95</td></tr><tr><td>Jan-24</td><td>95</td></tr></tbody></table>	Period	Trend (%)	Apr-22	95	May-22	95	Jun-22	95	Jul-22	95	Aug-22	95	Sep-22	95	Oct-22	95	Nov-22	95	Dec-22	95	Jan-23	95	Feb-23	95	Mar-23	95	Apr-23	95	May-23	95	Jun-23	95	Jul-23	95	Aug-23	95	Sep-23	95	Oct-23	95	Nov-23	95	Dec-23	95	Jan-24	95	97.0%	Jan-24
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Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%	 <table border="1"><thead><tr><th>Period</th><th>Trend (%)</th></tr></thead><tbody><tr><td>Apr-22</td><td>98</td></tr><tr><td>May-22</td><td>96</td></tr><tr><td>Jun-22</td><td>98</td></tr><tr><td>Jul-22</td><td>97</td></tr><tr><td>Aug-22</td><td>96</td></tr><tr><td>Sep-22</td><td>97</td></tr><tr><td>Oct-22</td><td>96</td></tr><tr><td>Nov-22</td><td>97</td></tr><tr><td>Dec-22</td><td>96</td></tr><tr><td>Jan-23</td><td>95</td></tr><tr><td>Feb-23</td><td>97</td></tr><tr><td>Mar-23</td><td>98</td></tr><tr><td>Apr-23</td><td>94</td></tr><tr><td>May-23</td><td>97</td></tr><tr><td>Jun-23</td><td>97</td></tr><tr><td>Jul-23</td><td>94</td></tr><tr><td>Aug-23</td><td>96</td></tr><tr><td>Sep-23</td><td>95</td></tr><tr><td>Oct-23</td><td>94</td></tr><tr><td>Nov-23</td><td>94</td></tr><tr><td>Dec-23</td><td>97</td></tr><tr><td>Jan-24</td><td>98</td></tr></tbody></table>	Period	Trend (%)	Apr-22	98	May-22	96	Jun-22	98	Jul-22	97	Aug-22	96	Sep-22	97	Oct-22	96	Nov-22	97	Dec-22	96	Jan-23	95	Feb-23	97	Mar-23	98	Apr-23	94	May-23	97	Jun-23	97	Jul-23	94	Aug-23	96	Sep-23	95	Oct-23	94	Nov-23	94	Dec-23	97	Jan-24	98	98.2%	
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CTMUHB Improving Population Health & Wellbeing

% 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)
Target 95%

(reporting frequency is quarterly & as expected there is a time lag of approx. 3 months)



Quarter 2 2023/24 Local Authority Uptake	
Merthyr Tydfil LA	85.9%
RCT LA	90.1%
Bridgend LA	88.7%
CTMUHB	89.1%

Quarter 2 2023/24 Welsh HB's Uptake	
ABUHB	87.4%
BCUHB	90.7%
C&VUHB	83.5%
CTMUHB	89.1%
HDUHB	87.7%
PTHB	89.8%
SBUHB	87.0%
All Wales	87.7%

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

Challenges:

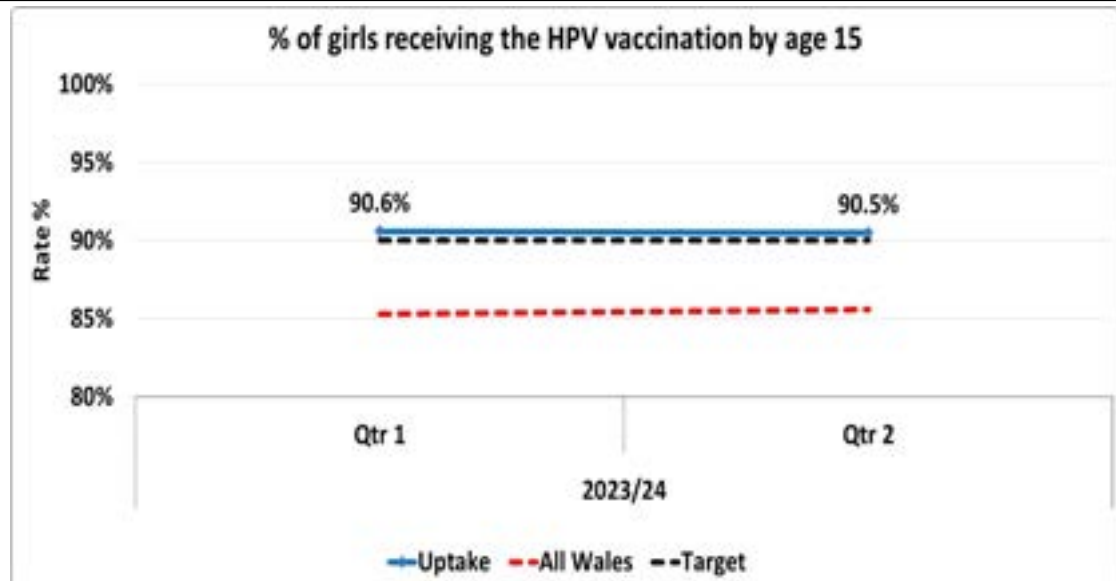
- Staffing levels in Primary Care.
- Patient information data is not up to date e.g. telephone numbers for parents/carers.
- Appointment times for working parents.
- Knowledge and information e.g.
 - Concerns over content of vaccine such as porcine gelatine
 - Concerns over vaccine links to illness such as autism

Actions:

- MMR vaccination catch up being offered as part of appointed Fluenz catch up clinics (January 2024).
- Targeted MMR vaccination catch up in Primary Schools – January 2024.
- Childhood vaccination task and finish group established – first meeting January 2024.
- MMR FAQs developed and disseminated to HCPs and shared on UHB's website for the public.
- CTM representation at All Wales Vaccine Equity Network.
- Vaccine Equity Strategic Plan signed off by Exec – December 2023; Implementation Plan in development.
- Where staffing is an issue-support practices with resource available within Primary Care Imms. team.
- Link practices with Primary Care Nurse Educators to ensure new staff receive timely training.
- Primary Care Nurse Educators to distribute training information to practices on regular basis to ensure practices are aware of training available.
- Information on training and updates to be provided via Practice Nurse Forum.
- Link with Primary Care & Community Training Academy.
- Health Visitors to link with schools and GP practice to ensure patient information held is correct and up to date where patients do not engage.
- Multi-professional approach to be taken in respect of optimising access to vaccines.
- Public Health information on benefits of vaccine to be given to parents at earliest opportunity by Midwives, Health Visitors and practice team.
- Consistent messaging by all professionals.
- Messages to be re-enforced at every opportunity (MECC - Making Every Contact Count).

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

(reporting frequency is quarterly, and applicable during
01.04.23 to 30.6.23 & 1.1.24 to 31.03.24)



Quarter 2 2023/24 Local Authority Uptake	
Merthyr Tydfil LA	89.2%
RCT LA	89.8%
Bridgend LA	92.4%
CTMUHB	90.5%

Quarter 2 2023/24 Welsh HB's Uptake	
ABUHB	82.5%
BCUHB	85.1%
C&VUHB	81.3%
CTMUHB	90.5%
HDUHB	86.9%
PTHB	84.7%
SBUHB	90.6%
All Wales	85.6%

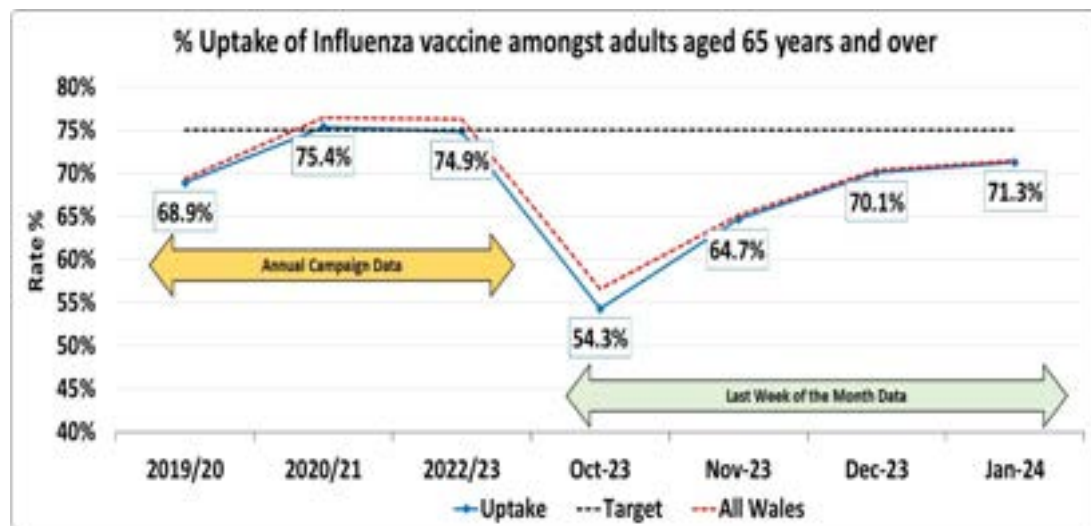
What are the key challenges in delivering vaccination targets & actions to tackle inequalities?

Challenges:

- Staffing resource within School Nursing.
- Consent forms not being returned to schools and insufficient capacity within the school nursing service to telephone for consent.
- Consistent, planned approach for comms. engagement to support school aged immunisation programmes.

Actions:

- CTM representation at All Wales Vaccine Equity Network.
- Vaccine Equity Strategic Plan signed off by Exec – December 2023; Implementation Plan under development.
- Recruitment into substantive posts to increase capacity into service.
- Pilot and rollout of e-consent in 2024.
- Engage with comms. in LAs and HB to raise the profile of the school immunisation programme to parents/carers and eligible pupils, signposting to PHW information.
- Work with education colleagues to optimise immunisation uptake.
- Childhood vaccination task and finish group established – first meeting January 2024.
- Engage with CYP colleagues to raise the profile of immunisations by acute Paediatric wards, Paediatrician, Community Children's team and Paediatric CNS's.
- School Nursing service to target low uptake areas to increase immunisation rates with an aim to reduce inequalities.



Uptake Welsh HB's January 2024	
ABUHB	74.9%
BCUHB	72.2%
C&VUHB	72.1%
CTMUHB	71.3%
PTHB	68.4%
SBUHB	69.0%
HUHB	69.0%
All Wales	71.5%

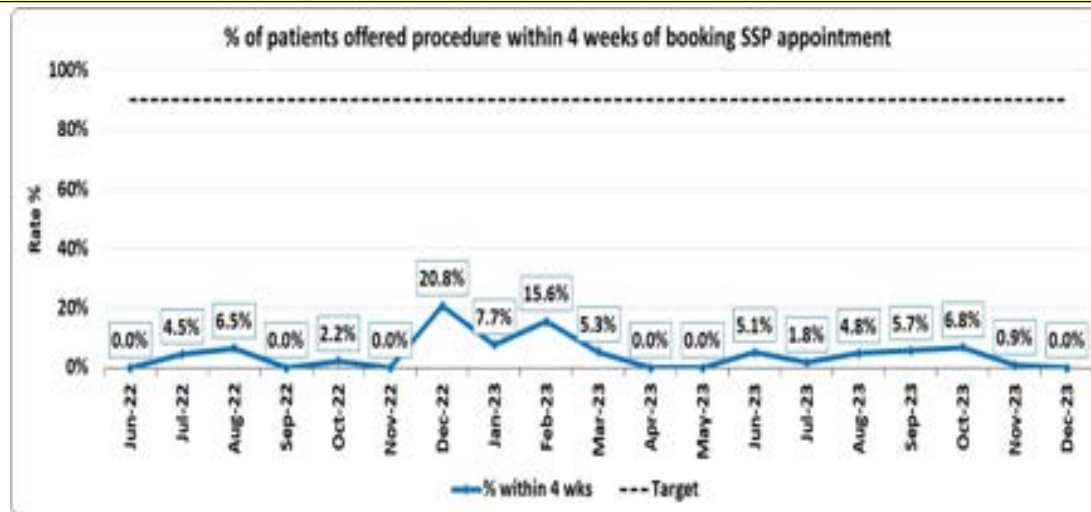
Challenges:

- Embedding NIF into the health protection system and lack of clarity regarding recurring funding, subsequently impacting on the development of delivery models and recruitment of staff.
- Ensuring supporting information e.g. PGD (Patient Group Direction) Training etc. is provided in a timely manner to ensure practices are engaged and able to start planning flu vaccination programme prior to delivery of flu vaccinations.
- Dispelling flu vaccination myths to reassure patients.
- Ensuring cohort are well informed on benefits of flu vaccination.
- Ensuring that community pharmacies have sufficient access to trained and accredited vaccinators prior to the start of vaccination season.
- Ensuring that community pharmacies have sufficient vaccines available to meet patient demand.
- Ensuring that vaccinating services collaborate to raise overall vaccination rates, rather than compete for the same patient groups.
- Supporting pharmacies to optimise their flu vaccination programme and deliver more vaccinations each year.

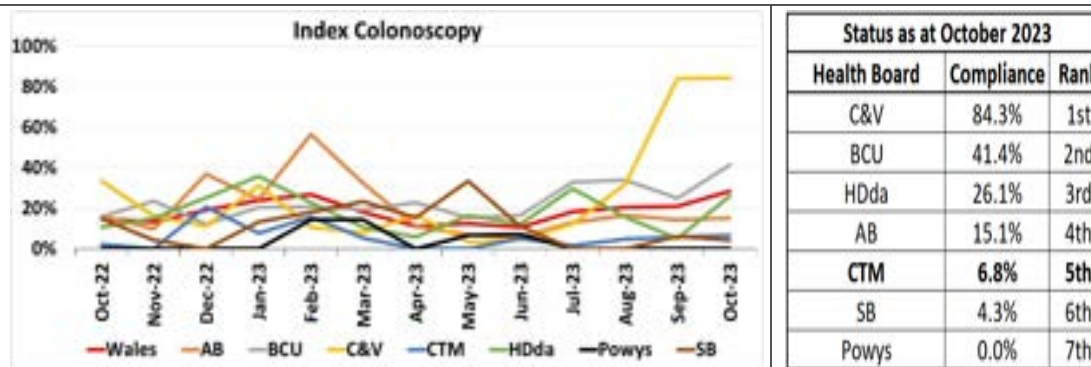
Actions:

- CTM representation in national NIF fora / development of a regional governance structure to align with national structure.
- CTM representation at All Wales Vaccine Equity Network.
- GMS team to start planning early to ensure information is disseminated and support the practices in the development of their flu plans, including information on how practices intend to invite and recall patients.
- Winter respiratory debrief to be undertaken February 2024; insight gathered will be used as part of planning for the 2024/25 campaign.
- Have a robust flu vaccination information campaign ready to roll out in early autumn.
- Multi-Disciplinary approach across all professions to ensure consistent and opportunistic messaging on benefits of flu vaccination.
- CTM to support national work regarding the HEIW vaccinator accreditation framework and:
 - ❖ maintain current position regarding pharmacy opening hours on the weekend
 - ❖ support pharmacy inclusion in national discussions about centralised procurement of vaccines
 - ❖ utilise primary care clusters to support a collaborative approach to vaccination
 - ❖ routinely monitor community pharmacy vaccination provision and engage with low level providers to support greater provision.

Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment Target 90% - December 2023 - 0%



Please note there is a time lag in reporting of approx. 2 months



Status as at October 2023		
Health Board	Compliance	Rank
C&V	84.3%	1st
BCU	41.4%	2nd
HDda	26.1%	3rd
AB	15.1%	4th
CTM	6.8%	5th
SB	4.3%	6th
Powys	0.0%	7th

How are we doing & what actions are we taking?

As of Friday 1st March, CTM BSW waits were within PHW 4 week compliance with 1st Assessment Stage waits less than 1 week and screening colonoscopy waits at 3 weeks (overall wait = 4weeks) this will be reflected through the HB's performance of 'patients offered procedure within 4 weeks'. Internal additional ad hoc lists continue including weekend, plus the remaining 4 weekends of insourcing continues; supporting throughput during March and activity was maintained during the 2nd Junior Doctor industrial action - with further plans to protect activity for the next planned strike days. Sustainability plans awaiting workforce sign-off to staff unfunded sessions (x 2) at POW - this will continue to support the Optimisation Programme. (Waiting list is now currently less than 20 participants without a booked date - was 262, and longest wait is averaging 20 days - this is due to participant choice and fitness for scope - was 182 day wait this time last year).

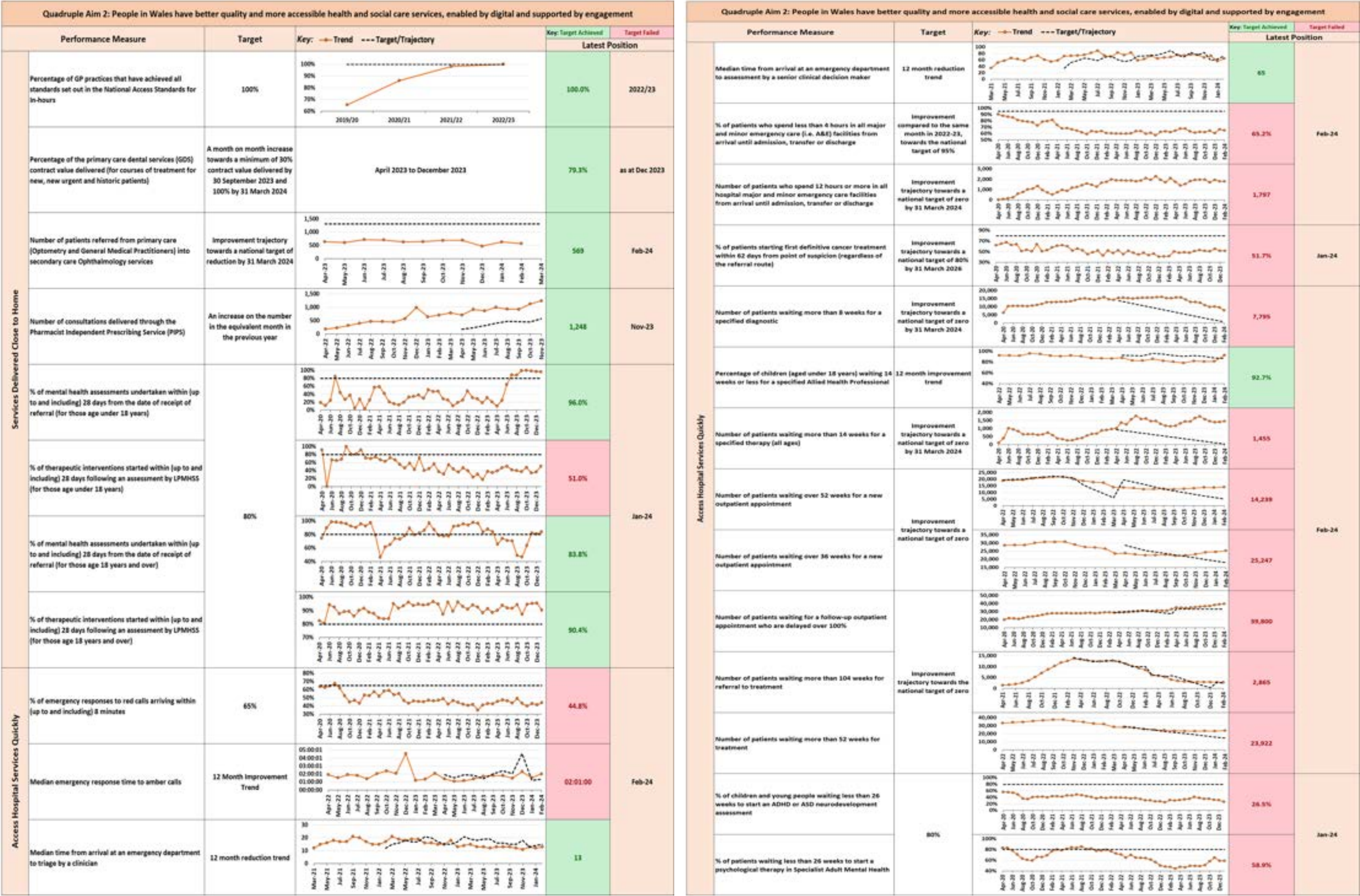
The operational challenges that have an impact on activity are:

- Participant/Patient choice remains an issue regarding booked dates.
- Providing cover for period 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:

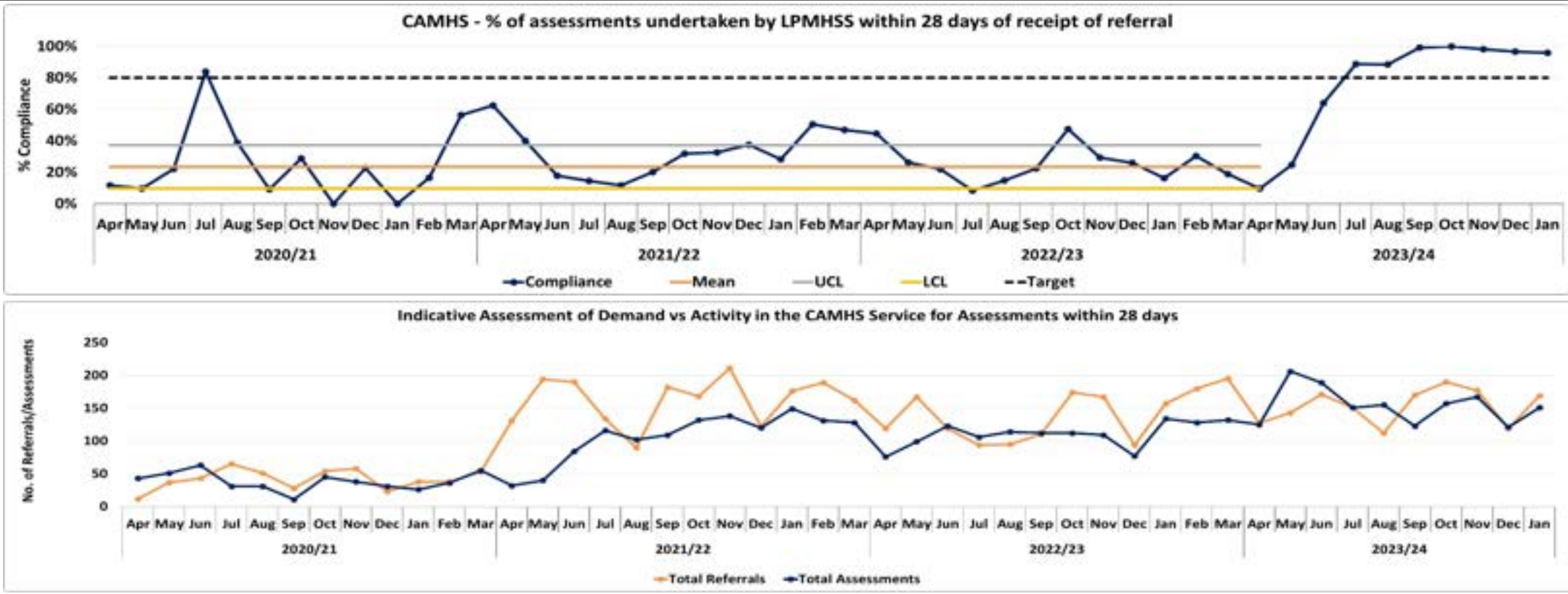
- Insourcing ongoing to support the backlog clearance. Already significant improvement with 4 week compliance. Trajectory estimated that backlog will be cleared by the end of February - this was achieved
- Participants booked direct to scope at SSP assessment continues and the HB.
- Sustainability plan - ongoing to increase core lists to meet optimisation steps. 2 additional core lists at POW. Will require recruitment process and training before go live date confirmed - awaiting Workforce approval.
- Future plans to meet next steps for optimisation Programme 2024/25 to include new endoscopy unit at PCH with 3rd room. Workforce model and Business Case completed and approved; awaiting finance allocation & funding.

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



CTM Child & Adolescent Mental Health Services (CAMHS) – January 2024

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



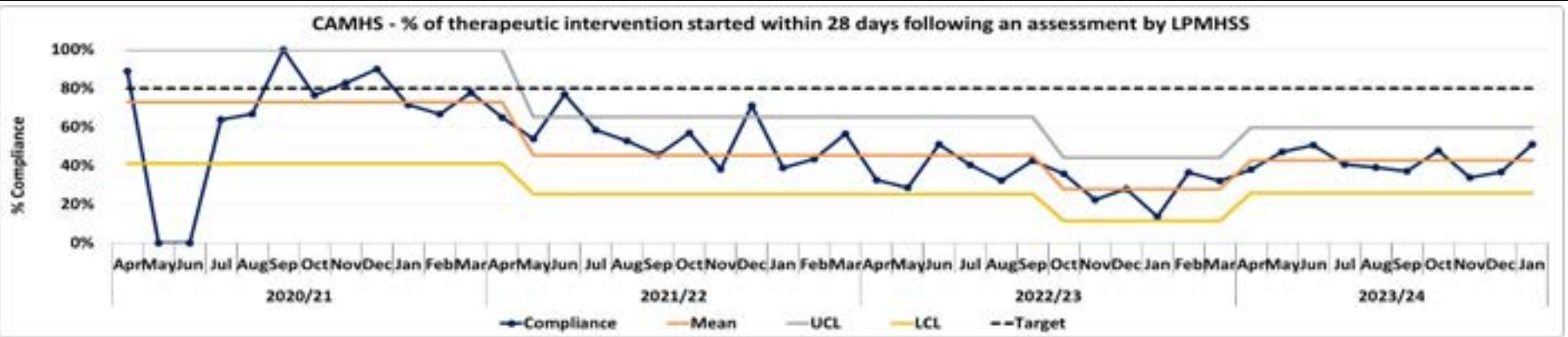
We observe that performance has improved markedly since May 2023 in the number of assessments undertaken within 28 days of referral (Part 1a), with compliance during January 2024 at 96.0% and continuing to exceed the WG target of 80%.

The number of assessments each month is fairly stationary, given the variability in the number of working days in the month.

% of therapeutic intervention started within 28 days following an assessment by LPMHSS (51.0%) - Target 80%

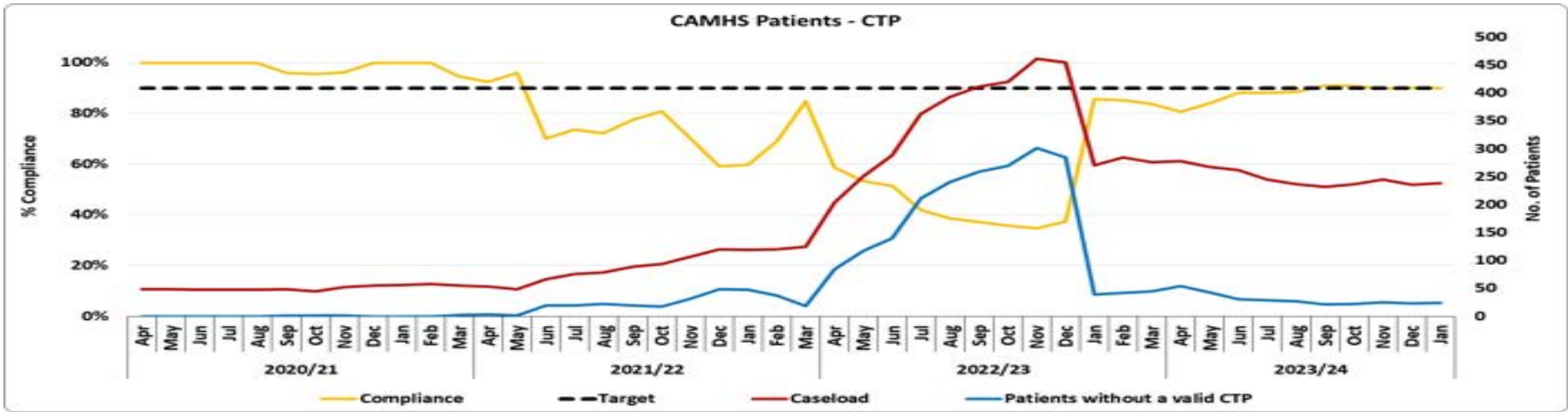
The proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS improved during January 2024 to 51.0% and is similar to that observed in June of last year. The number of interventions carried out during the month increased to similar levels as the aforementioned period with 98 interventions completed during the month.

Compliance, however, continues to lie below the 80% threshold, with December 2020 being the last time the target was achieved (90%).



Please note that this measure is part of Quadruple Aim 4 - People Centred Care - but has been included in this section for ease of reference with the Mental Health Priorities

% of HB residents who are in receipt of secondary MH services who have a valid CTP (90.0%) - Target 90%



Part 2 of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month observed a compliance rate of 90.0% and rests on the WG standard.

From the start of 2023, as shown in the chart to the left, we observe that caseloads have seen a reduction by around 50% from the peak seen in November 2022 (462). The number of patients without a valid CTP at the end of the month stands at 24.

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

How are we doing and what actions are we taking?

Actions being taken:

- An improvement action plan and trajectory were developed to improve compliance in Parts 1a, 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. The NHS Executive has helpfully provided some demand and capacity training to help our focus in this area.
- Part 1b:** We are working with the 3rd Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region which commenced August 2023. Each course has 6 participants comprising of four sessions and are being delivered in each of the three local authority areas.
- 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. The service has completed a self-assessment which is the precursor of an All Wales Review of CTP's within CAMHS by HIW.

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

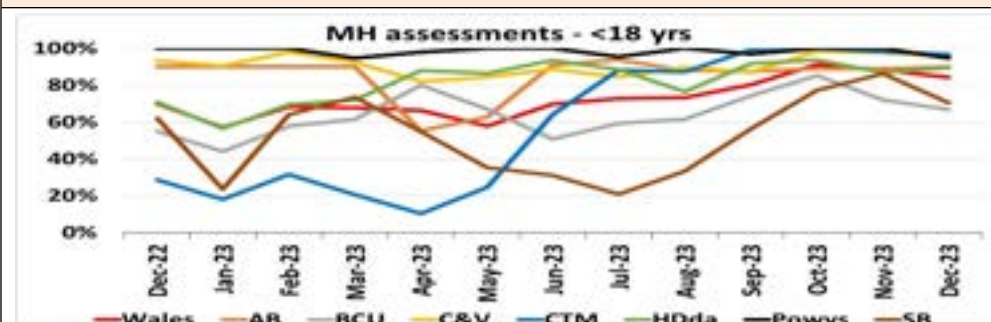
Outputs of improvements:

- Part 1a:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at 31st January we had 101 patients on the waiting list (103 previous month), with no patient waiting beyond 4 weeks (30 days). The average waiting time has decreased to 1.1 weeks at the end of January from 1.2 weeks at the end of the previous month.
- Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions increased to 98 in January compared to 41 in December. Average waiting times also decreased to 4.9 weeks compared to 6.3 in the previous month. The Mental Health Matters interventions team have increased patient numbers going through their groups in each of the three local authority areas in January. This will have a positive impact on performance.
- Work is also underway to develop the online digital platform Silvercloud to further help with interventions. A memorandum of understanding has been approved with the supplier and a provisional go live date of 2nd April has been agreed. There remain three Band 5 registrant vacancies in the Intervention Team. The service is progressing ongoing recruitment through streamlining and has had some very positive feedback from student placements.
- Part 2:** The focus on quality in relation to CTP's will be supported by the results of the caseload audit completed over the Christmas period. The finding of this audit will be shared with the NHS executives who have helped with its delivery.

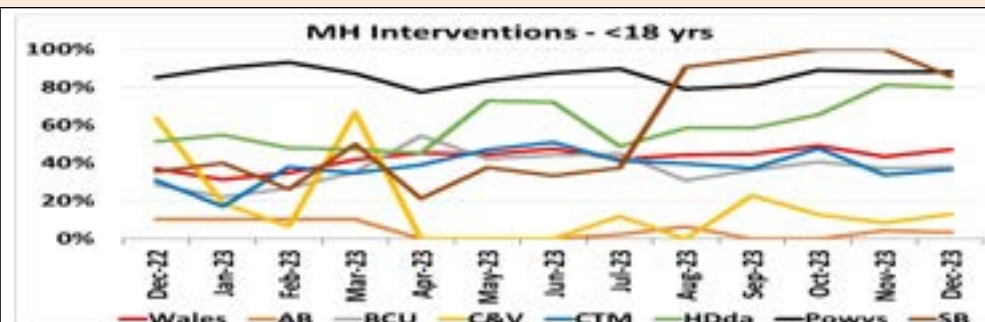
Main areas of risk:

- The CAMHS service experiences regular fluctuations in demand, this can have a negative effect on waiting times for assessment and treatment. In December 2023, 116 referrals were accepted into the Part 1a service in comparison to 167 in January. 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 but there remain some registrant vacancies in the Part 1b Interventions Team. Colleagues are in discussion with universities to identify possible students nearing qualification.
- Clinical colleagues have reported rising acuity within their patient population, this may have an impact on delivery going forward.

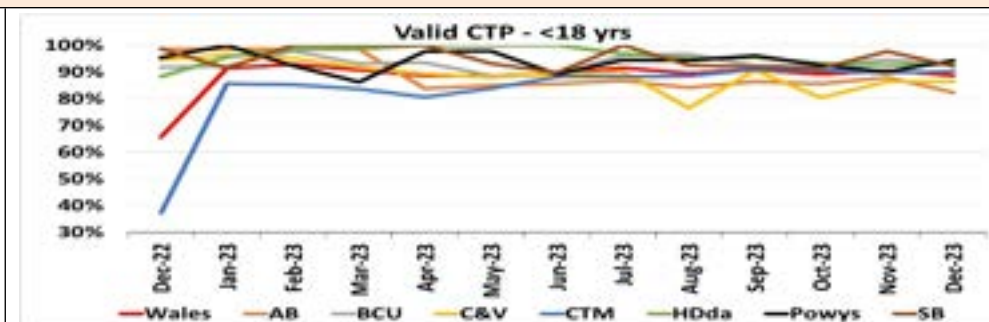
How do we compare with our peers?



Status as at December 2023		
Health Board	Compliance	Rank
CTM	96.7%	1st
C&V	95.5%	2nd
Powys	94.9%	3rd
AB	90.0%	4th
HDda	89.6%	5th
SB	70.5%	6th
BCU	66.9%	7th



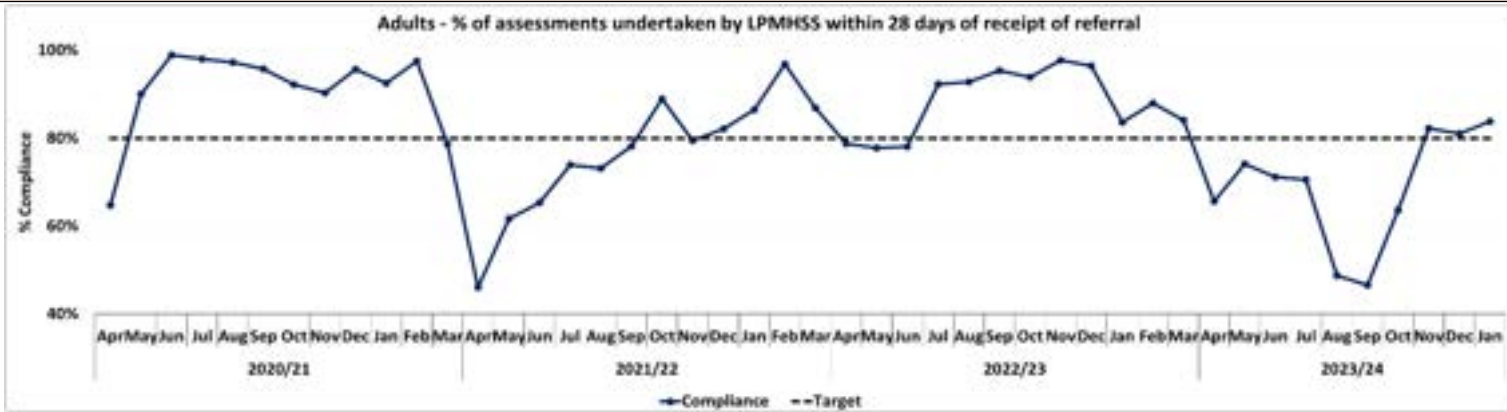
Status as at December 2023		
Health Board	Compliance	Rank
Powys	88.2%	1st
SB	85.7%	2nd
HDda	80.0%	3rd
BCU	37.8%	4th
CTM	36.6%	5th
C&V	12.9%	6th
AB	3.4%	7th



Status as at December 2023		
Health Board	Compliance	Rank
Powys	94.3%	1st
HDda	92.9%	2nd
BCU	92.7%	3rd
SB	92.3%	4th
CTM	90.3%	5th
C&V	86.5%	6th
AB	82.4%	7th

CTM Mental Health Services (excluding CAMHS) – January 2024

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (83.8%) - Target 80%



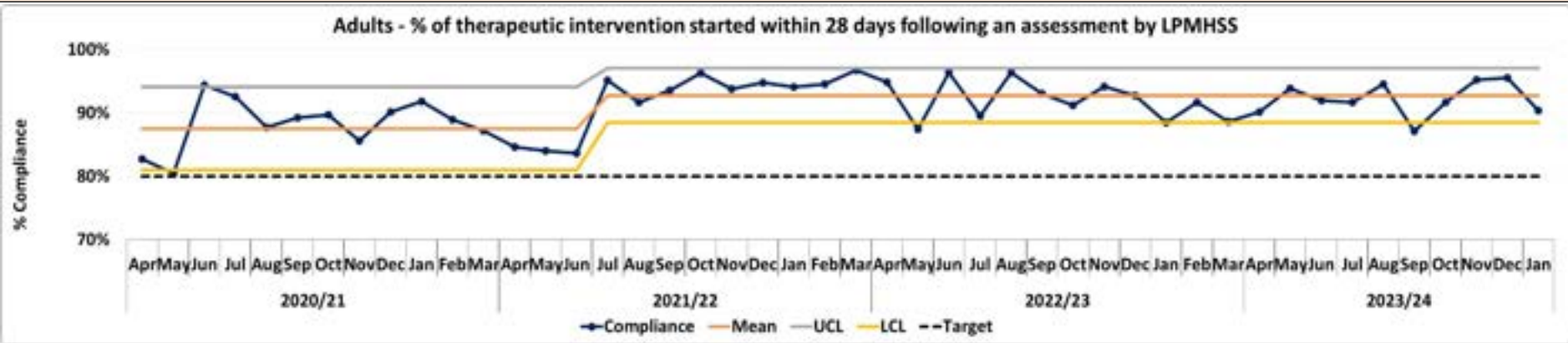
Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during January 2024 reached 83.8%, remaining above the WG target for the third consecutive month. A contributory factor is the improved sickness absence levels within the teams allowing a greater number of appointments to be undertaken. In certain areas there has also been a move to balance demand across multiple teams, thus allowing more opportunity for areas with specific issues to draw upon resources from another.

Referrals during January (813) were similar to those received during the Autumn of last year. The 12 month average has recorded 715 referrals each month, although volumes continue to remain lower than pre-Covid levels where referrals were in the region of 1,000 to 1,100.

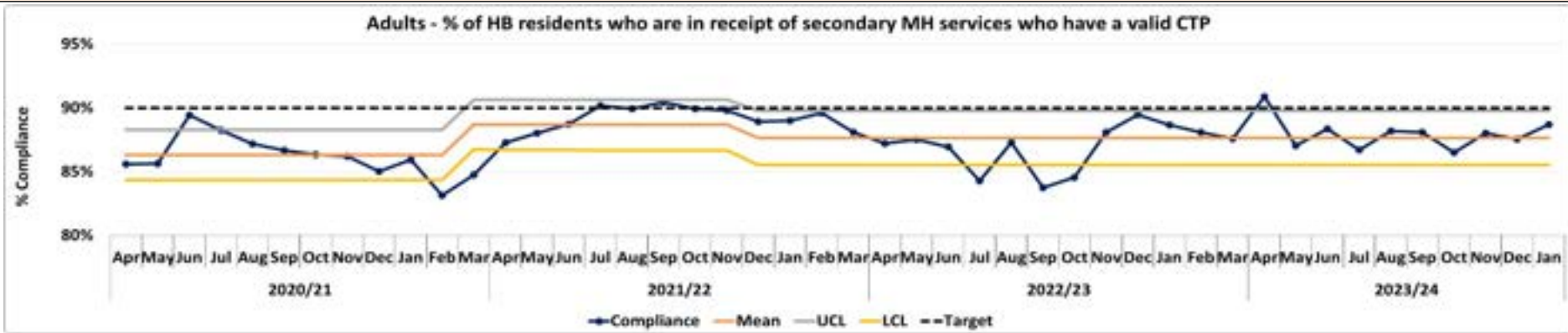
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (90.4%) - Target 80%

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during January 2024 dipped to 90.4%, but continues to stand above the WG target of 80%.

During the month 312 of the 345 interventions commenced within the 28 day timeframe.



Please note that this measure is part of Quadruple Aim 4 - People Centred Care - but has been included in this section for ease of reference with the Mental Health Priorities - % of HB residents who are in receipt of secondary MH services who have a valid CTP (88.7%) - 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 observed 88.7% compliance during January 2024 and remains just below the 90% WG standard.

Part 3: There were no requests for any adult assessments under Part 3 of the Mental Health Measure during January.

% of patients waiting less than 26 weeks to start a Psychological Therapy (58.9%) - Target 80%

During January 2024, Psychological Therapies compliance remained almost static at 58.9%. Compliance continues to remain below the 80% target threshold set by WG with October 2021 being the last time the target was achieved.

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

At the end of January the waiting list stood at 776 patients which represents a 15% reduction from the peak of 916 during March 2023.



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

How are we doing?

Part 1a: As anticipated performance remained above target compliance during January. Due to forward planning to counter the anticipated increase in the levels of leave and reduced capacity, we were able to improve on the previous months performance. We continue to closely monitor sickness and absence rates and ensure our activity is balanced across all areas to fully utilise capacity.

Merthyr Cynon area has improved in their performance compared to the previous month from 84% to 91%. Rhondda Taff Ely area dipped slightly compared to the previous month from 96% to 92%. Bridgend area saw a significant improvement from 28% to 58%, although still below the target of 80%.

Part 1b: Performance continues to be above target at 90.4%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 88.7%:

- Adult Services improved marginally to 86.8%
- Older Adult Services improved to 93.6%
- Learning Disability Services improved slightly to 95.6%

Psychological Therapies: The overall position for Psychological Therapies waiting list for January 2024 stands at 776, which is a small decrease of 10 compared to December 2023.

Those patients waiting over 26 weeks equates to 319 service users, with current compliance (58.9%) being above the trajectory of 51% for January. Overall longest waiting patients had reduced from 164 weeks in December to 157 weeks in January.

A total of 167 new referrals were received into the system during January, which is a 40% increase on the previous month but was anticipated, as this seems to be the norm for the time of year.

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

Actions to improve performance are:

Part 1a:

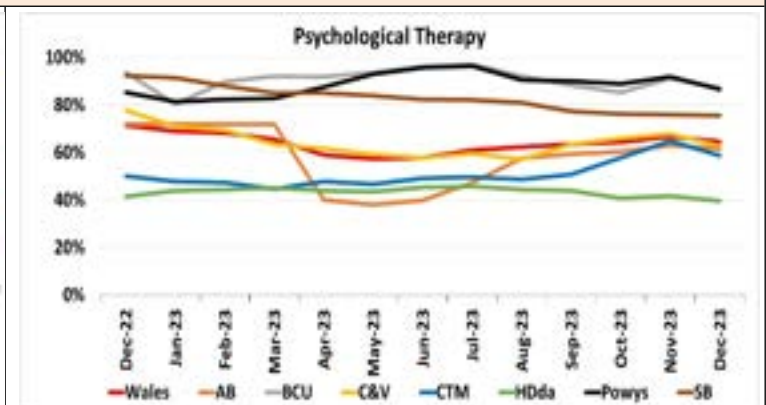
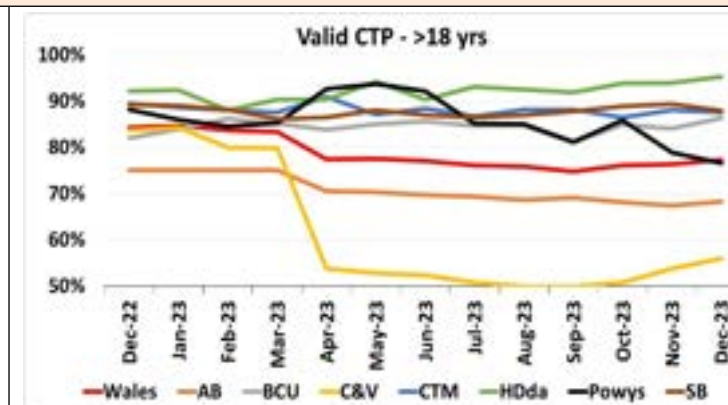
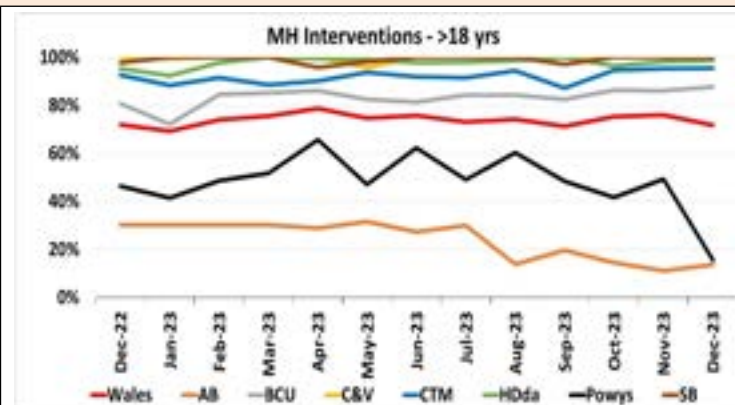
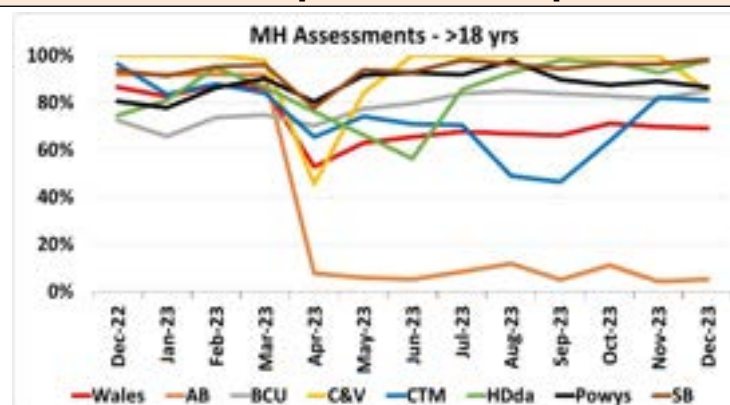
- Focus on sickness management in teams where they are currently experiencing high levels of absence and strategic review of people with frequent or long absence.
- Review of IT systems to support proactive performance management of the service through Qlik
- Demand and capacity work – review of job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

Part 2: Targeted work on non-compliant CTPs is continual with work ongoing to improve reporting and insight to enable managers to target specific areas / personnel of non-compliance. Work continues with Community Mental Health Team leads and Local Authority partners to ensure any non-compliant CTPs are prioritised based on reducing risk. The primary risk to sustained improvements remains the reduction in staffing capacity caused by sickness and high caseloads in certain areas within CTM. Managers are monitoring compliance weekly to mitigate reductions, whilst work on Demand & Capacity and resources for large caseloads is reviewed. Improvements in Part 2 compliance are anticipated in Quarter 4 2023/24 and through to Quarter 1 2024/25; in line with staff scheduled to return from sickness and improved reporting and insights.

Psychological Therapies: Ongoing validation work continues around ensuring that all waiting lists are accurate. There is also ongoing work to clearly identify and record on the waiting lists the types of therapy service users are waiting for to allow efficient allocation of service users to staff resource.

Patients have been identified for the second batch of outsourcing in CMHT via Problem Shared. Due to the timescales of on-boarding, assessment and first treatment, it was anticipated that patients would start coming off the waiting list in January 2024 at the earliest and this is reflected in the reduction, albeit small, in the overall waiting during the month.

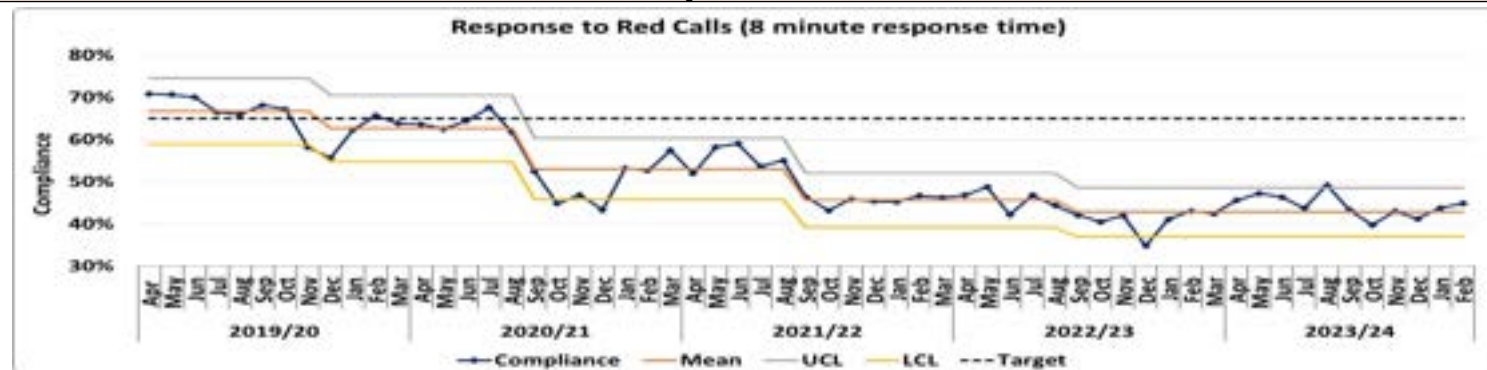
How do we compare with our peers?



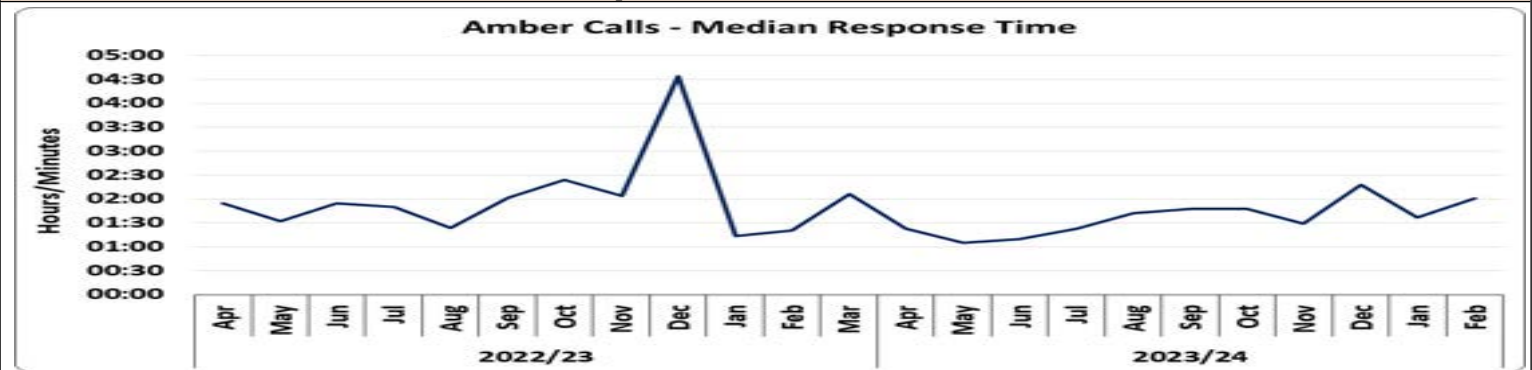


Emergency Ambulance Services – February 2024

% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)
February 2024 – 44.8%



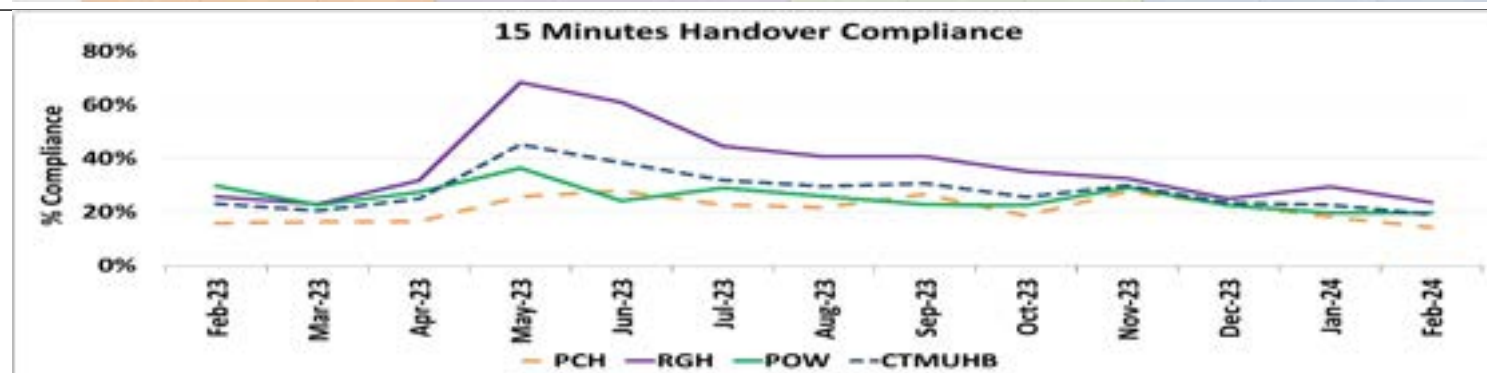
Median emergency response time to Amber Calls – Target is 12 month improvement trend
February 2024 – 2 hours 1 minute



Number of ambulance handovers within 15 minutes – Target Improvement

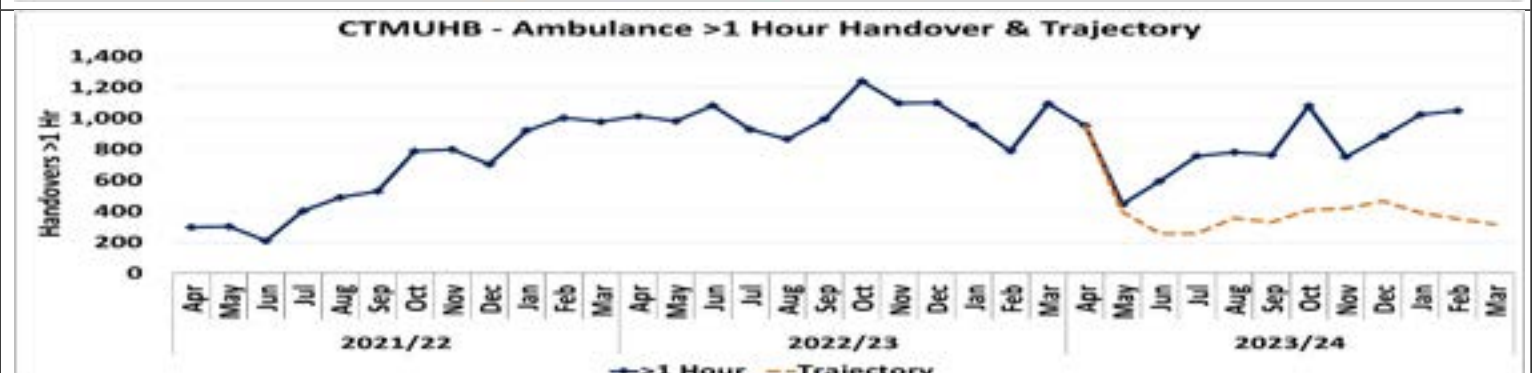
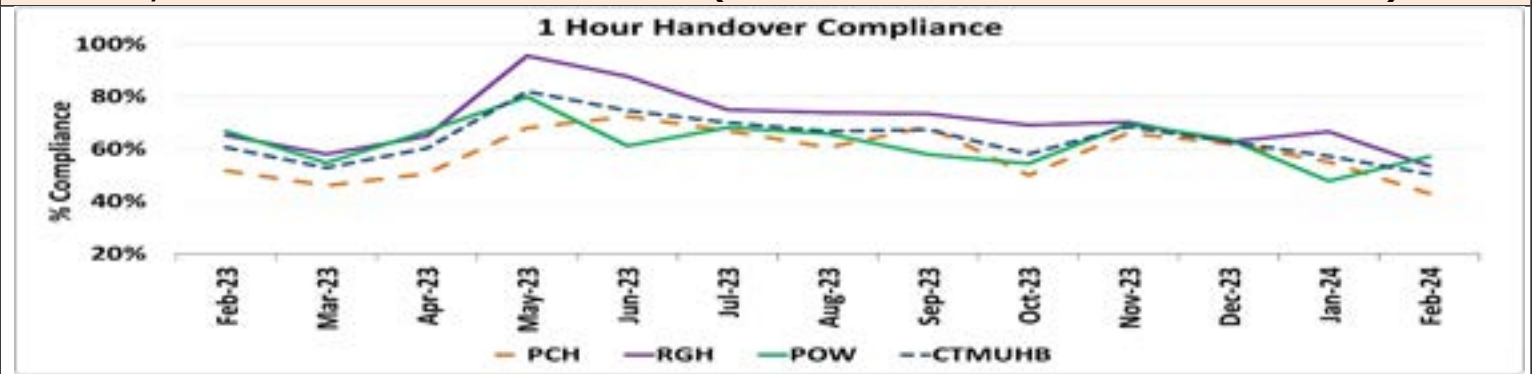
Total handovers 2,113 of which 402 handovers were within 15 minutes (19.0%)

Period	PCH			RGH			POW			CTMUHB		
	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Total	% <15 mins	% <60 mins
Feb-23	750	15.7%	51.7%	734	25.7%	65.1%	518	29.7%	66.8%	2002	23.0%	60.5%
Mar-23	849	16.3%	45.9%	873	22.9%	58.1%	593	22.6%	54.6%	2315	20.4%	52.7%
Apr-23	857	16.3%	50.5%	830	31.7%	64.8%	711	27.4%	66.8%	2398	24.9%	60.3%
May-23	831	25.8%	68.0%	962	68.3%	95.5%	678	36.3%	79.9%	2471	45.2%	82.0%
Jun-23	875	27.8%	72.5%	822	60.9%	87.7%	649	24.2%	61.2%	2346	38.4%	74.7%
Jul-23	940	22.7%	66.9%	864	44.6%	75.0%	721	28.8%	68.2%	2525	31.9%	70.1%
Aug-23	869	21.6%	60.5%	832	40.6%	73.9%	644	25.8%	65.8%	2345	29.5%	66.7%
Sep-23	876	26.6%	68.5%	837	40.7%	73.4%	628	22.8%	57.8%	2341	30.6%	67.4%
Oct-23	971	18.6%	49.9%	928	35.1%	69.2%	673	22.4%	54.4%	2572	25.6%	58.0%
Nov-23	832	27.6%	66.1%	883	32.5%	70.2%	676	29.1%	69.4%	2391	29.9%	68.5%
Dec-23	863	22.7%	62.0%	833	24.8%	62.8%	676	22.5%	63.8%	2372	23.4%	62.8%
Jan-24	910	18.1%	55.1%	869	29.5%	66.5%	620	19.7%	47.7%	2399	22.6%	57.3%
Feb-24	805	14.3%	43.0%	783	23.5%	53.4%	525	19.6%	57.1%	2113	19.0%	50.4%



Number of ambulance handovers over 1 hour – Target Zero - Please note that this measure is Quadruple Aim 4 but has been included in this area for ease of reference

1,049 handovers were over 1 hour (50.4% of handovers were within 1 hour)

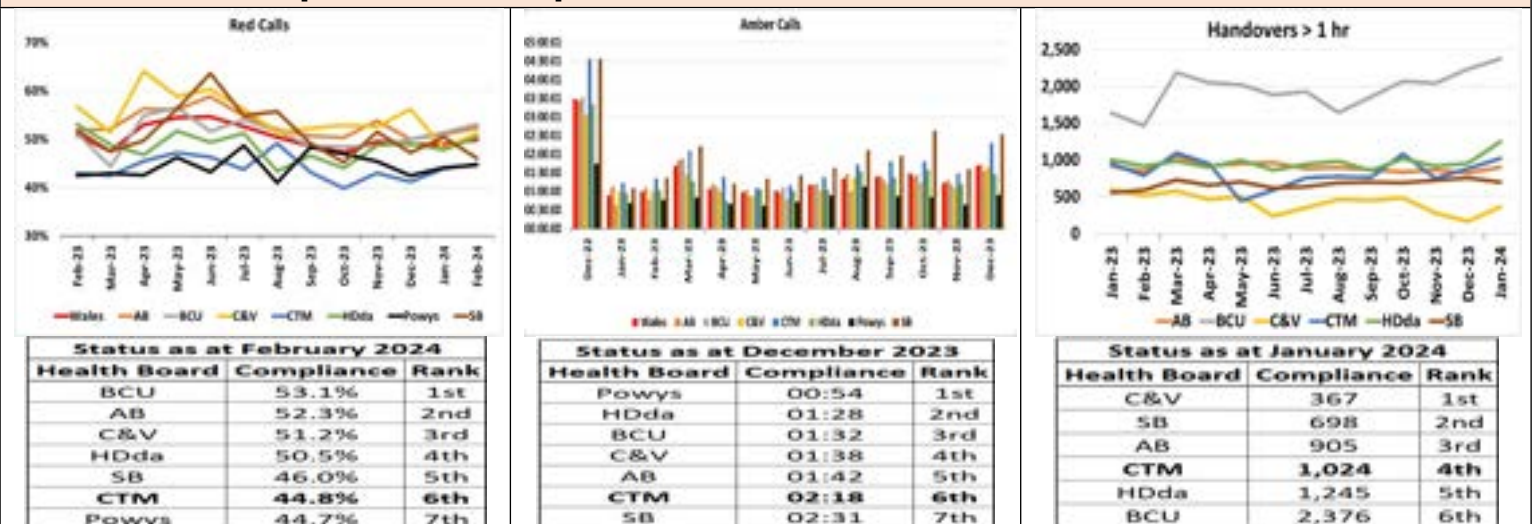


Red Release Requests – January 2024 – 97.7%

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Jan-23	18	17	94.4%	19	13	68.4%	6	2	33.3%	43	32	74.4%
Feb-23	8	8	100.0%	10	9	90.0%	3	3	100.0%	21	20	95.2%
Mar-23	14	14	100.0%	12	10	83.3%	11	11	100.0%	37	35	94.6%
Apr-23	15	15	100.0%	7	3	42.9%	3	3	100.0%	25	21	84.0%
May-23	8	8	100.0%	5	5	100.0%	1	1	100.0%	14	14	100.0%
Jun-23	12	12	100.0%	5	4	80.0%	6	6	100.0%	23	22	95.7%
Jul-23	16	16	100.0%	7	7	100.0%	11	10	90.9%	34	33	97.1%
Aug-23	10	10	100.0%	5	5	100.0%	10	10	100.0%	25	25	100.0%
Sep-23	16	16	100.0%	5	3	60.0%	11	11	100.0%	32	30	93.8%
Oct-23	13	13	100.0%	21	19	90.5%	19	19	100.0%	53	51	96.2%
Nov-23	16	16	100.0%	16	16	100.0%	3	3	100.0%	35	35	100.0%
Dec-23	19	19	100.0%	19	16	84.2%	6	6	100.0%	44	41	93.2%
Jan-24	21	21	100.0%	12	11	91.7%	11	11	100.0%	44	43	97.7%

Please note that due to recent 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 recent data available is to January 2024.

How do we compare with our peers?



Emergency Ambulance Services continued overleaf:



Emergency Ambulance Services continued : February 2024

How are we doing?

Response to Red Calls per WAST Operational Area				
Feb-24	Total Responses	Responses within 8	% within 8 mins	12 Month Average
Merthyr	110	69	62.7%	58.4%
RCT	334	136	40.7%	38.5%
Bridgend	199	83	41.7%	44.8%
CTM	643	288	44.8%	44.0%

Response to Red Calls: Response times to life-threatening calls for the CTM area remained low at 44.8% with the 12 month average recording a similar level. For the past six months the National compliance has remained below 50%. The minimum expected standard is for 65% of Red Calls to be responded to within 8 minutes. As can be seen in the table above, there continues to be variance in response times across our region, with RCT borough continuing to experience the poorest response times during February, as has been the case for some considerable time.

The volume of Red Calls during February for CTM totalled 643, in line with the 12 month average of 658.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 121 minutes during February; 25% higher (24 mins) than the previous month and 40 minutes longer than in the equivalent period of last year. The chart (page 13, top right) demonstrates fluctuations in the median response times, however during 2023, generally we had observed lower response times than in 2022; the exceptions being March & December 2023.

Ambulance Handover Compliance: Ambulance conveyances to ED were 5.5% (111) higher in February 2024 than they were during February of last year.

Performance against the 15 minute handover was under 20%, with the number of patients and ambulance crews detained longer than an hour totaling 1,049 and remaining outside the desired trajectory.

During 2022/23, the number of patients waiting more than 1 hour for their transfer of care averaged 1,012 patients per month. Thus far, the average 2023/24 equates to 825 patients and as it currently stands represents a reduction of 18.5% in the number of patient breaches.

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 44 during January. The ED services were able to support affirmatively 43 (97.7%) of those requests. The expected standard is for all requests to be approved.

What actions are we taking & when is improvement anticipated?

- Zero tolerance >4 hours wait – improvement plan in place across CTM with regular performance meetings in place
- Out of hours Senior Manager and Executive on call rota under review
- Unscheduled Care Senior leadership team proactively engaged and leading programme for improvement
- Executive Launch of Red to Green* (described below) commenced December 2023
- USC Dashboard Launch planned for March providing real-time information
- Collaborative Test of Change commenced at the end of December 2023 between WAST and RGH Emergency Department. Ensuring 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. Positive early outcomes and feedback since commencement with plans to roll out across CTM.
- MADE (Multi Agency Discharge Event) now planned for April 2024.

** Red to Green - Every day a person is in a hospital bed should add value to their care.*

The Red to Green approach aims to reduce a patient's length of stay by highlighting non-value adding days and reducing avoidable delays where a patient is kept waiting for things to happen to progress their care.

What are the main areas of risk?

- Additional uncommissioned capacity remains open across all sites.
- Increase in patients admitted with respiratory illnesses.
- System flow remains highly impacted by capacity within social care.
- Activity has increased resulting in uncommissioned capacity being utilised to manage demand.
- Persistent high escalation levels across all sites.
- Planned further industrial action by junior doctors following initial dates in January & February 2024.



Emergency Unit Waits – February 2024 (Provisional Position) - Total Attendances - Major 13,589 / Minor 1,396

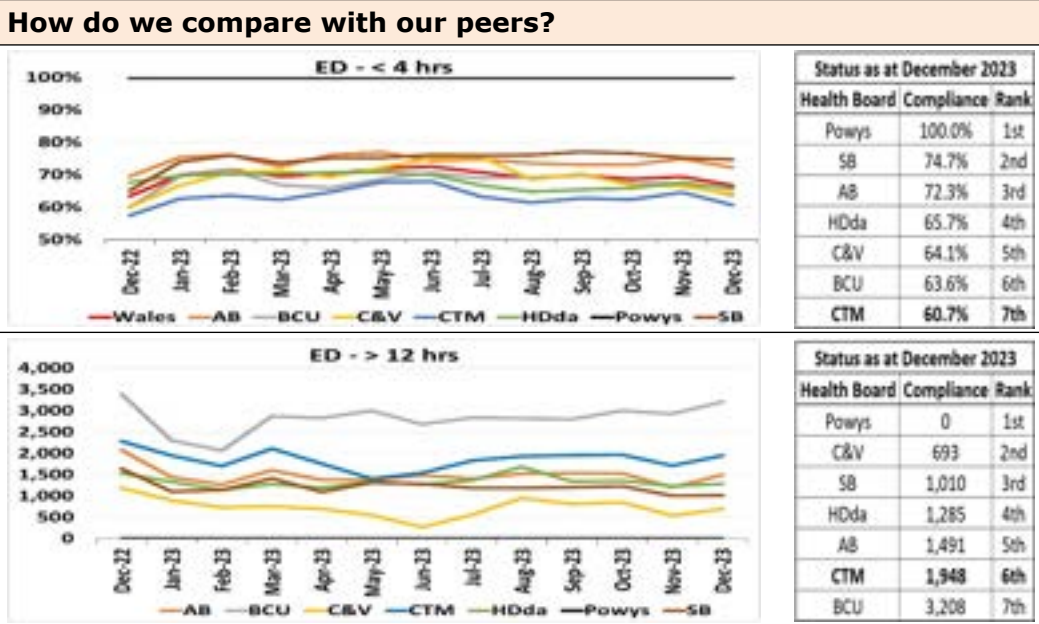
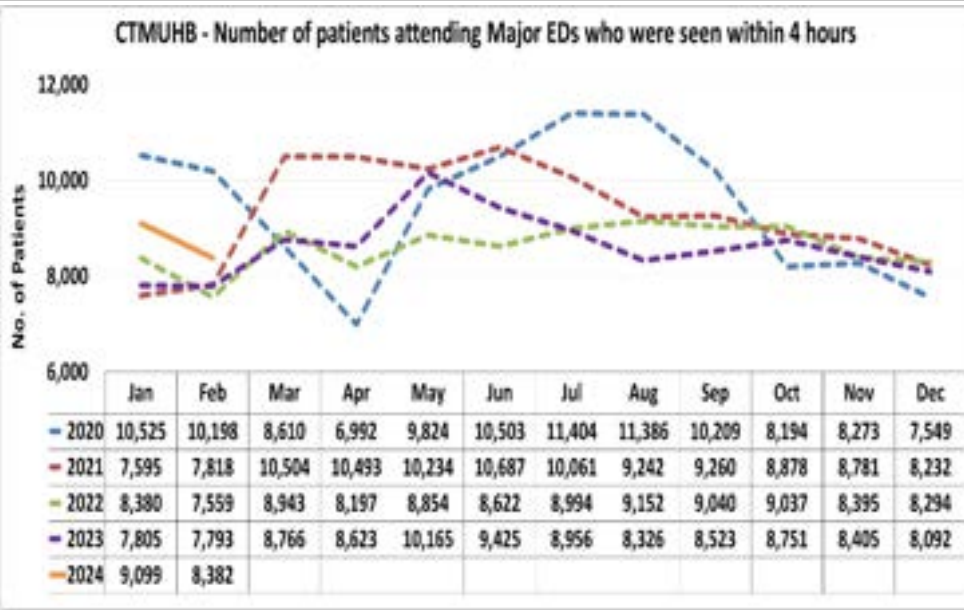
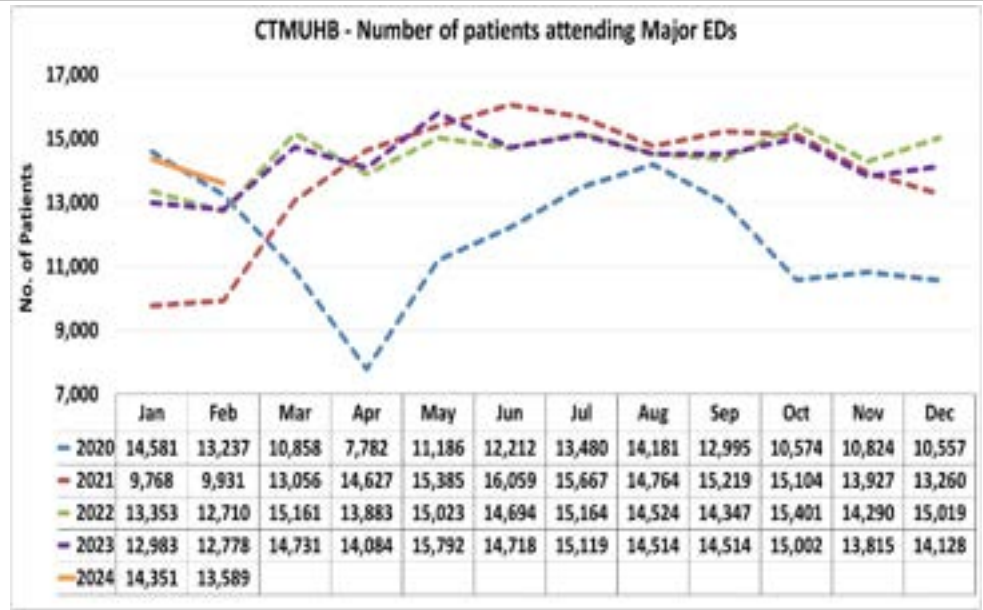
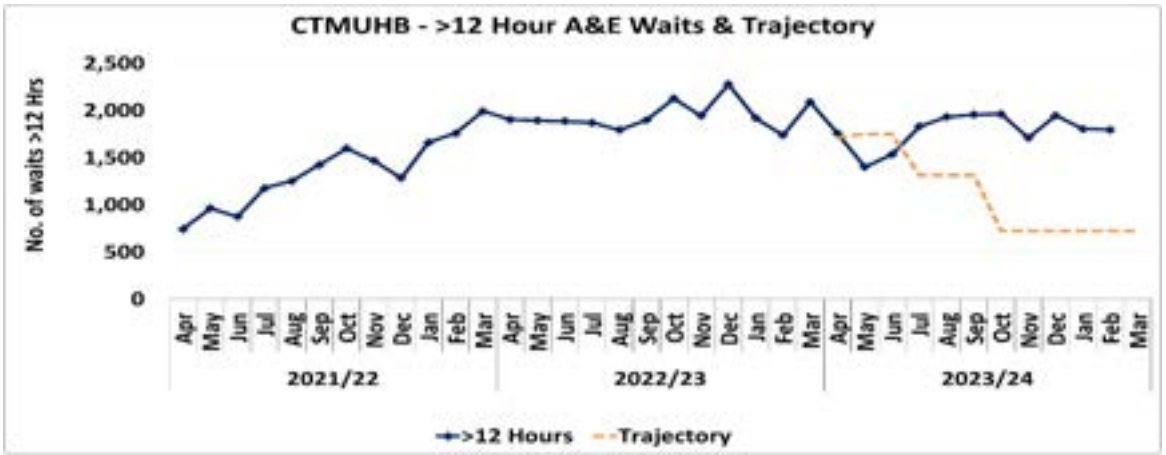
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge - Target Improvement compared to the same month in 2022/23, towards the national target of 95%

Number of patients who spend 12 hours or more in emergency care facilities from arrival to admission, transfer or discharge - Target Improvement trajectory towards a national target of Zero by 31st March 2024

65.2% were seen within 4 hours (Patients Waiting >4 hours 5,208)

12.0% of patients were waiting over 12 hours (1,797)

Period	CTMUHB		
	Attendances	4 Hrs %	> 12 Hrs
Feb-23	13,723	63.6%	1,740
Mar-23	15,844	62.3%	2,092
Apr-23	15,508	64.7%	1,760
May-23	17,529	67.7%	1,402
Jun-23	16,682	67.9%	1,536
Jul-23	16,799	63.3%	1,833
Aug-23	16,066	61.5%	1,932
Sep-23	16,127	62.8%	1,957
Oct-23	16,642	62.4%	1,965
Nov-23	15,296	64.6%	1,712
Dec-23	15,365	60.7%	1,948
Jan-24	15,749	66.6%	1,806
Feb-24	14,985	65.2%	1,797



How are we doing?

Throughout February the total number of ED attendances at our 3 acute hospital sites was 6.3% (811) higher than February 2023 (graph above) and overall, numbers of Minor Injuries and ED attendances 9% higher (1,262) than the equivalent period of 2023.

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during February is provisionally 65.2%, a slight fall in compliance on the previous month and remaining well below the WG compliance target of 95%.

The twelve hours performance saw 1,797 patients waiting in excess of 12 hours and is similar to February last year.

The average number of twelve hour patient breaches during the past 12 months is 1,812 and is slightly lower (6.5%) than the previous 12 month time span where the averages were 1,939.

What actions are we taking & when is improvement anticipated?

- Executive launch of Red to Green.
- USC Dashboard Launch Planned March 2024.
- Improvement plan in place across CTM with regular performance meetings in place.
- Initial discussions with Welsh Clinical Network regarding Continuous Flow Model to improve hospital flow.
- MADE event (Multi Agency Discharge Event) planned for March 2024.

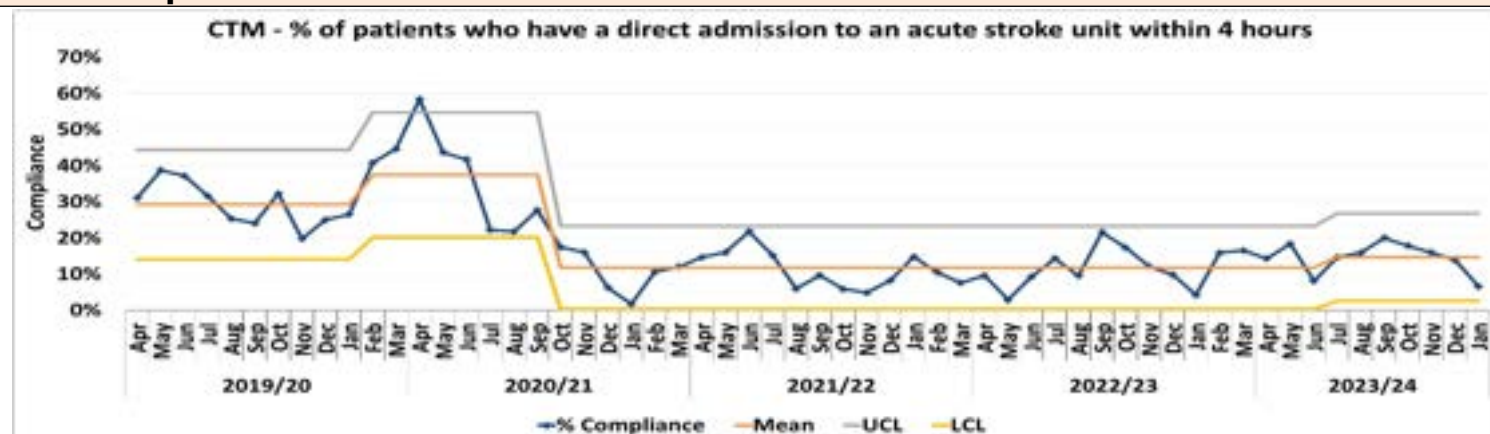
What are the main areas of risk?

As per page 15

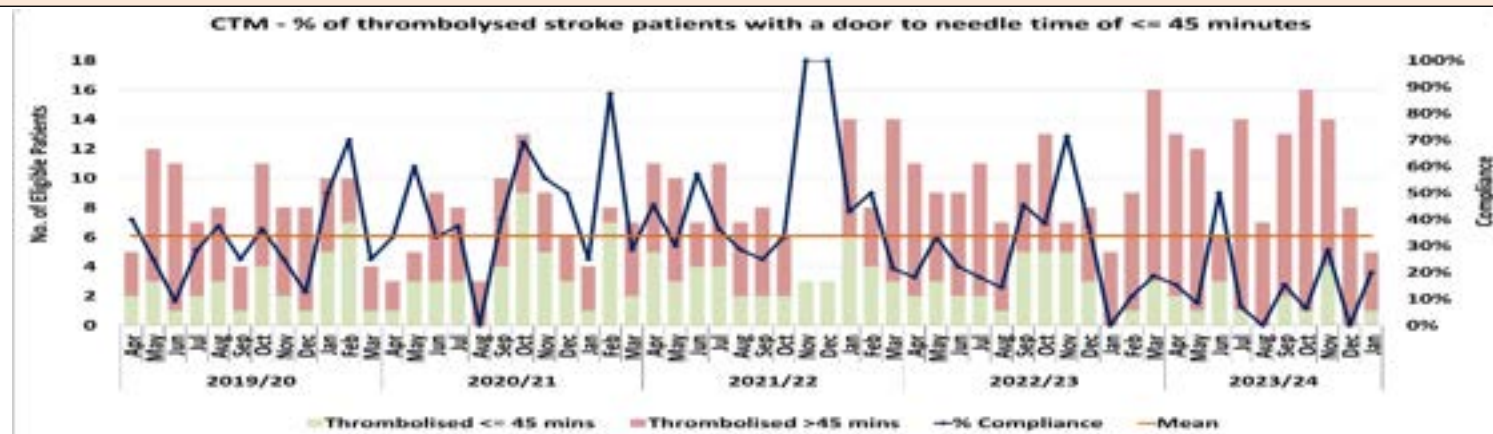
CTMUHB – Focus on Stroke Quality Improvement Measures (QIMs) – January 2024

(please note that Stroke Measures are not included in the 2023/24 WG Performance Framework)

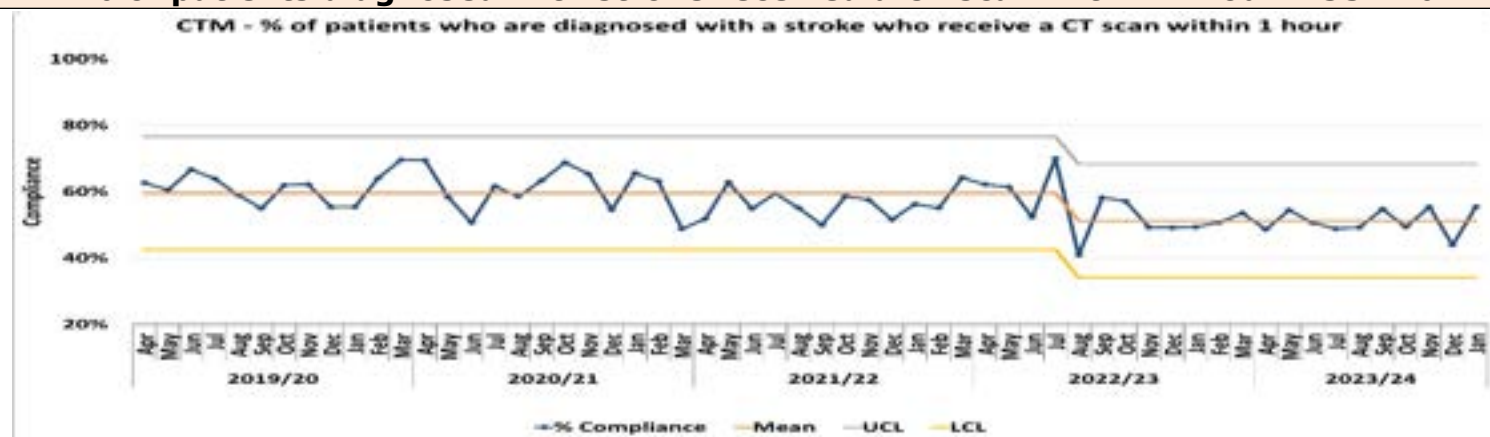
% compliance with direct admission to an acute stroke unit within 4 hours – 6.5%



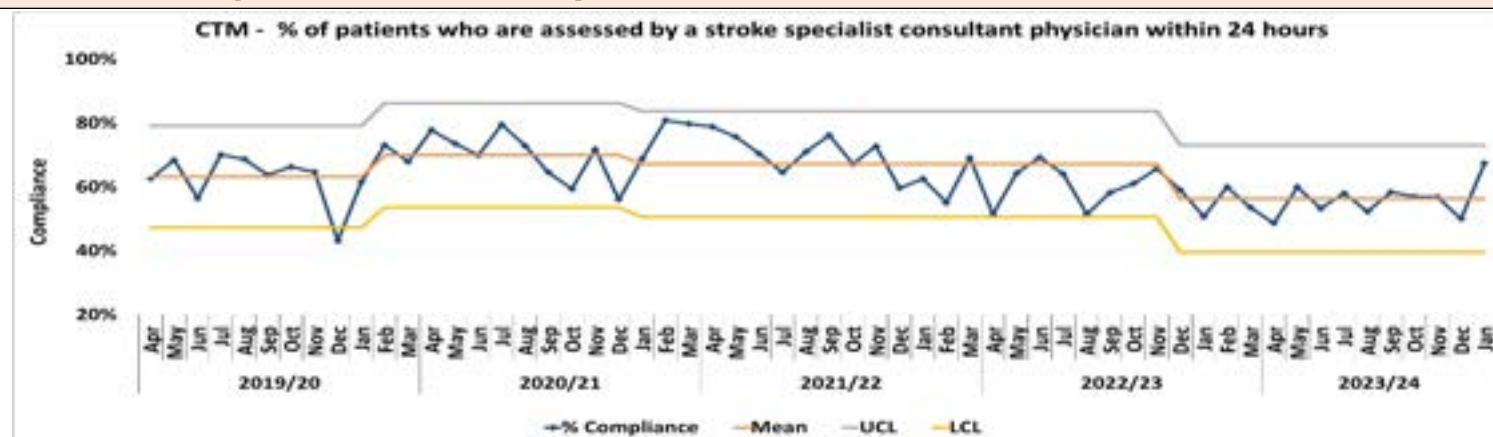
% of eligible patients thrombolysed door to needle time within 45 minutes – 20%



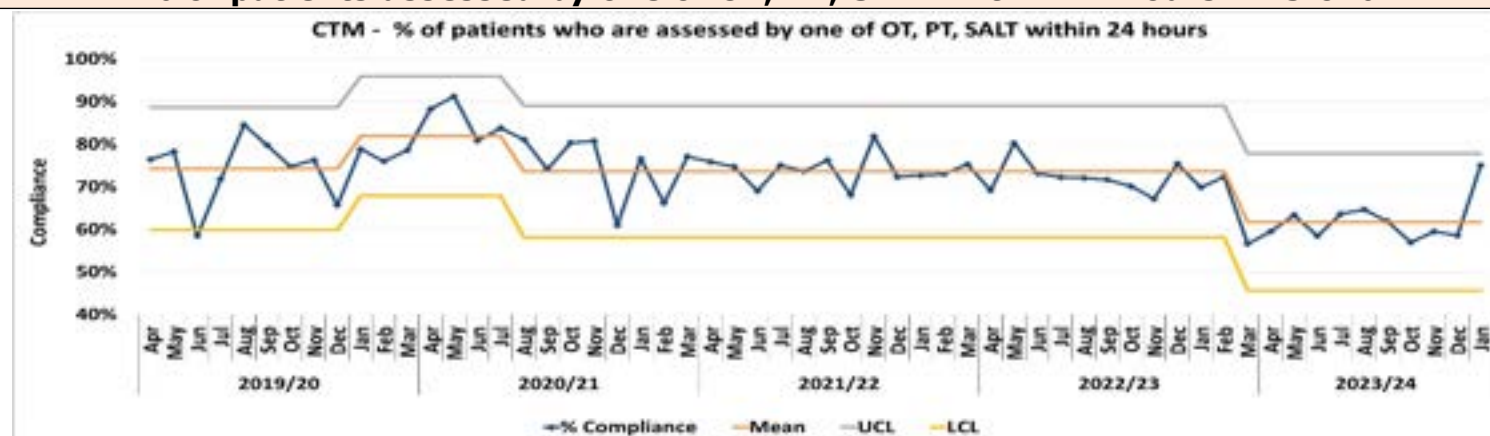
% of patients diagnosed with stroke received a CT scan within 1 hour – 55.4%



% of patients assessed by a stroke consultant within 24 hours – 67.4%

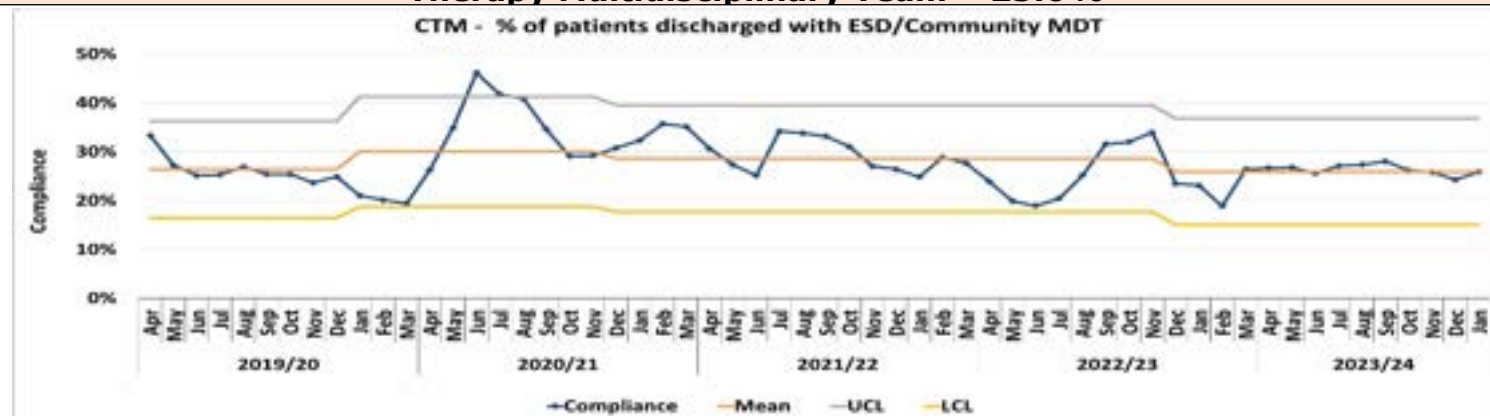


% of patients assessed by one of OT, PT, SALT within 24 hours – 75.0%



Current month stats

Discharge Standards - % of applicable patients discharged with ESD/Community Therapy Multidisciplinary Team – 23.6%



Stroke QIMs as per current month submitted data - January 2024		PCH	POW	YCR	CTM
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	Total admissions	52	40		92
	No. of patients within 4 hours	5	1	N/A	6
	% Compliance	9.6%	2.5%		6.5%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	3	2		5
	No of patients within 45 mins	1	0	N/A	1
	% Compliance	33.3%	0.0%		20.0%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	52	40		92
	No. of patients within 1 hour	31	20	N/A	51
	% Compliance	59.6%	50.0%		55.4%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	52	40		92
	No. of patients within 24 hours	37	25	N/A	62
	% Compliance	71.2%	62.5%		67.4%
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	52	40		92
	No. of patients within 24 hours	36	33	N/A	69
	% Compliance	69.2%	82.5%		75.0%
% of applicable patients discharged with ESD/Community Therapy MDT	Applicable Patients	87	90	18	195
	No. of patients with ESD/MDT	38	0	8	46
	% Compliance	43.7%	0.0%	44.4%	23.6%



Contd...Stroke Quality Improvement Measures (QIMs) – January 2024

How are we doing?

During January 2024, 6.5% (6 out of 92) of stroke patients were admitted directly to an acute stroke unit within 4 hours with 1 of the 5 eligible patients thrombolysed within 45 minutes.

55.4% of patients (51 out of 92 diagnosed patients) had a CT scan within an hour and 67.4% (62 out of 92) of stroke patients treated in January were seen by a specialist stroke physician within 24 hours of arrival at the hospital.

75% (69 out of 92) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech & Language Therapist within 24 hours of arrival, the highest level seen since December 2022. 100% compliance will not be achievable whilst there remains a 5-day clinical model.

The rolling 3 months discharge standard saw 46 out of 195 (23.6%) of applicable patients being discharged with Early Supported Discharge (ESD) or Community Therapy MDT. PCH maintained performance at c. 40%. The ESD service for Bridgend started on 15th January 2024 and thus far, 8 patients have been taken into the new service since that date. This service has been registered on SSNAP, the national audit, and data will be included in future reports. Work is underway to support appropriate identification of patients for ESD, with ESD colleagues working closely with ward staff. The link AHP Head of Service for stroke is working closely with the ESD team to support increased activity and address any challenges experienced. The Stroke Performance Group will receive regular ESD performance reports and updates.

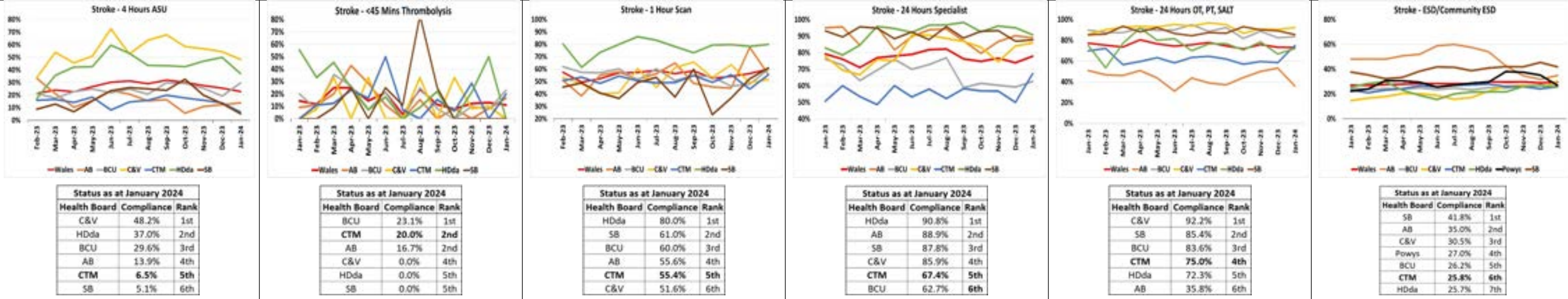
What actions are we taking & when is improvement expected?

- Monitoring the impact of Brainomix AI software (reporting for CT's and CT angiograms) to ascertain its potential for minimising delays for referrals for thrombectomy in the future.
- Maintaining the USC Care Group Stroke Programme Board and Stroke Operational Group, with a focus on analysis of the data and updating the programme of improvement actions to feed into the Programme Board.
- Developing a model for CNS cover 24/7 to maximise the opportunities for thrombectomy referral/transfers. Awaiting decision in relation to investment.
- Training to be undertaken which will allow the CNS to request CT scans which will contribute towards increasing the number of scans requested within the hour.
- Rolling advert for Stroke Consultant vacancy and discussions with Cardiff and Vale HB regarding a regional solution are underway.
- The Early Support Discharge service has been extended to Bridgend achieving Health Board wide access for patients. Progress to be monitored and reported through the Stroke structure.

What are the main areas of risk?

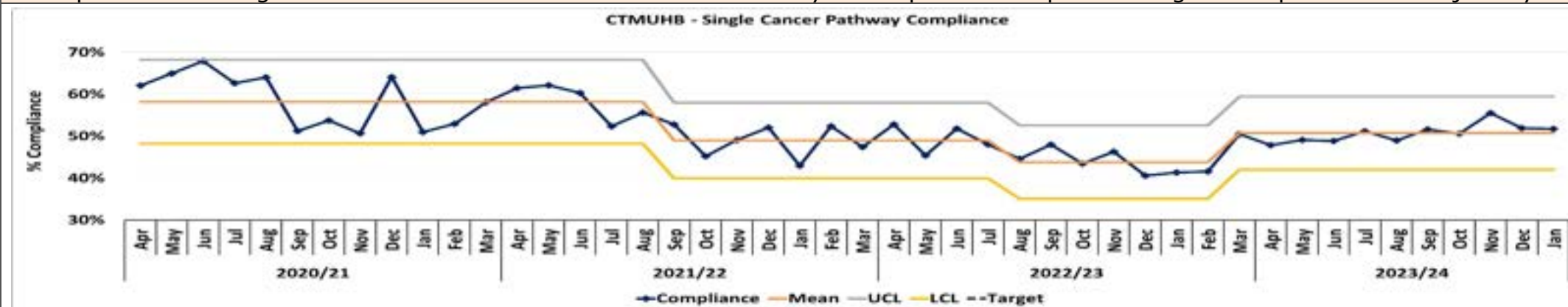
- Resilience in the CNS workforce at PCH and POW. Decision awaited in relation to investment to achieve this.
- Inpatient therapies resource.
- Recruitment of Stroke Consultant – rolling advert out for more than 6 months.
- Data quality – decision awaited in relation to investment to achieve improvement.
- Ring-fencing beds/sufficient ring-fenced beds given level of demand across all sites, high levels of acuity and numbers of clinically optimised patients awaiting social care, community hospital and nursing home.

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



Single Cancer Pathway (SCP) January 2024 – 51.7%

% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target is Improvement Trajectory towards a national target of 80% by 31st March 2026



CTMUBH - SCP % Treated Without Suspensions - January 2024				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated in Target Without Suspensions
Head and neck	2	5	7	28.6%
Upper GI	12	6	18	66.7%
Lower GI	13	25	38	34.2%
Lung	20	21	41	48.8%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	60	10	70	85.7%
Breast	17	23	40	42.5%
Gynaecological	2	13	15	13.3%
Urological	16	28	44	36.4%
Haematological	6	5	11	54.5%
Other	2	3	5	40.0%
Total	150	140	290	51.7%

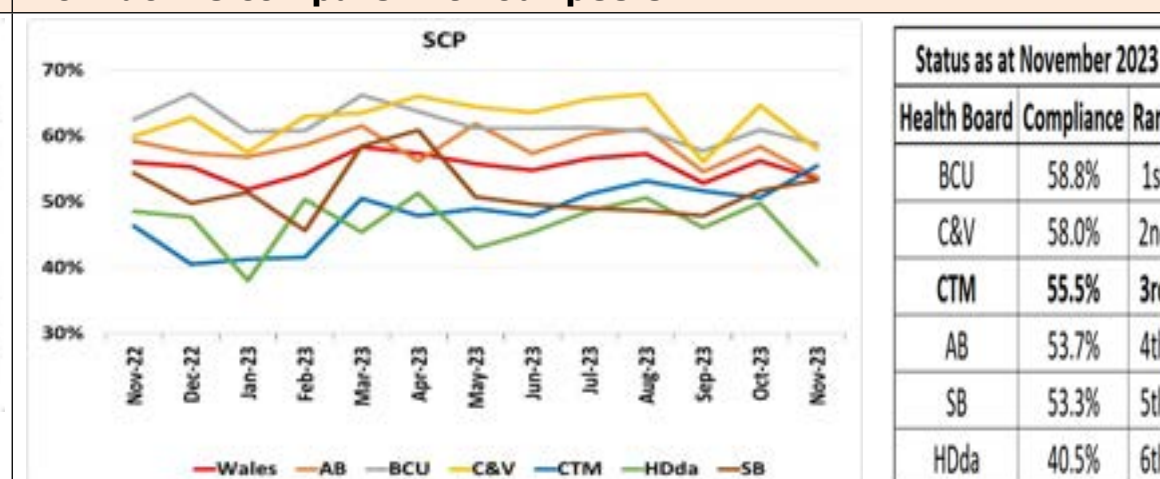
Performance during January remained almost stationary at 51.7% and is just above the current mean of 50.7%. Only one of the tumour sites reached the desired target threshold this period, as seen in the table above. Predicted compliance for February currently stands at 52.5%. Delays at first outpatient (36%) and diagnostic stage (44%) continue to be the greatest concern and the significant factors in not achieving the target. Diagnostic delays remain in radiology, endoscopy and pathology; although improving. Tertiary delays for diagnostics & treatments also continue.

Patients Treated by Closed Date

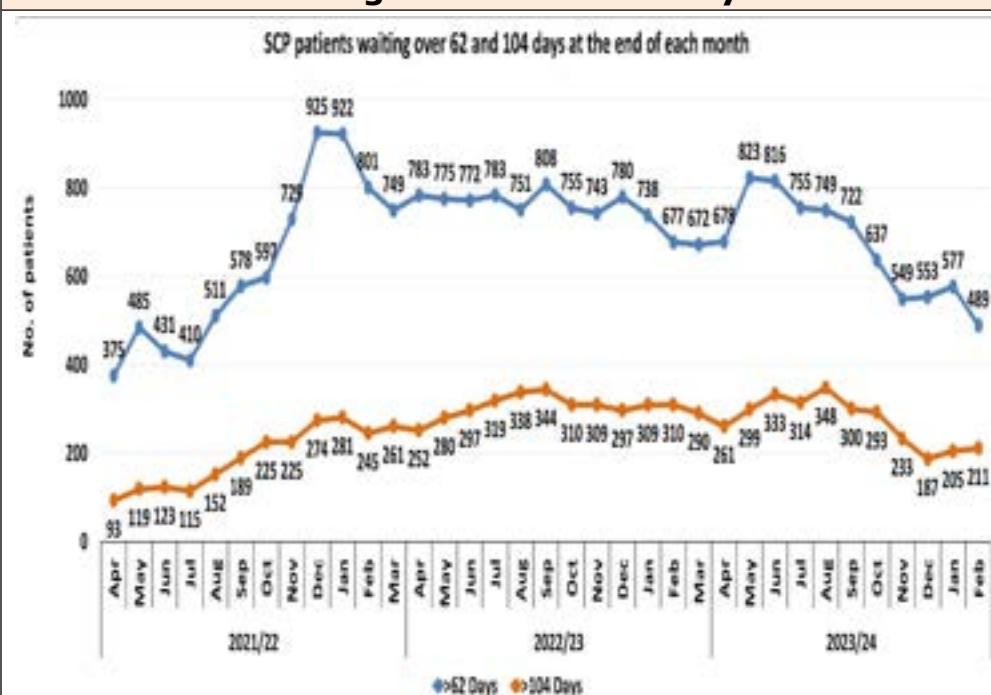


Overall cancer treatment volumes have marginally increased during the past 12 months to an average of 291 per month, compared to 287 in the previous 12 month period representing an average monthly increase of 1.6%.

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?

- Centralisation of Breast service – end of March.
- Increasing Straight to Test (STT) where possible.
- Merging of Lower GI departments, along with centralisation of operating on one site for major cases. Next meeting scheduled for March 22nd.
- Centralisation of Gynaecology services – initial meeting has taken place.
- Rollout of digital referrals.
- Waiting List Initiatives (WLI's).
- Continuing outsourcing of pathology.
- Additional Local Anaesthetic Transperineal Prostate Biopsy machine (LATPB) via diagnostic board approved – will provide increased flexibility and sustainability of service.
- Modified the urology sustainability meeting to focus on 4 specific areas:
 - 1st OPA
 - Haematuria Pathway
 - LATPB
 - Inpatient Treatments

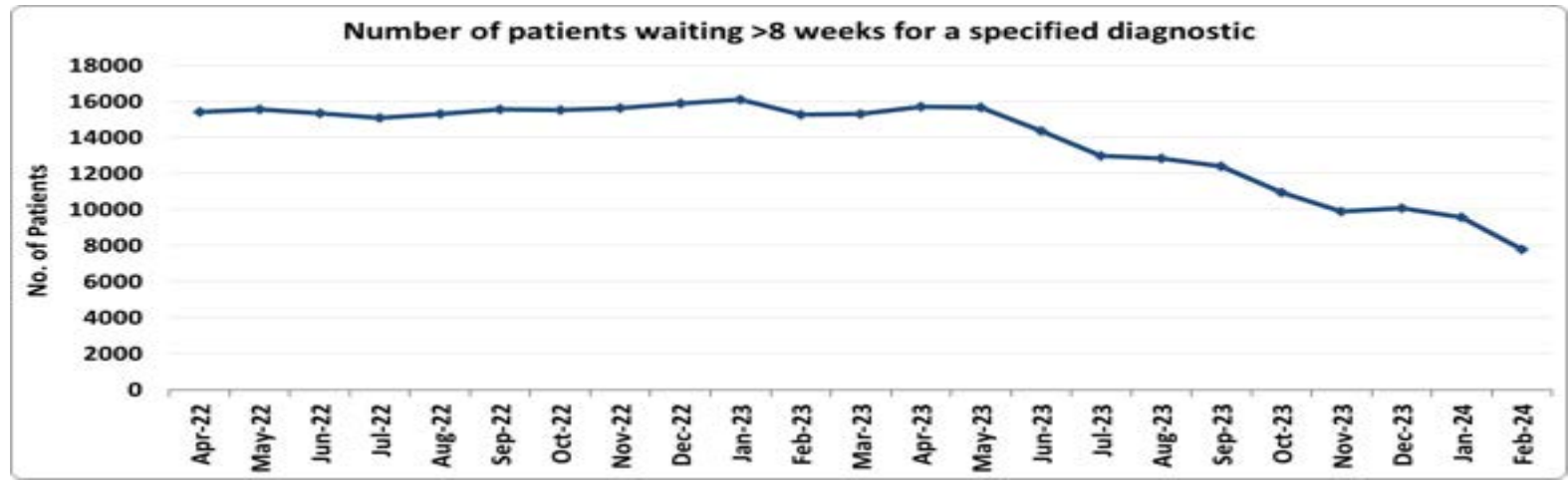
What are the main areas of risk?

- 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.
- Lack of data provision following rollout of new cancer solution. Patient data unavailable causing validation issues and assurance surrounding data quality.
- Urology diagnostics – specifically prostate pathway consequent to all patients now being offered LATPB over TRUS biopsy. Demand outstripping available capacity.
- Delays in Gynaecology diagnostics and treatments for POW patients via SLA with SBUHB.



Diagnostics – February 2024 (Provisional Position)

Number of patients waiting >8 weeks for a specified diagnostic – Target improvement trajectory towards national target of Zero by March 2024



Diagnostics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	15,437	15,579	15,363	15,080	15,315	15,570	15,547	15,651	15,886	16,114	15,294	15,299
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,107	9,563	7,795	

Number of Patients waiting >8 Weeks for a Diagnostic Test - February 2024		
Cardiology Cardiology Services	Echo Cardiogram	1,468
	Cardiac CT	10
	Cardiac MRI	2
	Diagnostic Angiography	118
	Stress Test	10
	DSE	34
	TOE	3
	Heart Rhythm Recording	5
	B.P. Monitoring	1
Bronchoscopy Colonoscopy Gastroscopy Cystoscopy Flexi Sig		0
		127
		171
		739
		147
Radiology	Non-Cardiac CT	1,085
	Non-Cardiac MRI	929
	NOUS	1,934
	Non-Cardiac Nuclear Medicine	62
	Fluoroscopy	115
Imaging	Physiological Measurement	105
Neurophysiology	Urodynamics	105
	EMG	330
	NCS	400
Total		7,795

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?																																																																																																																																											
Diagnostics: Provisionally, at the end of February, 7,795 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is an 18% (1,768) improvement on the January reported position. The largest contributory factor to the improving diagnostic position has been observed in non obstetric ultrasound (NOUS), where the number of patients waiting in excess of 8 week reduced by 1,493 in month to 1,934. During February, Endoscopy also continued to see further improvements in waiting times with 7.5% (97) fewer patients waiting in excess of eight weeks.	Radiology: The NOUS improvement plan continues to deliver significant additional capacity over core and continues to deliver the reduction in the over 8 week breaches demonstrated in the performance month on month. Additional Plans in place to tackle MRI delays following Exec approval have delivered a tangible reduction in the backlog of reporting capacity. Trajectories for CT and MR have been developed and are showing scanning capacity shortfalls with the additional demand trends. A case is being drawn up on more sustainable solutions. Endoscopy: Improvements continue with the >104 and >62 day waits, with LGI reporting its lowest backlog position since July 2021. Symptomatic waits and backlog has reduced significantly. Productivity and efficiencies continue to be monitored weekly through endoscopy 6/4/2-1 process/discussions and Task & Finish Group within the Endoscopy Service. Utilisation continues to be maintained over 90%. The service has also made significant improvements to our Routine waiting list and has seen waits reduced from 189 weeks (longest wait May 2023) to 38 weeks (current longest wait Feb 2024). Total CTM waiting list backlog was over 5,000 (May 2023) and as of Feb 2024 this has reduced to around 900 (patients waiting over 8 weeks = 370). Bowel Screening Wales (BSW) – recovery plan embedded and in week 8 of 12 of (short term plan) which is running alongside the sustainability plan.	- Demand and Capacity 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 reduction in age limit for testing/screening for younger patients; linked to Endoscopy additional capacity being commissioned. Pathology sampling has already seen this increase which is currently being supported to outsource through the planned care recovery proposals. - Sustained increase in CT Out of Hours emergency demand. Additional Outsourcing agreed to help with timely reporting, which has reduced reporting backlog and waiting times. Going forward a plan is being drafted in Radiology to try and reduce any unnecessary out of hours demand. - Radiology service continues to hold 6.0 WTE Consultant vacancies. Interviews are taking place early May 2024. We have recently recruited 2 new substantive Consultants which replaced Consultants who have recently left or reduced sessions. - BSW waits has seen a significant improvement and currently within the 4 week compliance, the service still faces challenges due to next steps of the Optimisation Programme, with significant improvements across symptomatic and screening waits, the service continues to monitor conversions and impacts on stage 4.																																																																																																																																											
How do we compare with our peers?																																																																																																																																													
Diagnostics - >8 wks <table><thead><tr><th>Health Board</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th><th>Jul-23</th><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th></tr></thead><tbody><tr><td>AB</td><td>4,000</td><td>4,500</td><td>4,000</td><td>3,500</td><td>3,000</td><td>3,500</td><td>4,000</td><td>4,500</td><td>4,000</td><td>4,500</td><td>5,000</td><td>5,500</td><td>6,000</td></tr><tr><td>BCU</td><td>5,000</td><td>5,500</td><td>5,000</td><td>4,500</td><td>4,000</td><td>4,500</td><td>5,000</td><td>5,500</td><td>5,000</td><td>5,500</td><td>6,000</td><td>6,500</td><td>7,000</td></tr><tr><td>C&V</td><td>5,000</td><td>5,500</td><td>5,000</td><td>4,500</td><td>4,000</td><td>4,500</td><td>5,000</td><td>5,500</td><td>6,000</td><td>6,500</td><td>7,000</td><td>7,500</td><td>8,000</td></tr><tr><td>CTM</td><td>15,000</td><td>15,500</td><td>15,000</td><td>14,500</td><td>14,000</td><td>14,500</td><td>15,000</td><td>14,500</td><td>13,000</td><td>12,500</td><td>12,000</td><td>11,500</td><td>10,000</td></tr><tr><td>HDda</td><td>5,000</td><td>5,500</td><td>5,000</td><td>4,500</td><td>4,000</td><td>4,500</td><td>5,000</td><td>5,500</td><td>5,000</td><td>5,500</td><td>6,000</td><td>6,500</td><td>7,000</td></tr><tr><td>Powys</td><td>8,000</td><td>10,000</td><td>9,000</td><td>8,500</td><td>8,000</td><td>8,500</td><td>9,000</td><td>9,500</td><td>8,000</td><td>7,500</td><td>7,000</td><td>6,500</td><td>6,000</td></tr><tr><td>SB</td><td>4,000</td><td>4,500</td><td>4,000</td><td>3,500</td><td>3,000</td><td>3,500</td><td>4,000</td><td>4,500</td><td>4,000</td><td>4,500</td><td>5,000</td><td>5,500</td><td>6,000</td></tr></tbody></table> <table><thead><tr><th colspan="3">Status as at November 2023</th></tr><tr><th>Health Board</th><th>Compliance</th><th>Rank</th></tr></thead><tbody><tr><td>Powys</td><td>190</td><td>1st</td></tr><tr><td>SB</td><td>4,920</td><td>2nd</td></tr><tr><td>BCU</td><td>5,943</td><td>3rd</td></tr><tr><td>HDda</td><td>6,001</td><td>4th</td></tr><tr><td>AB</td><td>7,070</td><td>5th</td></tr><tr><td>CTM</td><td>9,909</td><td>6th</td></tr><tr><td>C&V</td><td>13,198</td><td>7th</td></tr></tbody></table>	Health Board	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	AB	4,000	4,500	4,000	3,500	3,000	3,500	4,000	4,500	4,000	4,500	5,000	5,500	6,000	BCU	5,000	5,500	5,000	4,500	4,000	4,500	5,000	5,500	5,000	5,500	6,000	6,500	7,000	C&V	5,000	5,500	5,000	4,500	4,000	4,500	5,000	5,500	6,000	6,500	7,000	7,500	8,000	CTM	15,000	15,500	15,000	14,500	14,000	14,500	15,000	14,500	13,000	12,500	12,000	11,500	10,000	HDda	5,000	5,500	5,000	4,500	4,000	4,500	5,000	5,500	5,000	5,500	6,000	6,500	7,000	Powys	8,000	10,000	9,000	8,500	8,000	8,500	9,000	9,500	8,000	7,500	7,000	6,500	6,000	SB	4,000	4,500	4,000	3,500	3,000	3,500	4,000	4,500	4,000	4,500	5,000	5,500	6,000	Status as at November 2023			Health Board	Compliance	Rank	Powys	190	1st	SB	4,920	2nd	BCU	5,943	3rd	HDda	6,001	4th	AB	7,070	5th	CTM	9,909	6th	C&V	13,198	7th		
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Therapies – February 2024 (Provisional Position)

Number of patients waiting >14 weeks for a specified therapy – Target improvement trajectory towards national target of Zero by March 2024



Number of Patients waiting >14 Weeks for a Therapy - February 2024

Arts Therapy	0
Audiology	132
Dietetics	1,279
Occupational Therapy	3
Physiotherapy	0
Podiatry	0
Speech & Language	41
Total	1,455

Therapies >14 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	1,019	1,370	1,265	1,570	1,795	1,589	1,615	1,452	1,474	1,284	1,175	1,145
2023/24	1,173	1,323	1,442	1,438	1,654	1,758	1,583	1,449	1,397	1,418	1,455	

Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional – Target is 12 month improvement

CTMUHB - % of children waiting less than 14 Weeks for AHP

Art Therapy	100%
Dietetics	80.2%
Occupational Therapy	96.9%
Physiotherapy	100.0%
Podiatry	100.0%
Speech & Language	97.1%
Total	92.7%

AHP	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	92.4%	92.2%	91.9%	96.1%	94.9%	92.0%	91.0%	92.3%	90.9%	87.6%	86.8%	86.5%
2023/24	87.8%	82.9%	82.8%	86.0%	82.6%	80.5%	78.4%	82.1%	81.2%	81.3%	92.7%	

How are we doing?

Therapies: There are provisionally 1,455 patients waiting in excess of 14 weeks for an initial therapy assessment in February, a slight increase of 2.6% (37 patients) on the reported position for January.

Dietetics: the Dietetic service continues to account for the vast majority of the total patients waiting beyond the 14 week target for therapies (87.9%). The majority of the dietetic patients waiting are adults who are waiting for Level 3 weight management service. The level 2 and 3 weight management service is delivered in accordance with the All Wales Weight Management Pathway (2021).

Speech & Language Therapy: those waiting over 14 weeks are a mixture of children and adults who are in the transgender service.

What actions are we taking & when is improvement anticipated?

Dietetics – Level 3 Weight Management Service - Based on the current model, capacity for this service exceeds demand. This is likely to continue without an increase in establishment. Waiting lists are expected to grow and patients are likely to face longer waiting times to access this valuable service falling short of the service we wish to provide.

Actions underway:

- There is a strong focus on whole system working and prevention.
- A newly launched 'Waiting Well for Weight Management' website empowers people to self manage whilst they wait, providing information and signposting.
- Model of service is constantly reviewed with the lens of VBHC to maximise opportunities for efficiencies.
- Buisness case development for expansion of adult weight management service and creation of Children and Young Persons weight management service.

Speech & Language Therapy: Community children - currently 11 patients (booked) will be seen at 15 weeks during the second week of April; after this waits will be under 14 weeks.

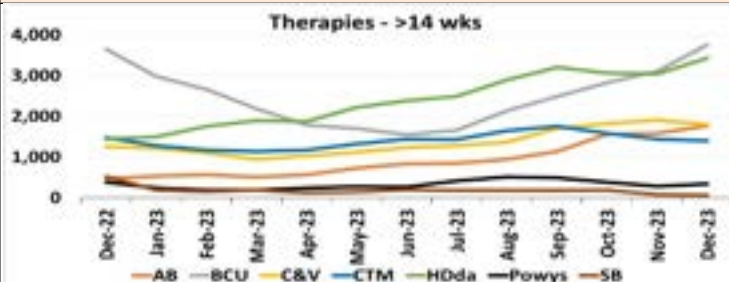
Complex needs service has 1.4 WTE vacancies which are out to advert, a number of mitigations have been explored and put in place, but unless a locum can be found the waiting list will breach due to the increasing number of specialist dysphagia referrals and unpredictable demand for inpatient assessments.

The Transgender waiting time is anticipated to reduce below 14 weeks in 6 months time as a result of the HEIW pathfinder providing funding for extra staff hours.

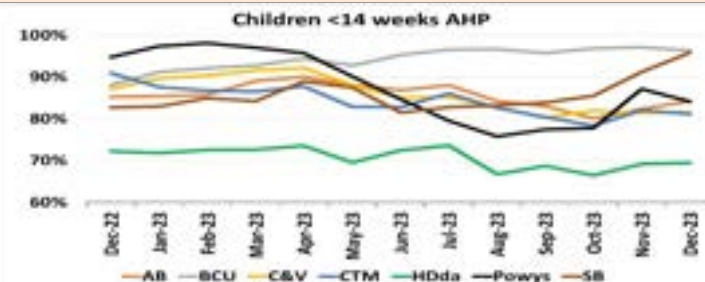
What are the main areas of risk?

- Inadequate workforce for adult weight management and no workforce for children and young person's weight management.
- High rates of childhood and adult obesity likely to drive increasing demand.
- Time consuming administrative and clinical information processes due to paper based notes and lack of integrated systems.
- Opportunities for digital efficiencies such as self-referral and self-booking not able to be maximised until patient portal and authorisation in place.
- Vacancy freeze on administration staff.
- National shortage of registered staff.

How do we compare with our peers?



Status as at December 2023		
Health Board	Compliance	Rank
SB	73	1st
Powys	343	2nd
CTM	1,398	3rd
AB	1,767	4th
C&V	1,804	5th
HDda	3,436	6th
BCU	3,757	7th

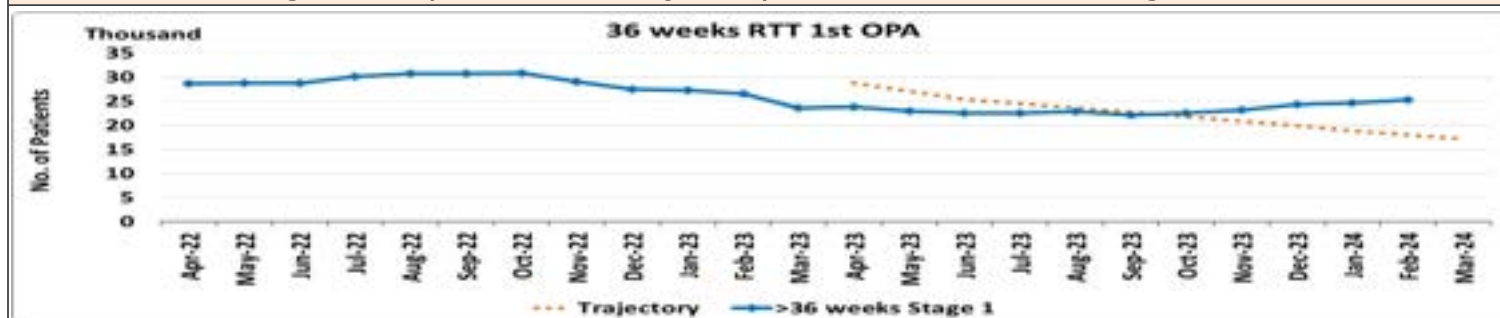


Status as at December 2023		
Health Board	Compliance	Rank
BCU	96.4%	1st
SB	95.9%	2nd
AB	84.3%	3rd
Powys	84.2%	4th
C&V	81.6%	5th
CTM	81.2%	6th
HDda	69.5%	7th



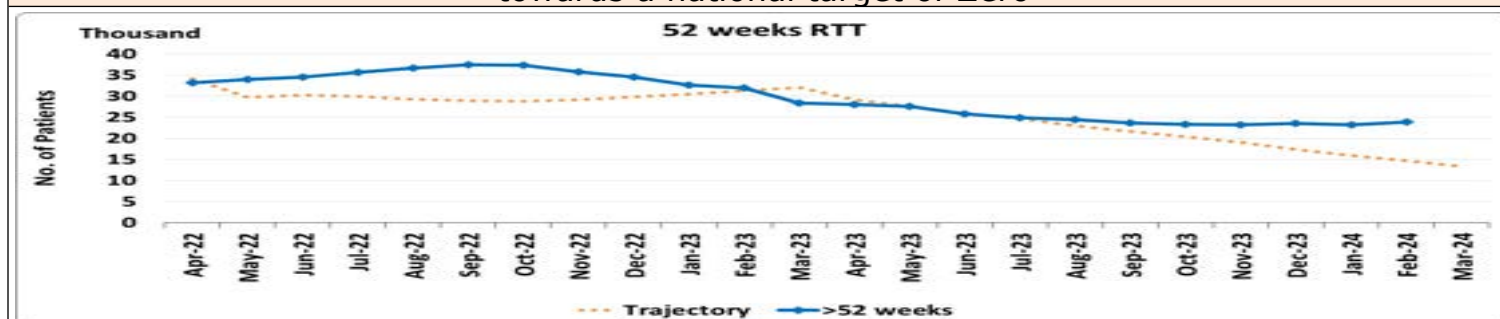
Referral to Treatment Times (RTT) – February 2024 (Provisional Position)

Number of patients waiting **over 36 weeks** for a **new outpatient appointment (25,247)**
- Target is Improvement Trajectory towards a national target of Zero



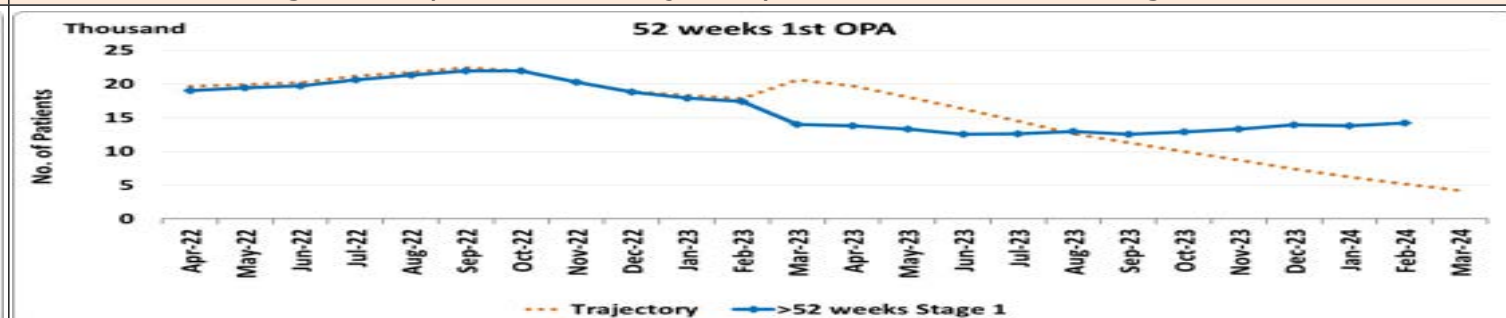
The provisional position across the Health Board for patients waiting over 36 weeks at Stage 1 (1st Outpatient Appointment) at the end of February is 25,247. This is an increase of 2.7% (661) from the January reported position and is off trajectory by 40% as shown above.

Number of patients waiting **>52 weeks RTT (23,922)** – Target is Improvement Trajectory towards a national target of Zero



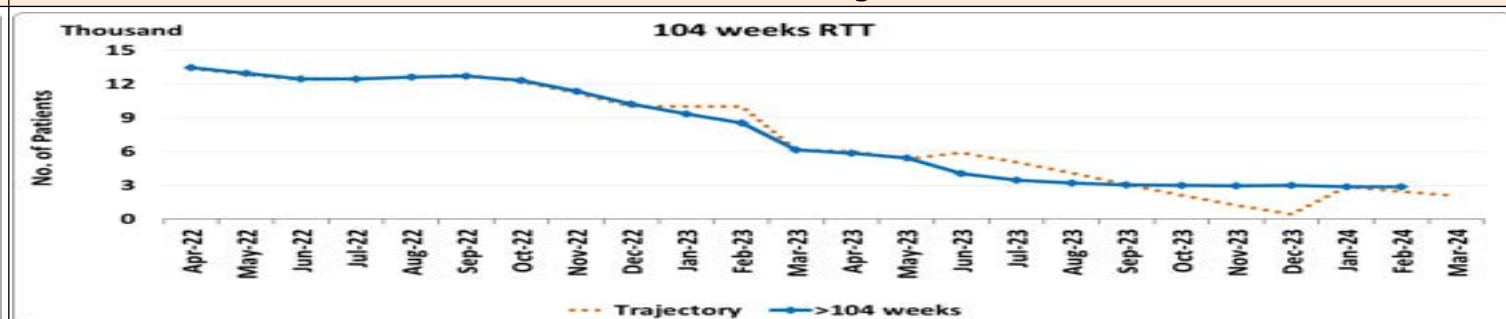
The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of February is 23,922, which as it currently stands is an increase of 3.1% on the January reported position and is 63% higher than the forecasted level, as shown above.

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (14,239)**
- Target is Improvement Trajectory towards a national target of Zero



The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of February is 14,239; an increase of 3.3% (459) on the January reported position and is a worsening position against trajectory by 9,040 patients, as shown above.

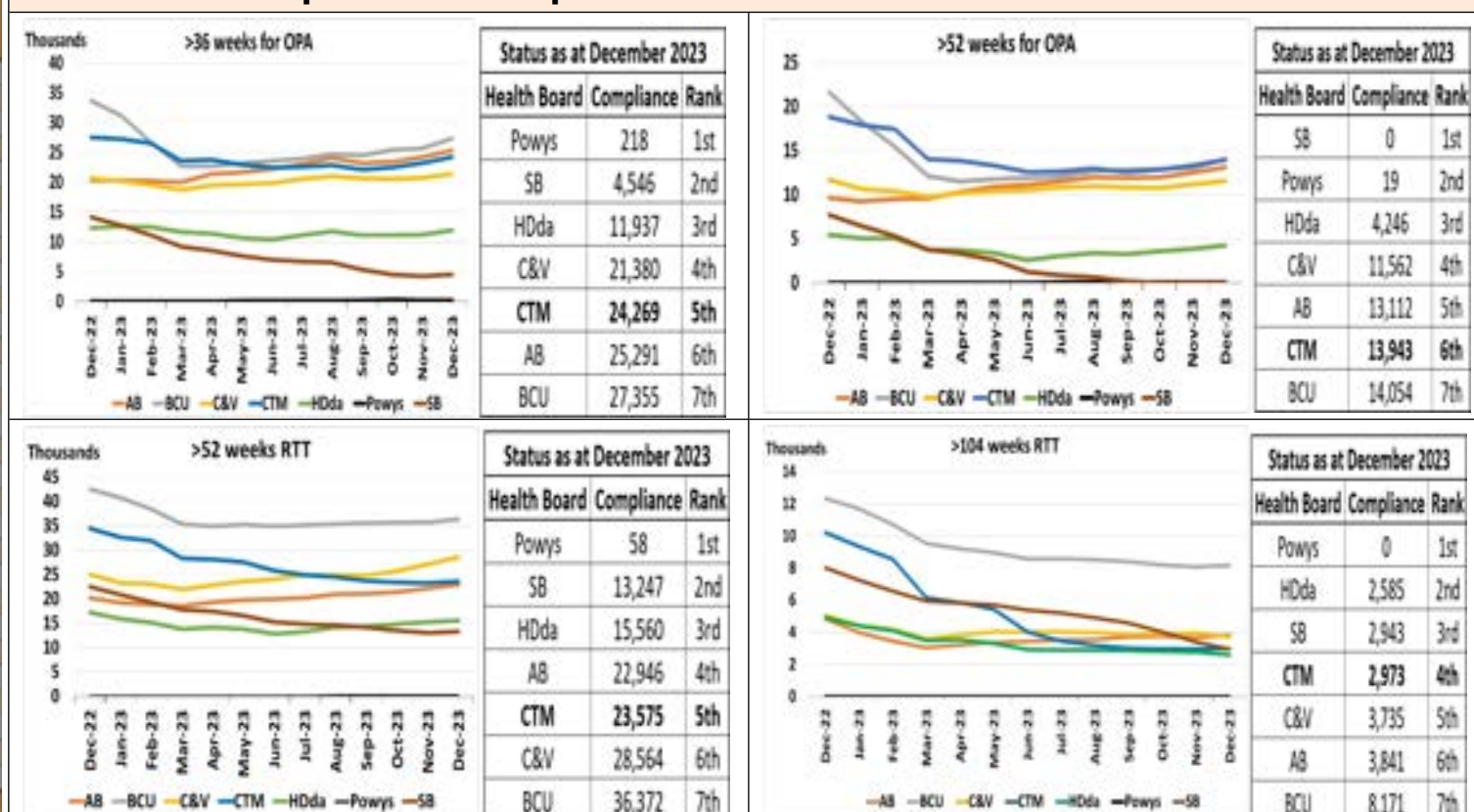
Number of patients waiting **>104 weeks (2,865)** – Target is Improvement Trajectory towards a national target of Zero



The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of February is 2,865. As it currently stands this is a slight increase of 11 patients from the reported January position and stands just above the forecasted level, as shown above.

Total number of open pathways per specialty - February 2024 (provisional)					
Specialty	Urgent patients waiting >12 Weeks	All patients waiting >36 to 52 Weeks	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Anaesthetics	125	170	218	6	1155
Breast Surgery	232	147	259	17	1265
Cardiology	1234	957	898	2	6113
Colorectal	771	442	855	31	3268
Dermatology	1668	1368	1649	39	7823
Diagnostics	0	61	42	6	4612
Ear, Nose & Throat Service	970	1889	3286	651	12255
Endocrinology	2	33	2	0	292
Gastroenterology	1273	629	694	10	3939
General Medicine	755	436	457	0	2915
General Surgery	709	749	1000	78	6574
Geriatric Medicine	1	2	0	0	111
Gynaecology	1267	1456	1007	221	8769
Haematology (Clinical)	39	53	4	0	328
Nephrology	28	26	0	0	181
Ophthalmology	570	2658	4100	849	15484
Oral Surgery	654	487	395	5	3302
Orthodontics	107	28	15	0	294
Orthopaedics	2136	2186	3410	627	12771
Paediatrics	130	304	116	0	3223
Pain Management	1	0	0	0	30
Rapid Diagnostic Centre	0	4	0	0	115
Respiratory Medicine	173	330	327	0	3003
Restorative Dentistry	38	32	64	13	186
Rheumatology	391	194	95	9	1657
Sport and Exercise Medicine	0	0	0	0	17
Therapies	0	402	102	0	2931
Urology	1271	1190	1779	257	7502
Vascular Surgery	67	216	283	44	1155
Total	14612	16449	21057	2865	111270

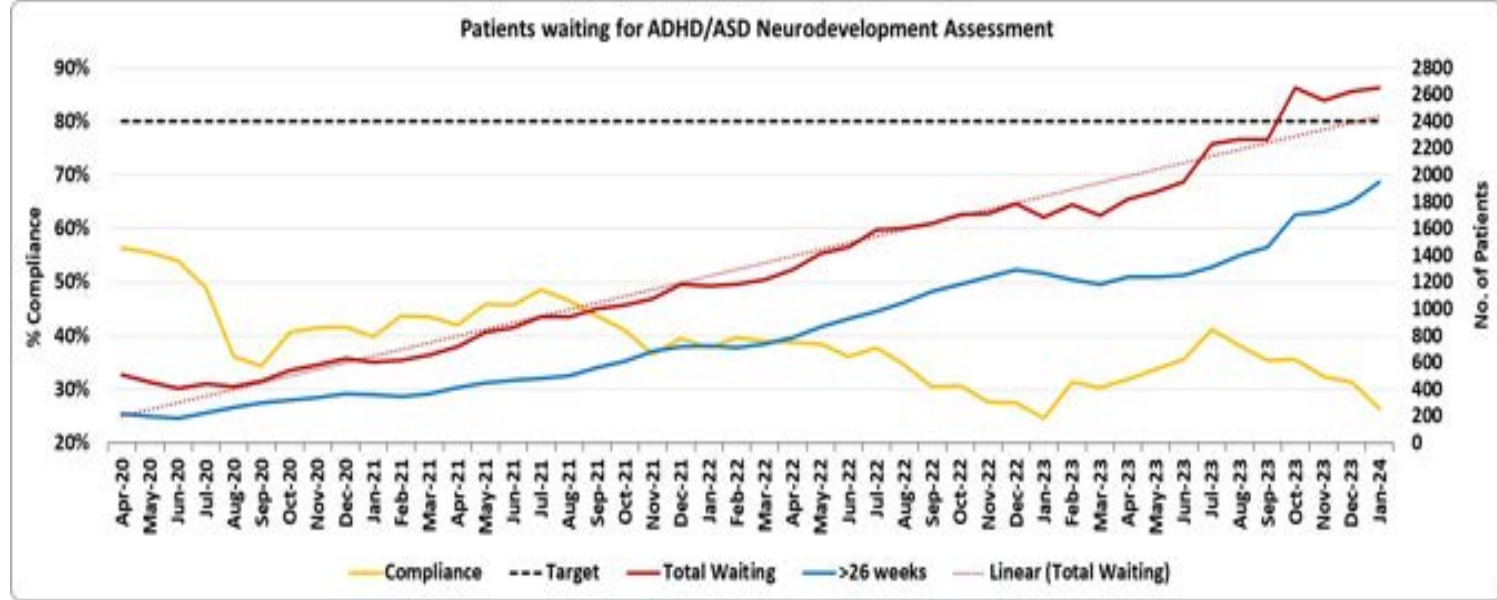
How do we compare with our peers?



RTT continued on the next page...

What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
Urology: • Daily validation is bringing the stage 2 and 3 waits down & helping to identify & correct duplicate pathways. • Reviewing capacity templates. • Continuing transferring stage 1 paediatric patients & other stage 4 patients when appropriate to POW. OMFS/Orthodontics/Restorative: • OMFS action planned - agreed to change clinic templates on a temporary basis to support demand. Oral medicine consultant has increased 'review' clinic template. • Orthodontic action planned - meeting with consultants taken place and consultants agreed to further additional clinic dates to see patients >52 weeks. • Restorative action planned - 18 patients >104 weeks have been identified and shared with consultant to book into clinic. These should be completed prior to end of March. Orthopaedics: • Appointment of new Upper Limb consultant in April at POW will provide much needed capacity at stage 1 which accounts for the majority of the waiting referrals. • Validation ongoing for stage 4 to ensure that correct RTT pathway management is being applied and to also ensure that those waiting surgery are clinically fit to proceed. • Sourcing additional capacity at RGH from POW to help reduce the stage 4 backlog of patients who are in poorer health. • Reinstated the stage 1 Carpal Tunnel clinic to reduce >52 week patients. • Continue to book and clear stage 1 across RGH and PCH. Only 5 stage 1 >104 weeks remains, but all have booked dates in March. • 8 stage 2 patients at >156 weeks (risk around Nerve Conduction Studies, additional activity planned C&V) • 5 x stage 4 at >156 weeks - 2 with planned dates and further plan for an additional all day list – risk with junior doctor strike at the end of March. • Validating ongoing for stage 4 to ensure that correct RTT pathway management is being applied and to ensure that those waiting surgery are clinically fit to proceed. • Backfilling capacity where possible at RGH to enable treatment of long waiting stage 4 patients. • Validation ongoing stage 2&3 and close working with Diagnostic teams to support areas requiring expedites. General Surgery: • Additional registrar support in clinics to improve stage 1 position and additional consultant clinics agreed. Anticipated improvement from April to clear >52 week stage 1 waits. • Validating ongoing of stage 2, 3 and 4 patients, improvement expected by April. • All >156 at all stages now cleared. • Stages 1, 2 & 3 at >104 weeks all booked – the Clinical Service Group will continue to monitor conversions • Stage 4 >104 weeks; 24 patients left to book, ongoing validation and suitability for remaining March capacity. • Stage 1 & 2 at >52 weeks all booked or Partial Booked. • Backfill of clinics with Specialty Doctors where consultant is on call / leave to ensure capacity at stage 1 and 3 is maintained where possible. • Appointment of new 6 month Upper GI locum consultant commencing 8th April. ENT: • Super Saturdays being undertaken throughout March to reduce Stage 1 waiting lists. • Backfilling where possible to maintain capacity. • Utilising middle tier where available to undertake additional clinics to increase stage 1 & 3 capacity. • Reviewing theatre utilisation and case mix at PCH to maximize Day Case capacity. Breast: • Centralisation of Breast services at Snowdrop Breast Centre from 1st April 2024, will provide additional RTT capacity for New and Follow Up Outpatient appointments. • Newly commissioned South Theatre will go live for Breast services from 15th April with 10 sessions of Breast operating scheduled per week. • Consideration of weekend activity in April should funding be available to reduce stage 1 backlog. • Validation ongoing at stages 2,3 and 4 and close working with Diagnostic teams to support areas requiring expedites. Vascular: • Flipping x 1 clinic activity in Vascular to all day theatre sessions to assist in clearing >156 stage 4 backlog. • 2 Super Sunday lists in PCH on 7th April and 14th April to further reduce the waiting list due to loss of x 1 all day theatre session on 27th March due to planned junior doctor strikes. • Continual monitoring of clinic capacity and converting new/follow up to match the demand. • Validation ongoing at stages 2,3 and 4 and close working with Diagnostic teams to support areas requiring expedites.	Urology: • Loss of locums; the flexibility of giving 10 DCC sessions per week will decrease for a substantive consultant. • Long term sickness. • Upcoming strike action. • Annual Leave – high proportion of leave in March. OMFS: • Maxillofacial consultant is due to have a sabbatical for one year. Consultant post has been advertised and interested candidates identified. There may be a number of weeks where we have to reduce clinics, but will minimise as best as possible. Orthopaedics: • Lack of theatre capacity and beds in POW continues to prove problematic in clearing long waiting patients. Theatre skill mix and bed shortages prevent the service securing additional capacity. • Limited therapies support in Bridgend to reduce Length of Stay which is further impacting on the bed profile. One review daily on Bridgend clinic is not sufficient for arthroplasty. • Reliance on 1 Upper Limb and 1 Foot and Ankle Consultant has resulted in stage 1 patients waiting over 52 weeks. Upper limb should reduce but Foot and Ankle still has lack of capacity, although there is a low conversion rate for F&A. • Limited Arthroplasty capacity across CTM. • Lost activity due to Junior Doctor strikes. • Emergency site pressures impacting on elective capacity. • Additional inpatient theatre capacity required at RGH – plan to increase elective T&O sessions over the next 4-6 weeks. General Surgery: • Difficulty in meeting stage 1 demand at present, especially in colorectal due to the significant Urgent Suspected Cancer (USC) demand. Additional clinics are in the process of being arranged. • Delays at stage 2 for diagnostics due to the ongoing SLA with SBU for NPTH diagnostic patients. • Lack of weekly Endocrine theatre list presents a risk of breaching >104 week stage 4 patients. • The service has reduced endoscopy waits across USC and routines but has increased conversion to treatment. Additional urgent theatre capacity to support is required. • No inpatient elective beds, all cases requiring an inpatient stay post op are being managed through Day Surgery Unit (DSU) and being allocated an inpatient beds throughout the day following ward discharges – this has become increasingly challenging due to site pressures and breaching of DSU. The unit is being kept open overnight which is impacting on daily capacity and staff wellbeing. • Stage 1 capacity in Colorectal could be impacted by USC demand. • Availability of clinics, theatres and clinician time to meet the demands. • Junior Doctor Strikes will reduce clinical activity between now and end of financial year impacting our ability to maximise activity. ENT: • ENT remains greatest risk at stage 1. Transformation Group established to look at new ways of working and close links with Clinical Implementation Network (CIN group) nationally. • Limitations on patient mix and procedures at PCH likely to impact patient waiting times for Day Case procedures. • Availability of clinics, theatres and clinician time to meet the demands. Vascular: • Lack of main theatre operating restricts service to maximum of 3 cases per session in a ward based treatment room. If dedicated theatre capacity was secured at RGH, theatre lists could be increased helping to reduce current stage 4 backlog. • Availability of clinics, theatres and clinician time to meet the demands. • Junior Doctor Strikes will reduce clinical activity between now and end of financial year impacting our ability to maximise activity as consultants are pulled to support South East Wales Vascular Network Hub. {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}

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment (Target 80%) January 2024 - 26.5%



How are we doing?

The number of patients awaiting an assessment has continued to increase on its upward trajectory, and now stands at 2700.

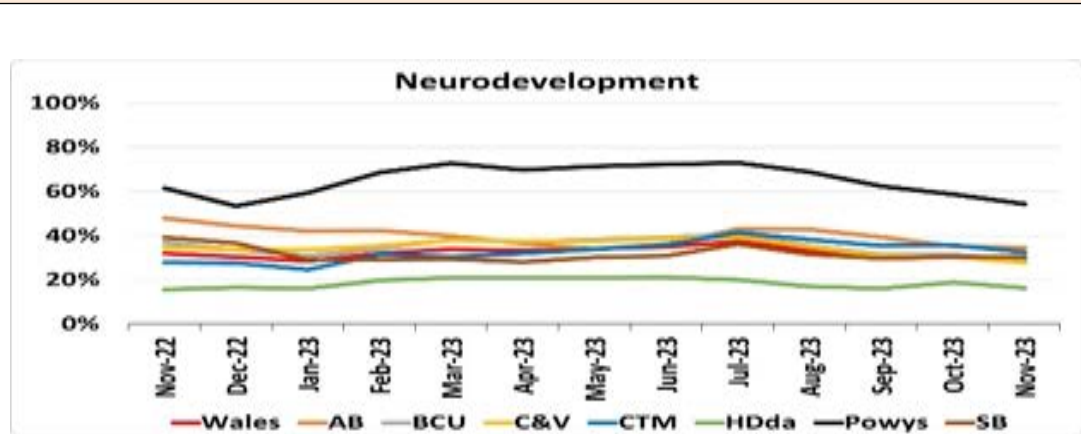
The yellow line on the chart above shows that correspondingly compliance with the 26 week access target for Neurodevelopmental is at its lowest level seen during the past 12 months (26.5%).

From July 2023 we observe that compliance has been fluctuating between 26.5% and 41.3% with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

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 allocated funding to provide support until March 2024.
- Pharmacy input into ND is supporting post-diagnosis follow-up titration & monitoring; releasing medical colleagues to support the waiting list further. Slippage from 2023/24 spend is being utilised by Speech and Language Therapists to take additional patients off the waiting list. Plans are being finalised for 2024/25 ND Inpatient spend.
- The service has undertaken a demand and capacity analysis to identify core capacity vs demand. Re-alignment of the budgets and recruitment of AHP/Nursing colleagues means that when the post holders commence the capacity available will meet the current demand (if demand remains stable). However, this does not address the backlog of patients.
- A report has been prepared highlighting that 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.
- Developing a website page in conjunction with our partners in the local authorities and 3rd sector for our service users 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 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 as appropriate.
- Improvements in waiting times were anticipated from January 2024 following the recruitment of posts utilising NDIP funding. However, as the posts were placed on hold whilst awaiting confirmation from WG, this timescale was not achieved (see risk below).

How do we compare with our peers?



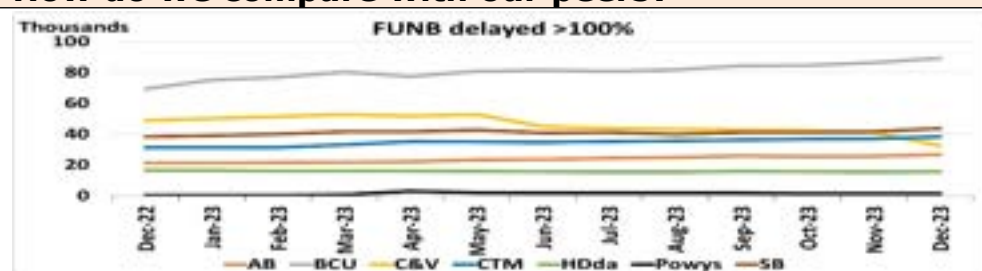
Status as at November 2023		
Health Board	Compliance	Rank
Powys	54.3%	1st
AB	34.5%	2nd
CTM	32.4%	3rd
SB	30.3%	4th
BCU	28.7%	5th
C&V	27.8%	6th
HDda	16.4%	7th

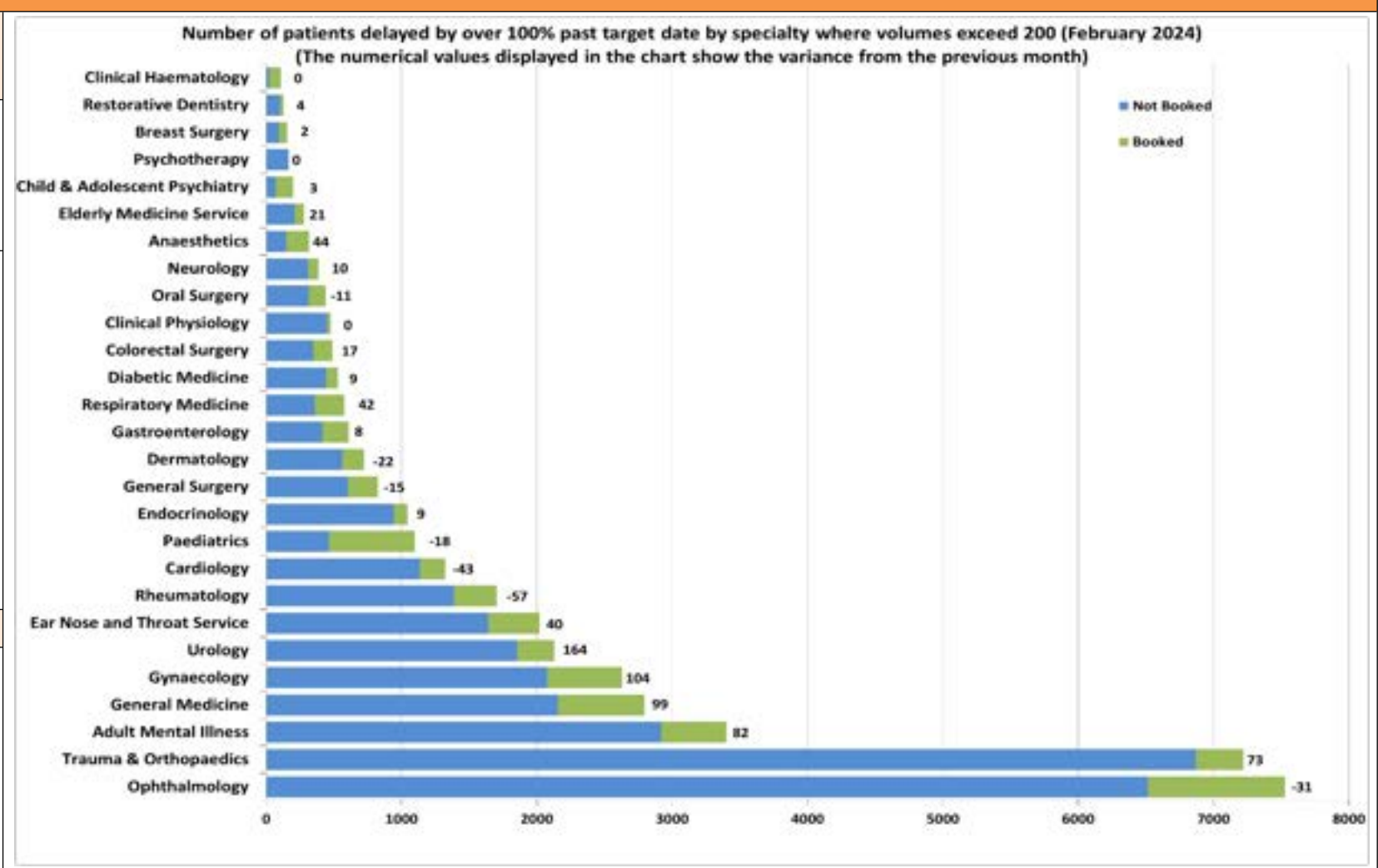
What are the main areas of risk?

- Demand continues to outstrip core funded capacity. A demand and capacity review was undertaken (January 2024) and templates are being fixed on WPAS to ensure forecast remains accurate. The service has identified what is required to bridge the gap of the deficit in capacity to meet the demand. Without investment of 2 x B7 AHP for 2 years, the backlog of patients will remain an issue.
- Vacancies within the ND team (namely ADHD nurses) is creating additional waits for children/young people on the waiting list for ADHD.
- Reliance on short term funding does not provide a longer term solution, hence services are being reviewed with partners. The funding requested for 2024/25 included funding for various multidisciplinary posts which are currently on hold as the funding is pending agreement. This will have a significant impact on waiting times.



Follow-up Outpatients Not Booked (FUNB) – Provisional Position February 2024

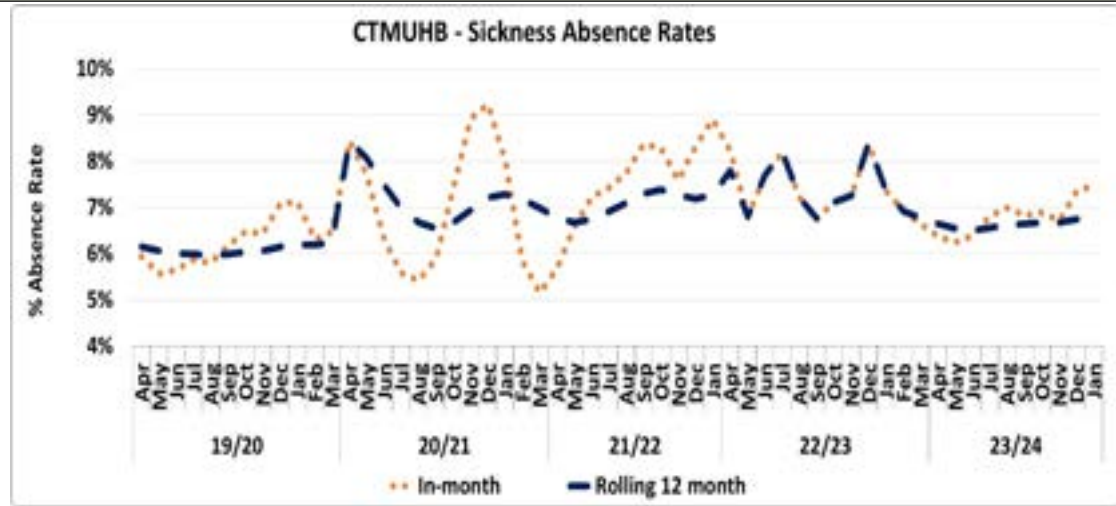
Number of patients waiting for a Follow-up with documented target date				Number of patients waiting for a Follow-up delayed over 100% - Target: Improvement trajectory towards a national target of Zero																											
No. of patients waiting for follow-up appointment				No. of patients delayed over 100% past their target date																											
No documented target date	Not Booked	Booked	Total	Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%																								
0	89,220	54,973	144,193	32,972	6,828	39,800	27.6%																								
Follow-up appointments delayed over 100% past target date 																															
How do we compare with our peers? FUNB delayed >100%  Status as at December 2023 <table><tr><th>Health Board</th><th>Compliance</th><th>Rank</th></tr><tr><td>Powys</td><td>1,568</td><td>1st</td></tr><tr><td>HDda</td><td>15,668</td><td>2nd</td></tr><tr><td>AB</td><td>26,693</td><td>3rd</td></tr><tr><td>C&V</td><td>32,633</td><td>4th</td></tr><tr><td>CTM</td><td>38,222</td><td>5th</td></tr><tr><td>SB</td><td>43,784</td><td>6th</td></tr><tr><td>BCU</td><td>89,151</td><td>7th</td></tr></table>								Health Board	Compliance	Rank	Powys	1,568	1st	HDda	15,668	2nd	AB	26,693	3rd	C&V	32,633	4th	CTM	38,222	5th	SB	43,784	6th	BCU	89,151	7th
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SB	43,784	6th																													
BCU	89,151	7th																													
How are we doing? The number of patients waiting for a follow-up appointment in CTM, at the end of February 2024 provisionally stands at 144,193 which is an increase of 20% on the patients waiting during the equivalent period of 2023. There are currently no patients without a documented target date. Of the patients waiting, 39,800 (27.6%) have waited more than 100% longer than their clinician advised, representing an increase of around 27% on the same period last year. As it currently stands, combined outpatient activity levels during February continued to be below pre-Covid levels; around 18% less with figures below for new and follow-up patients compared to prior the pandemic: - Total New Patients seen: 14,311 which is a reduction of 18% on the 11 month average preceding the Covid pandemic (April 19 to Feb 20) of 17,493. As it currently stands activity levels for new outpatient appointments during February were down by 11.6% on the equivalent period of 2023. - Total Follow-up Patients seen: 32,185 which is a reduction of 18.5% on the 11 month average preceding the Covid pandemic (April 19 to Feb 20) of 39,506. As it currently stands activity levels for follow-up outpatient appointments during February were down by 5.6% on the equivalent period of 2023.				What actions are we taking & when is improvement anticipated? Urology: Validating all follow ups greater than 2 years overdue - Updated training sessions on Myrddin for admin staff all sites, with regards to transfer points - X 2 substantive consultant posts with a potential for 3rd subject to funding, possible start date 3-6 months from interview - Clinicians have agreed to review all FUNB/Wizard patients Orthodontic/OMFS: Ongoing validation and refresher admin training arranged to ensure the patient outcomes are recorded correctly and to support validity of the data. Orthopaedics: Over 7,000 patients waiting on the FUNB with very limited clinic capacity to support significant reduction. The majority require clinical validation and discharge. - Ongoing discussion in regards to arthroplasty follow-up. Previously agreed to discharge at 12 months, further review required to reduce this duration. 1,239 patients waiting >100% on the RGH FUNB lists. Ongoing clinical validation to help reduce the FUNB with ongoing improvement. General Surgery : Continuing clinical validation to help reduce the FUNB with ongoing improvement. - CSG staff continue to run clerical validation across Surgery - Consultant plan to clear FU's generated by locum or visiting clinicians. ENT: Ongoing clinical validation to help reduce the FUNB waiting list. SOS/PIFU processes are being circulated once more to ensure correct process applied. Breast: Large proportion are POW Breast FUNB surveillance patients return yearly for their surveillance mammograms. A new system is to be introduced when the service centralizes in April where the patients are placed on remote monitoring. This will reduce POW FUNB waiting list. Vascular: Ongoing clinical validation to help reduce the FUNB waiting list. SOS/PIFU processes are being circulated once more to ensure correct process applied.																											
What are the main areas of risk? Urology: Lack of admin and clerical staff to validate lists Orthodontic: - Additional non reportable orthodontic patient lists will place increased pressure onto the current 2 consultant capacity. Once the validation of the list is complete we will be able to establish the exact demand. Orthopaedics: - Lack of admin staff to support significant validation. Over 2,000 validated clinic letters outstanding to be processed with a significant proportion been marked for discharge. - Lack of clinic capacity is proving problematic to manage FUNB and new demand in RGH. Focus remains on new patients currently. Where possible, validation work is underway. General Surgery: - Lack of clinic capacity is proving problematic to manage FUNB and new demand. OPD nursing and space constraints have hampered plans to increase capacity. - Virtual clinics are an option but job plans do not allow for additional DCC work. - Increased USC demand - Further opportunities around virtual and tele clinics - Lost activity from Junior Doctor slots - Where possible validation work is underway Breast: - Lack of clinic capacity is proving problematic to manage FUNB and new demand. - Current focus remains on Cancer and new patients. - Where possible validation work is underway.																															



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

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable					
Performance Measure		Target	Key: —●— Trend - - - Target/Trajectory	Key: Target Achieved Target Failed 	
				Latest Position	
Motivated & Sustainable Workforce	% of sickness absence rate of staff	12 Month Reduction Trend		6.8%	Jan-24
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2019-20 (8.65%)		10.4%	Feb-24
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		5.9%	Jan-24
Training & Development	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)	85%		63.8%	Feb-24

% of sickness absence rate of staff – Target is 12 month reduction trend – Jan 2024 (6.8%)



The overall rolling twelve-month sickness rate to January 2024 is 6.8% and is lower than the equivalent rolling period of the previous year (7.4%).

The in-month sickness rate is 7.5% and is slightly higher than the equivalent period of 2023 (7.4%).

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

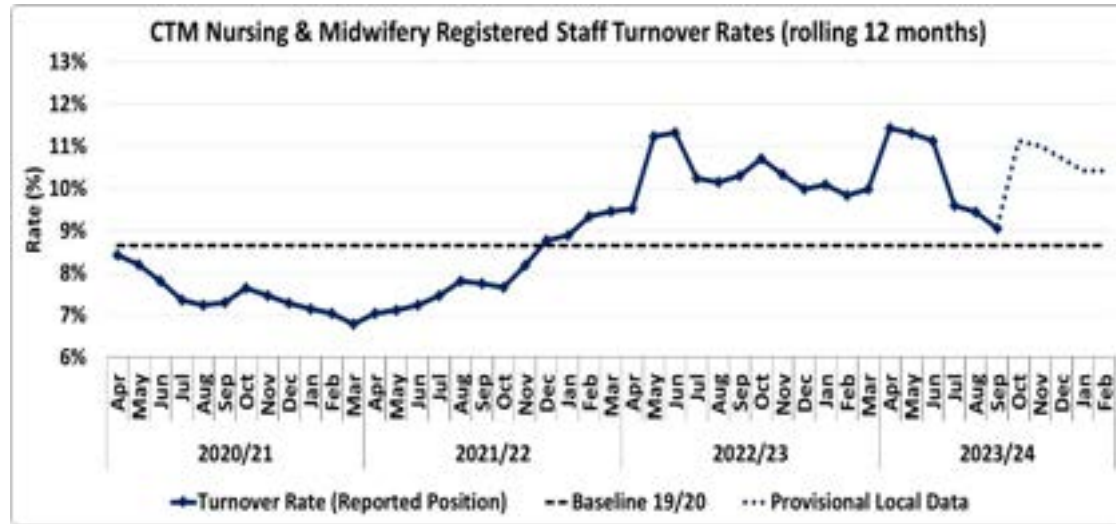
The People Services Team continue to identify ways in which to support and upskill managers in actively managing sickness absence within their areas, including:

- The creation of reports for managers that are more accessible via the ESR supervisor self-service portal.
- Development of a 'How to Guide' for Managers which was disseminated week commencing 22nd January 2024. This allows managers to understand who is absent within their hierarchy and how this is impacting on their current workforce; supporting them to action targeted interventions where required.
- Creation of these reports will provide better access to key sickness absence information for managers to advise the employee and coach them back into work.

The People Services team also continue to review sickness absence cases and provide advice and coaching to managers as required.

During March People Services will provide the Maternity Management Team with bespoke support to upskill managers in the management of attendance. This will include an escalation route for any concerns regarding Third Formal cases, a monthly meeting with People Services to discuss cases and bespoke Managing Attendance Training.

Turnover rate for N&M registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2019/20 (8.65%) February 2024 – 10.4% (Provisional)



The provisional rolling 12 month turnover rate for registered N&M Staff at February 2024 remains higher than the desired level at 10.4%, with the equivalent previous rolling 12 month period (Mar 2022 to Feb 2023) at 9.83%.

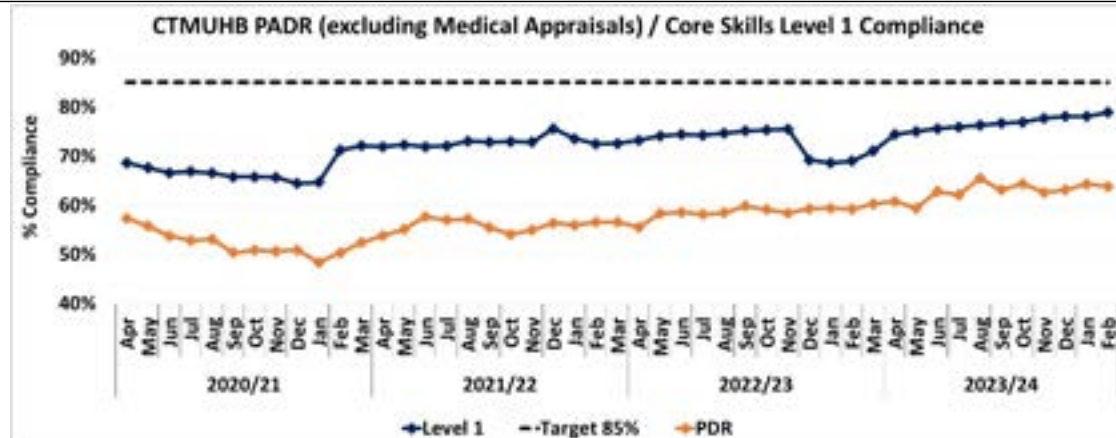
What actions are we taking & when is improvement anticipated? What are the risks?

Nurse retention is an area of focus for both the 'People' & Corporate Nursing teams. The risks and challenges are reflective of a complex local, national and international position regarding the shortage of registered nursing and midwifery professionals. CTM has been actively involved in the national work being led by HEIW, including the HEIW Nurse Retention programme and enacting the *Retaining and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan*.

Our Retention Action Plan covers delivery against both our internal plans and the actions within the HEIW plan. Work-life balance and promotion remain the top two reasons for leaving (based on ESR data) – we are focusing on retention initiatives that will seek to improve these. Our Retention Group gives oversight, direction and engagement on this work. Specific identified areas of short term focus are: recruitment to HEIW funded Retention lead post to bolster capacity and expertise, improving flexible working, embedding our new lateral moves scheme, relaunching our Moving On Questionnaire and identifying areas of good practice / case studies within the health board.

The specific improvements are being delivered alongside and interlinked with other ongoing work streams around improved attraction, bolstered recruitment pipelines, our culture/wellbeing/employee experience offer.

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training) – Target 85% - February 2024 (63.8%)



Overall compliance is improving incrementally; currently standing at 63.8%. Compliance for the past year has ranged between 59.4% and 65.5%, recognising that this remains below the WG target of 85%.

Currently, combined core mandatory training compliance is 70.2% with **Level 1** disciplines at 78.9% and likewise is improving in small increments, but remaining below the required standard of 85%.

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

PADR – Your Conversation:

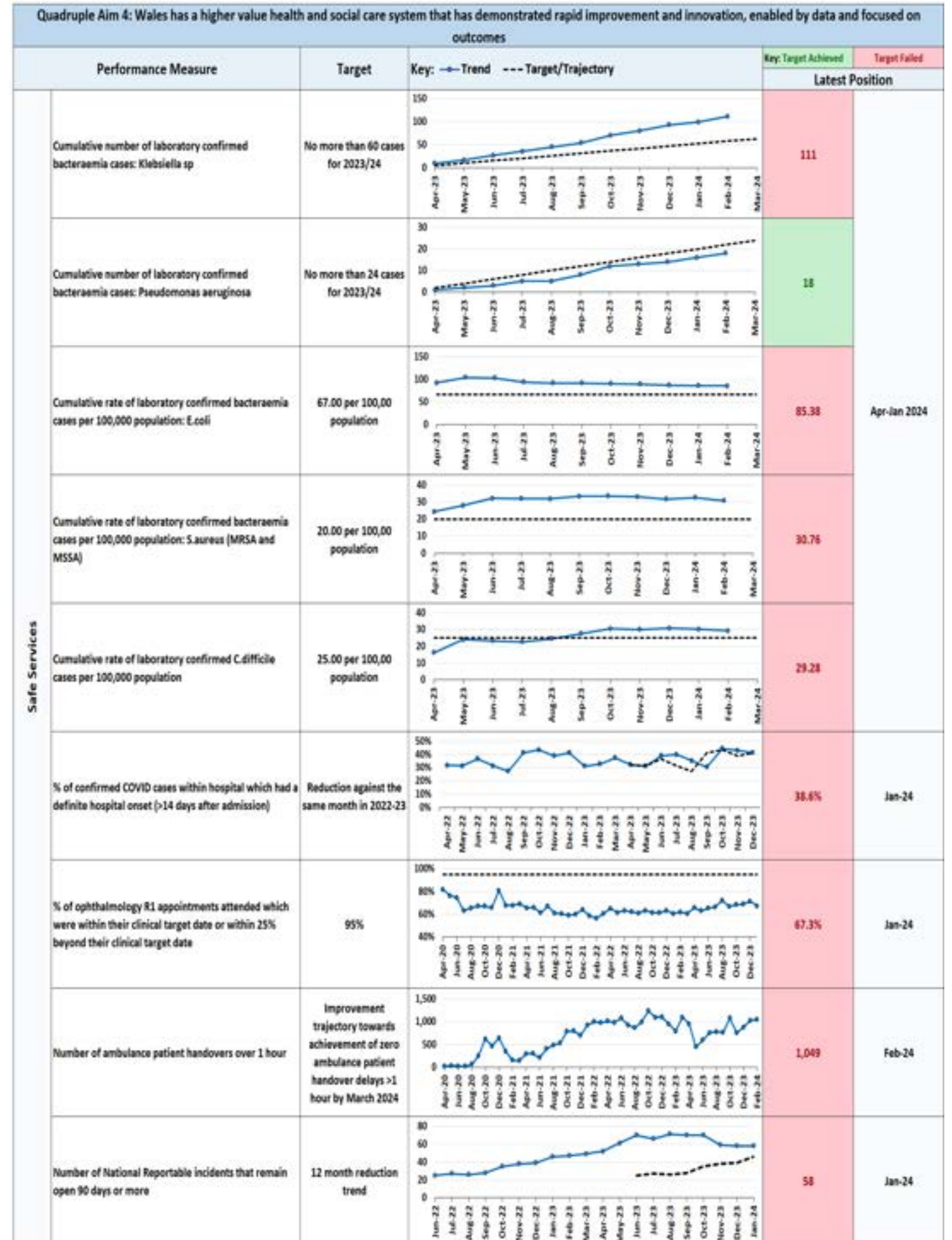
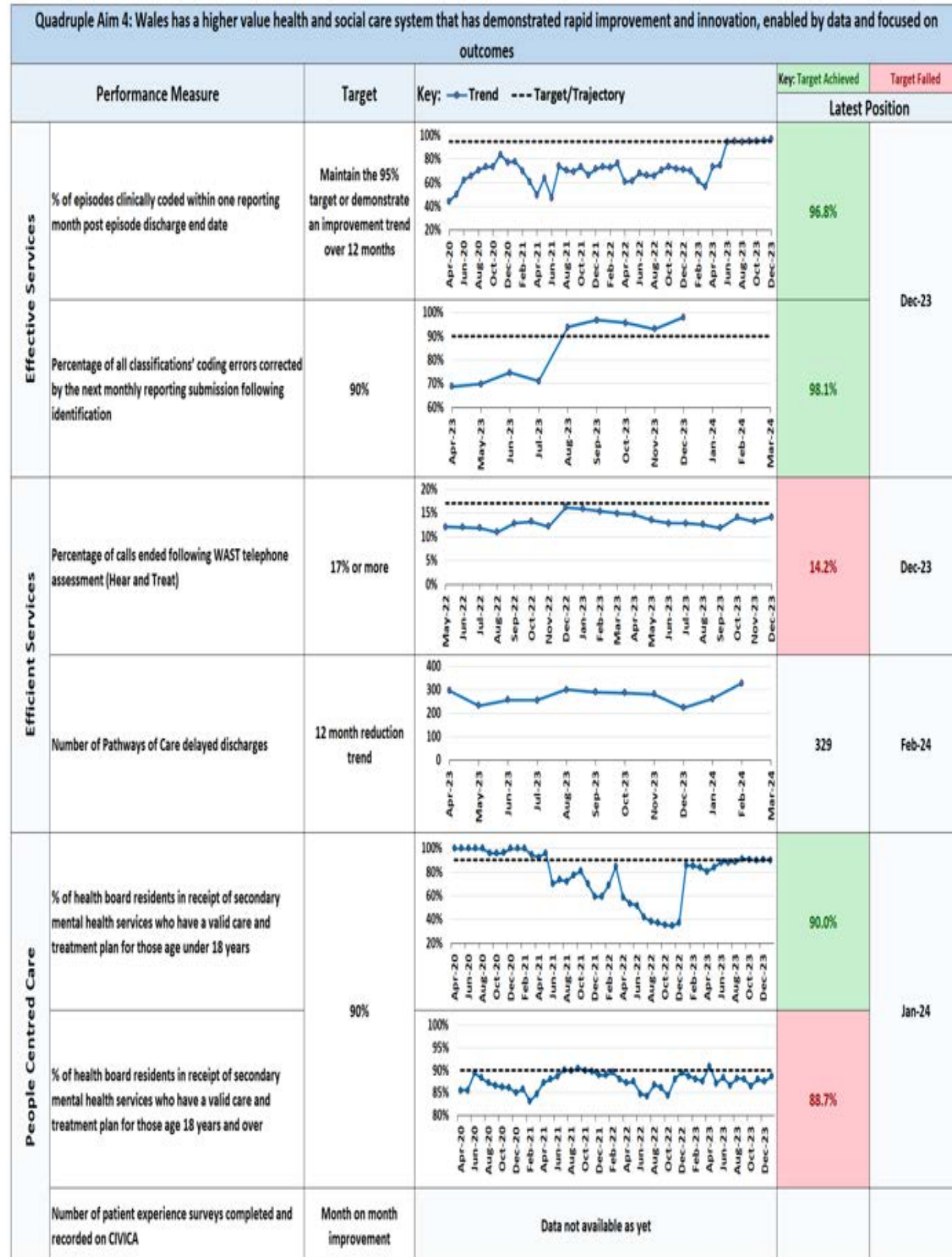
- "Making the most of PDR – *Your Conversation*" workshop developed and piloted, with positive responses from attendees.
- Full day educational offer now available taking staff through PDR process from a systems, individual and manager perspective. This is being embedded into the emerging Leadership Development offer.
- CTM-specific PDR and Pay Progression FAQs developed and shared with affected staff on a monthly basis (i.e. managers with staff who are due to go through a gateway).
- Targeted communications being sent to managers with PADR compliance below 85%.
- Ongoing assessment to establish how best to capture Medical & Dental appraisals as part of overall figures, in collaboration with the ongoing data dashboard work.

Core Learning:

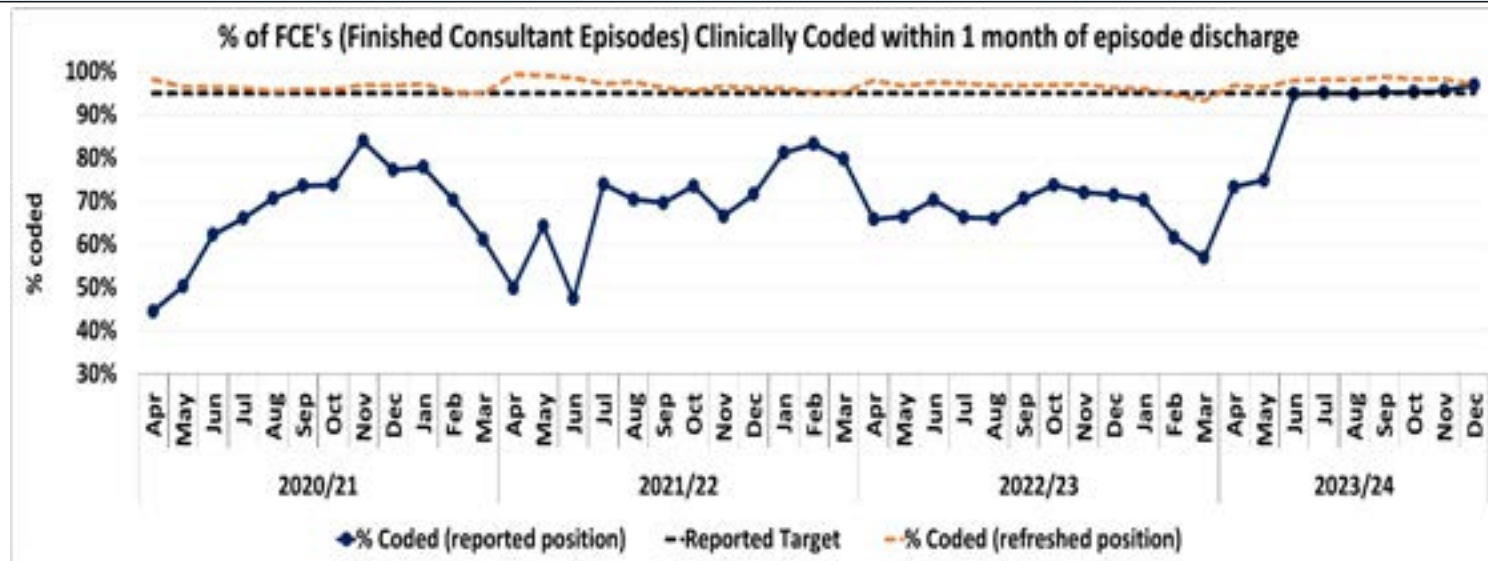
- Core Learning Working Group established to supplement the Core Learning Steering Group with a more focused space to work with Subject Matter Experts to continually drive up compliance.
- All subjects now responsible for the administration of training co-ordination, freeing up Learning and Development resource to undertake organisational activities aimed at creating a culture of compliance.
- Support being given to the Care Group Core Learning Recovery Plans in order to improve compliance across the Health Board.
- Monthly drop-in sessions ongoing, with the Core Learning team attending different sites each month.
- Range of subject guides and educational materials in development to support staff to access their learning.
- Targeted work in Medical & Dental, specifically with regards to Welsh competencies in-line with the ongoing improvement work.

CTM Level 1 Core Mandatory Training Compliance February 2024	
Equality, Diversity & Human Rights	84.8%
Safeguarding Children	83.8%
Health, Safety and Welfare	83.7%
Safeguarding Adults	83.4%
Moving & Handling	83.4%
Information Governance	77.5%
Violence & Aggression	77.5%
Fire Training	76.7%
Infection Prevention and Control	75.3%
Resuscitation	62.7%
HB Overall Compliance	78.9%

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

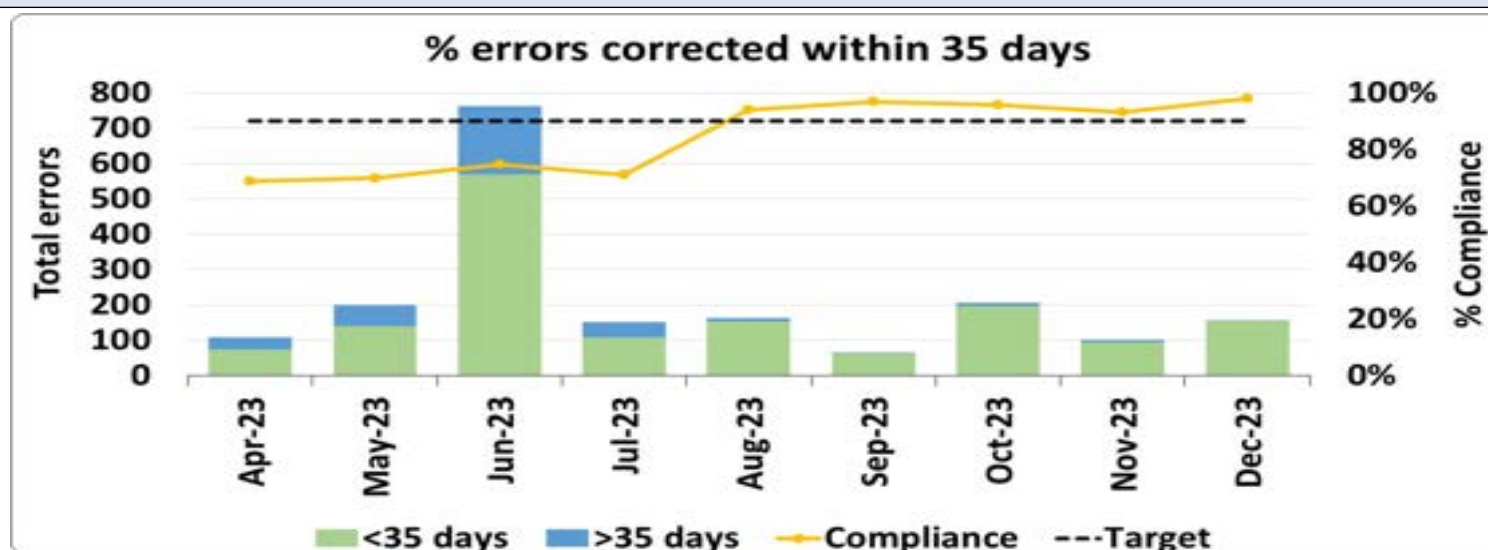


% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95% target or demonstrate an improvement trend over 12 months – December 2023 – 96.8%



Coded Position as at 5th March 2024				
2023/24	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-23	9,799	9,633	166	98.3%
May-23	11,348	11,139	209	98.2%
Jun-23	11,507	11,354	153	98.7%
Jul-23	11,443	11,280	163	98.6%
Aug-23	11,318	11,153	165	98.5%
Sep-23	11,931	11,813	118	99.0%
Oct-23	12,706	12,526	180	98.6%
Nov-23	12,900	12,746	154	98.8%
Dec-23	11,426	11,183	243	97.9%
Jan-24	12,159	11,469	690	94.3%
Feb-24	11,081	3750	7331	33.8%
Total	127,618	118,046	9,572	92.5%
Current Uncoded Backlog (Apr to Jan 2024)		2241	1.92%	

% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - December 2023 – 98.1%



How are we doing?

The reported position for December 2023 was at its highest level observed with 96.8% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale and remaining above the set target of 95%. As of 5th March 2024, the backlog which developed throughout April to December 2023 has been addressed and coding rates for that period are 98.1% coded.

Compliance for the correction of errors for December once again surpassed the WG target of 90% with 98.1% (153 of 156) of identified errors corrected within the specified timescale of 35 days.

We continue to demonstrate the value of data science in improving the quality and number of episodes that can be auto coded, with a 40.3% productivity gain having been achieved in the past 12 months.

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 heart failure nurses to improve the flow of information and in turn improve on the quality of the coding to further support national Heart Failure Audit.

Coding team are also supporting the GIRFT meetings in various specialties.

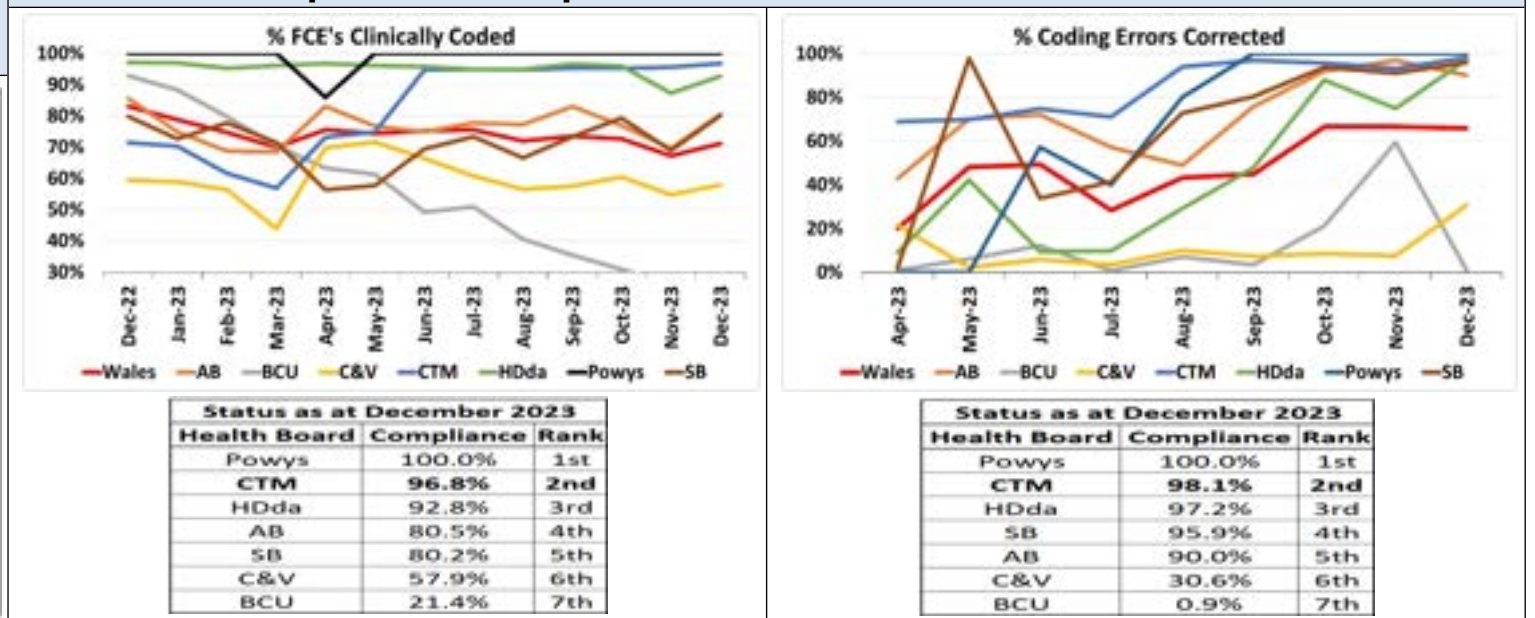
What actions are we taking & when is improvement anticipated? What are the main areas of risk?

The auto-coding system incorporating the validation functionality continues to be improved and its output is increasingly being incorporated within the operational coding process.

Changes in counting practices, which largely affect the Emergency and Assessment Departments, have led to an increase in admissions and an increasing, but welcome workload for the coding team.

Autocoding and coding at source activities are promulgating, enhancing the richness and availability of our clinical data and our care records.

How do we compare with our peers?





Efficient Services – Pathways of Care Delayed Discharges - February 2024

Number of Pathways of Care delayed discharges

Target is 12 month reduction trend

Mental Health Delays = 27 / Non Mental Health Delays = 302

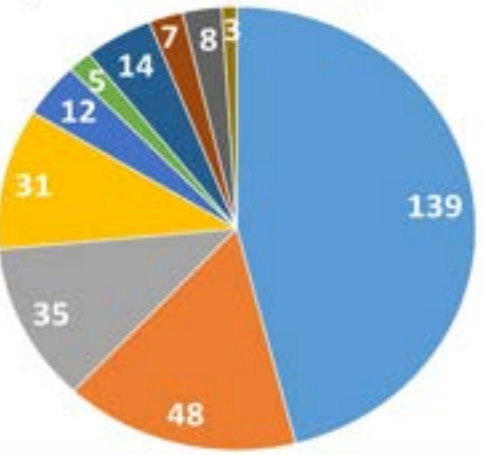
Mental Health - Reasons for Patient Pathway of Care Delays February 2024

- Assessment Issues
- Care Home placement arrangements
- Disagreements/Legislation
- Step down to recover and assess
- Funding Issues



Non-Mental Health - Reasons for Patient Pathway of Care Delays February 2024

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



How are we doing?

- Significant improvement with eWhiteboards utilisation & compliance
- Improved and increased utilisation of eToC
- Agreement on CTM definition of clinically optimised, with time standards and principles jointly agreed with LA

Opportunities:

- Increase use of SDN (Software Defined Network) for complex discharge which will result in improved quality of information in eToC
- Daily Operational Meeting established to escalate PoCD on each acute site with plan to include Community Hospitals from March

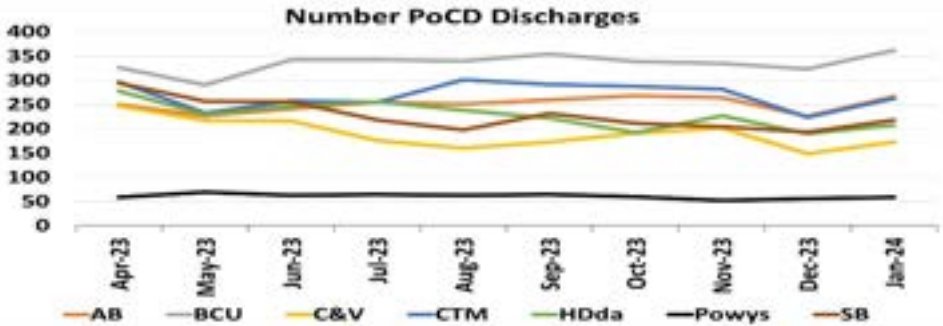
What actions are we taking & when is improvement anticipated?

- Further improve data quality in eWhiteboards and eToC
- Increase use of SDN for complex discharge which will result in improved quality of information in eToC
- Increase utilisation of eWhiteboards summary reporting on QlikSense for daily review of flow and discharge across sites and for individual wards
- Ongoing training and support; recruitment of 2x developers dedicated to delivery of 6 Goals objectives
- Revised PoCD action plan collaboratively agreed and submitted with NHS Executive.
- Regular PDSA review; ongoing training and support; 'Optimise' drop-in sessions for staff, eWbs/eToC data input review and troubleshooting in ward areas
- Discharge policy; final version in progress with anticipated completion by end of quarter 4
- Definition for Discharge Policy SBAR agreed
- Toolkit for staff in progress with anticipated completion by end of quarter 4
- Trusted Assessor post out to recruitment and T&F group developing competence and training framework

What are the main areas of risk?

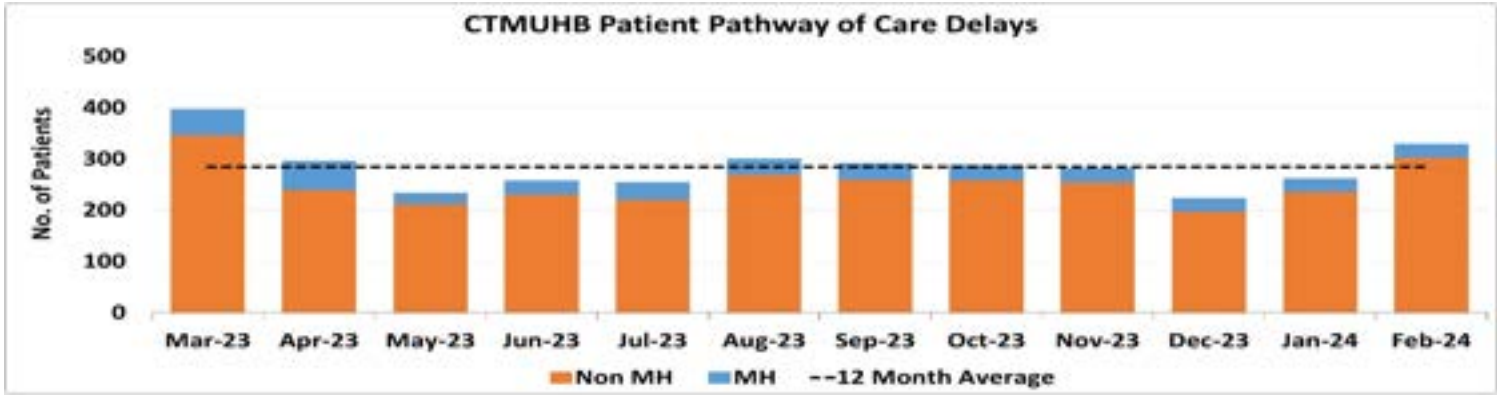
- Residential home capacity has been noted as an increased risk with our longest PoCD delays related to EMI nursing bed availability.
- Lack of understanding of D2RA processes and use of SDN/eToCs on some wards resulting in poorer data quality
- Internal delays especially associated with assessment continue to remain high and not meet achieved target reduction.
- Ongoing funding for the D2RA Hub

How do we compare with our peers?



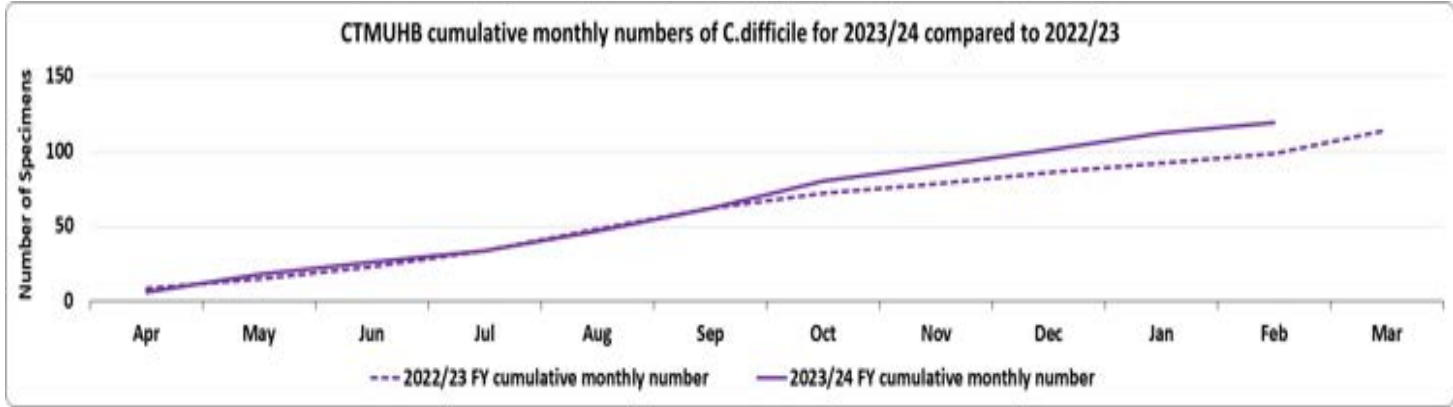
Status as at January 2024		
Health Board	Compliance	Rank
0	1	1st
Powys	59	2nd
C&V	173	3rd
HDda	207	4th
SB	218	5th
CTM	262	6th
AB	266	7th

Delays by Local Authority - February 2024										
Healthcare Facility	Powys	Blaenau Gwent	Bridgend	Caerphilly	Merthyr Tydfil	Neath Port Talbot	Rhondda Cynon Taff	Vale of Glamorgan	Carmarthenshire	Total
PCH	4	1		3	14		22			44
POW			97		1	2	1	1		102
RGH							84		1	85
YCC					25		23			48
YCR					1		48			49
Ty Lliard							1			1
Grand Total	4	1	97	3	41	2	179	1	1	329

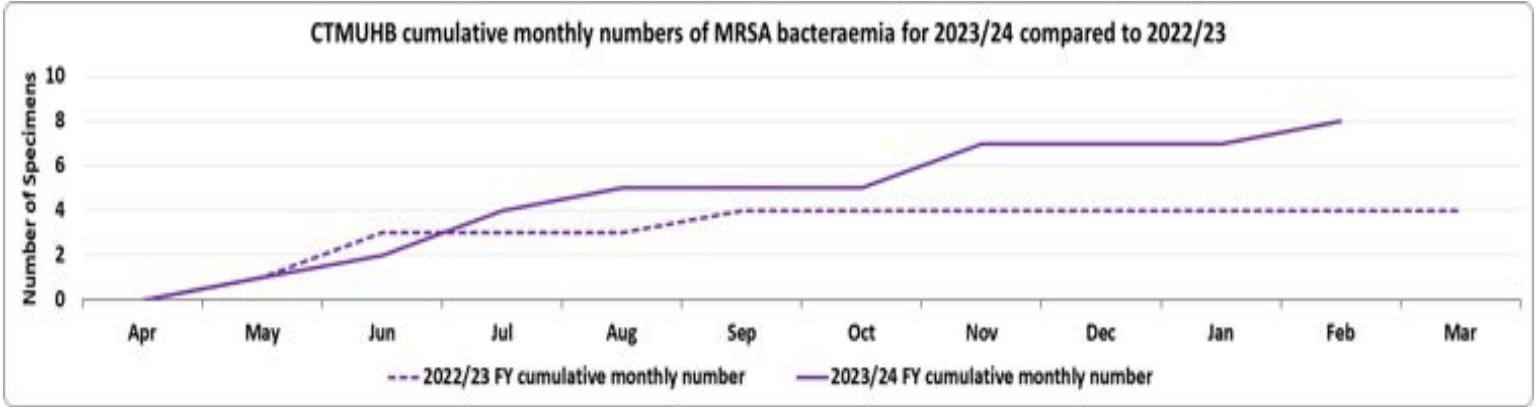


Safe Services – Healthcare Acquired Infections

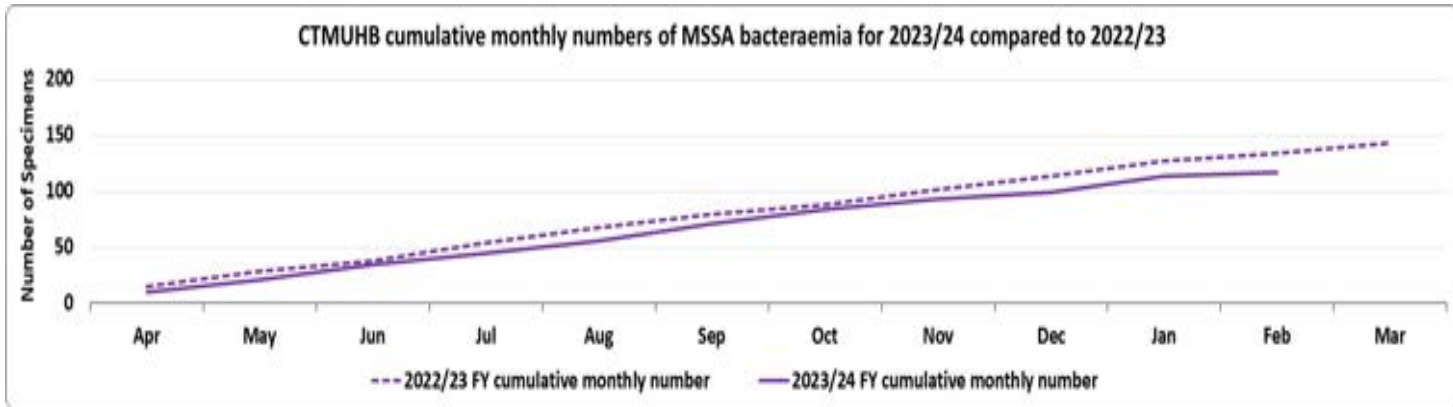
C.difficile
119 C.difficile cases have been reported by CTM between Apr 2023-Feb 2024. This is 21 more cases than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 29.28, which compares to the All Wales rate of 38.76. 36% of cases are hospital onset associated infections (based on specimen taken >2 days into an inpatient stay) with 64% of the specimens community onset (specimen taken in a community location or <3 days as hospital inpatient). Opportunities to restructure the IPC team are being explored which will enable the team to influence practices in primary care.



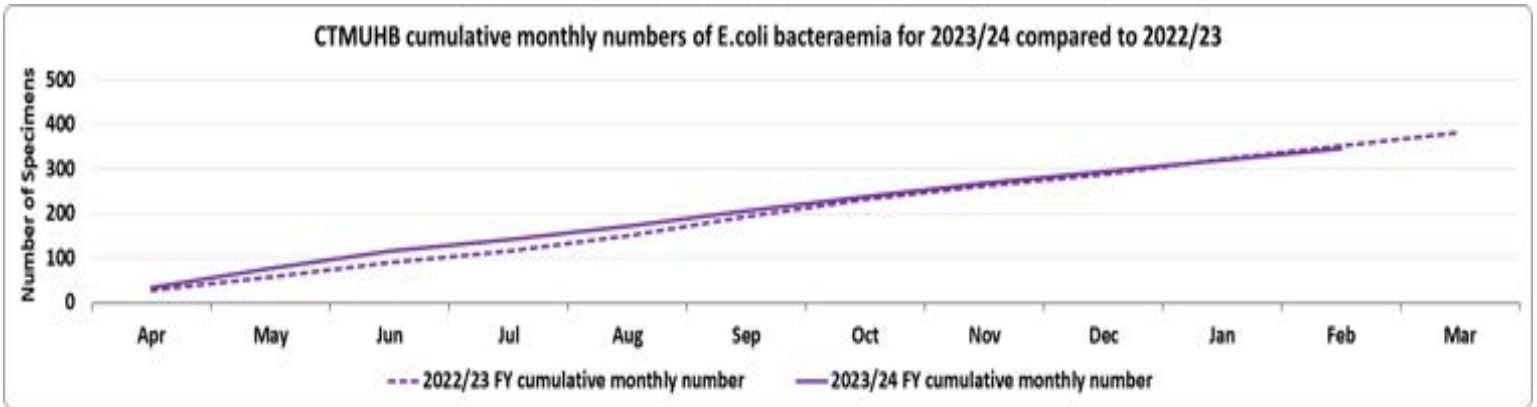
MRSA
8 MRSA bacteraemia have been reported by CTM between Apr 2023-Feb 2024. This is twice as many as the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 1.97, which compares to the All Wales rate of 1.81. Six cases are community onset with two cases being hospital onset. No preventable sources identified.



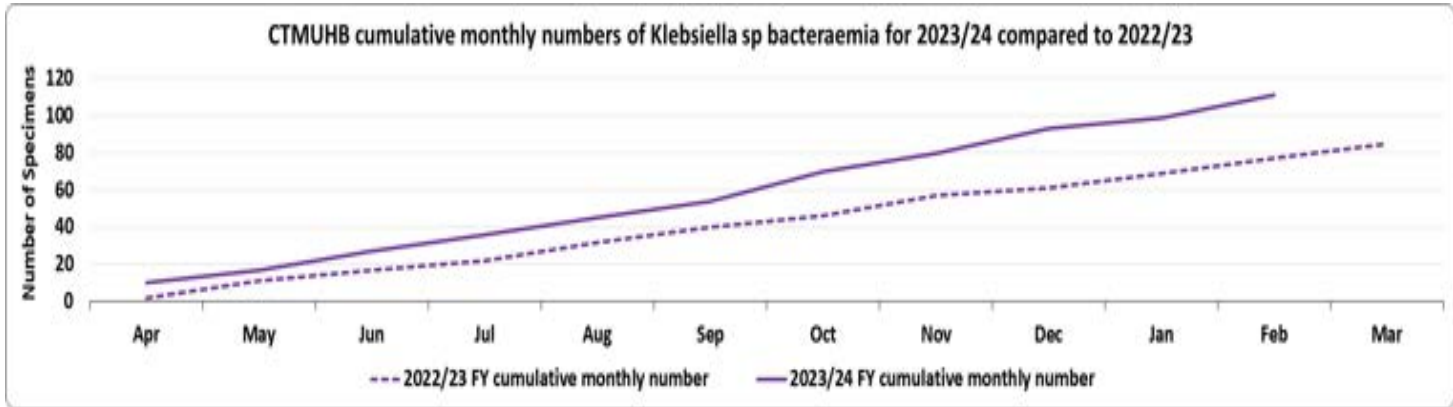
MSSA
117 MSSA bacteraemia have been reported by CTM between Apr 2023-Feb 2024. This is 17 (12.7%) cases fewer than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 28.79, which compares to the All Wales rate of 25.85. 76.0% of the specimens taken are community onset with 11% of the total cases being associated with an invasive device.



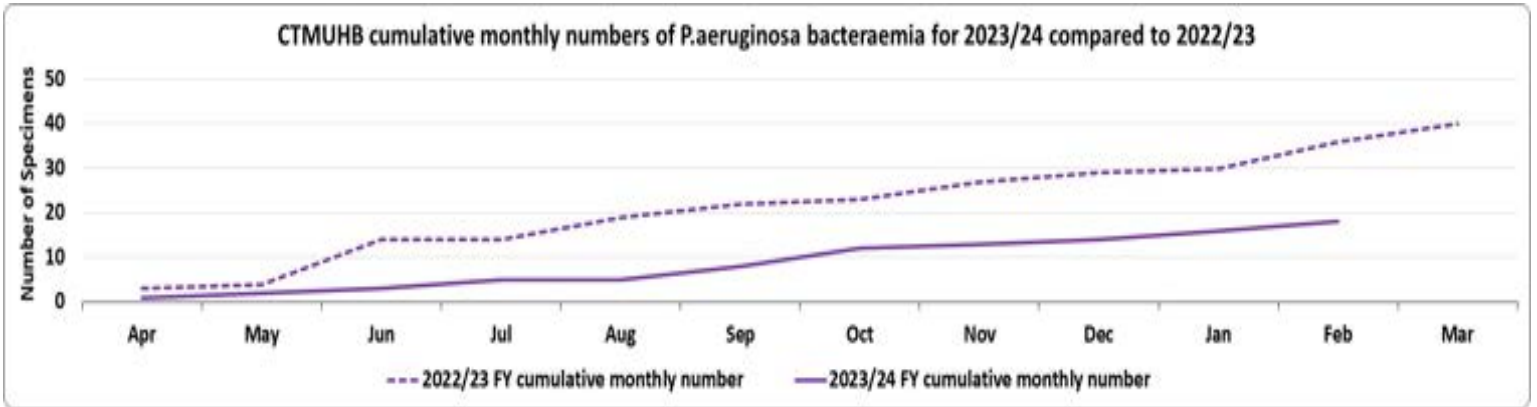
E.coli
347 E.coli bacteraemia have been reported by CTM between Apr 2023-Feb 2024. This is 5 (1.4%) cases less than equivalent period of 2022/23. The provisional rate per 100,000 population for 2023/24 is 85.38, which compares to the all Wales rate of 73.86. 79.0% of specimens are community onset. Around 8% of cases are linked to a urinary catheter. An IPC huddle is arranged to discuss each preventable bacteraemia and learning is shared widely. The IPC team is working with clinical teams to undertake a point prevalence study to identify urinary catheter usage, improve ANTT and IPC training compliance and introduction of the catheter passport in secondary care.



Klebsiella sp
111 Klebsiella sp bacteraemia have been reported by CTM between Apr 2023-Feb 2024. This is 34 (44.2%) more cases than the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 27.31, which compares to the All Wales rate of 23.93. Of the specimens taken, 66.7% are community acquired infections. 12% of the total cases are associated with a urinary catheter.

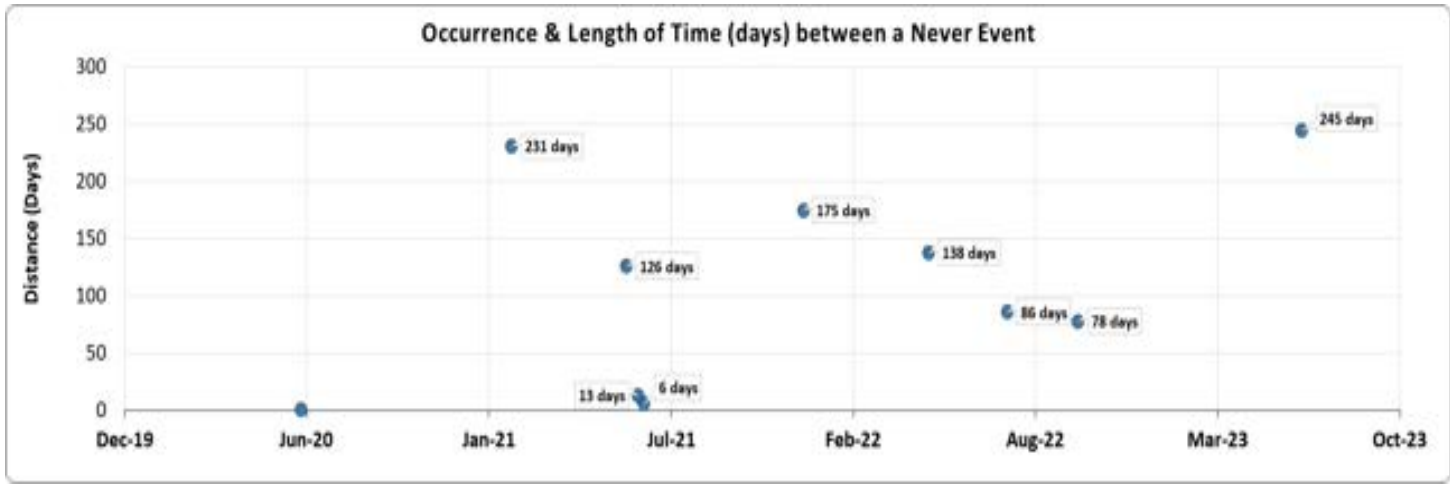


P.aeruginosa
18 P.aeruginosa bacteraemia have been reported by CTM between Apr 2023-Feb 2024. This is 18 (50%) fewer cases than in the equivalent period in 2022/23. The provisional rate per 100,000 population for 2023/24 is 4.43, which compares to the All Wales rate of 4.74. Eleven of the 18 infections are community acquired infections. 28% of the total cases are linked to a urinary catheter.



Safe Services – Never Events & Nationally Reportable Incidents

Number of Never Events – February 2024 - Zero



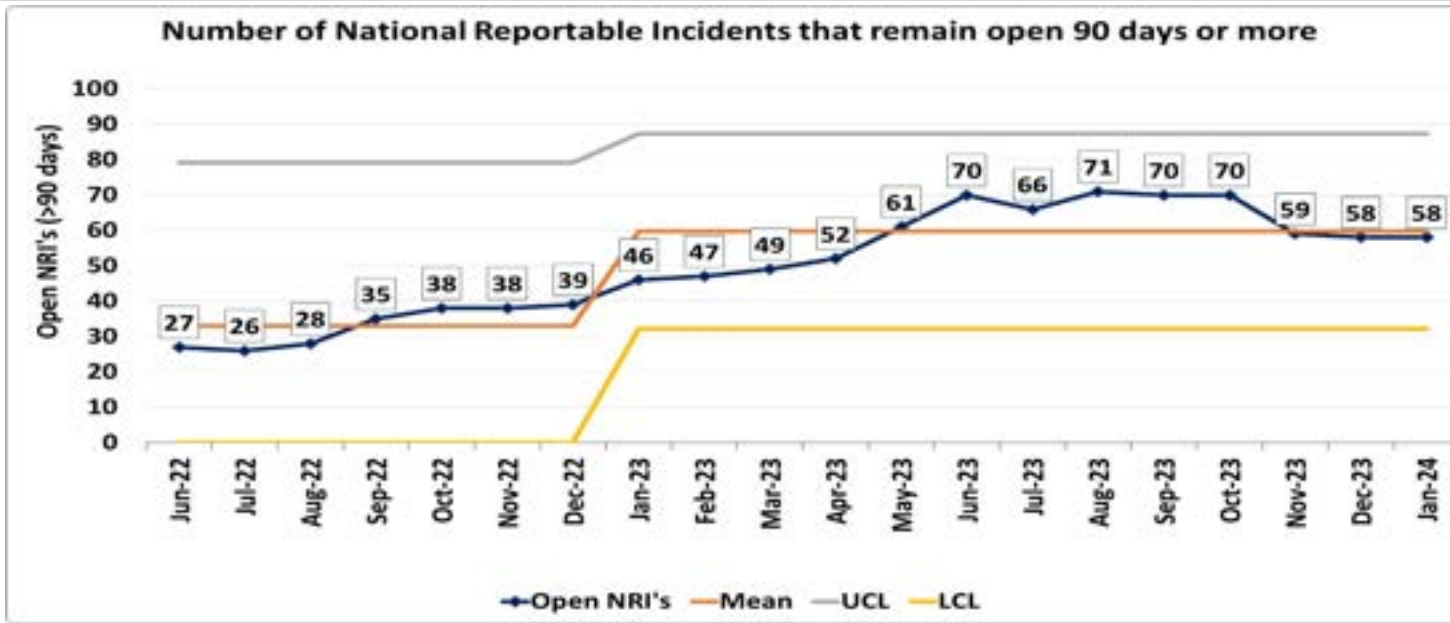
Never events are patient safety incidents that are defined as being wholly preventable. They are considered wholly preventable because guidance or safety recommendations are in place at a national level and should have been implemented by all providers in the healthcare system. This should act as a strong systemic barrier to prevent the serious incident from happening. Learning from what goes wrong in healthcare is crucial to preventing future harm.

There were no Never Events reported during February 2024, with the last occurrence being June 2023, relating to a wrong side surgery.

In total, 1 reportable event has been observed during the past twelve months (Mar 23 to Feb 24), as detailed in the chart to the left.

Investigations remain ongoing.

Number of National Reportable incidents that remain open 90 days or more – Target is 12 month reduction trend – January 2024 - 58



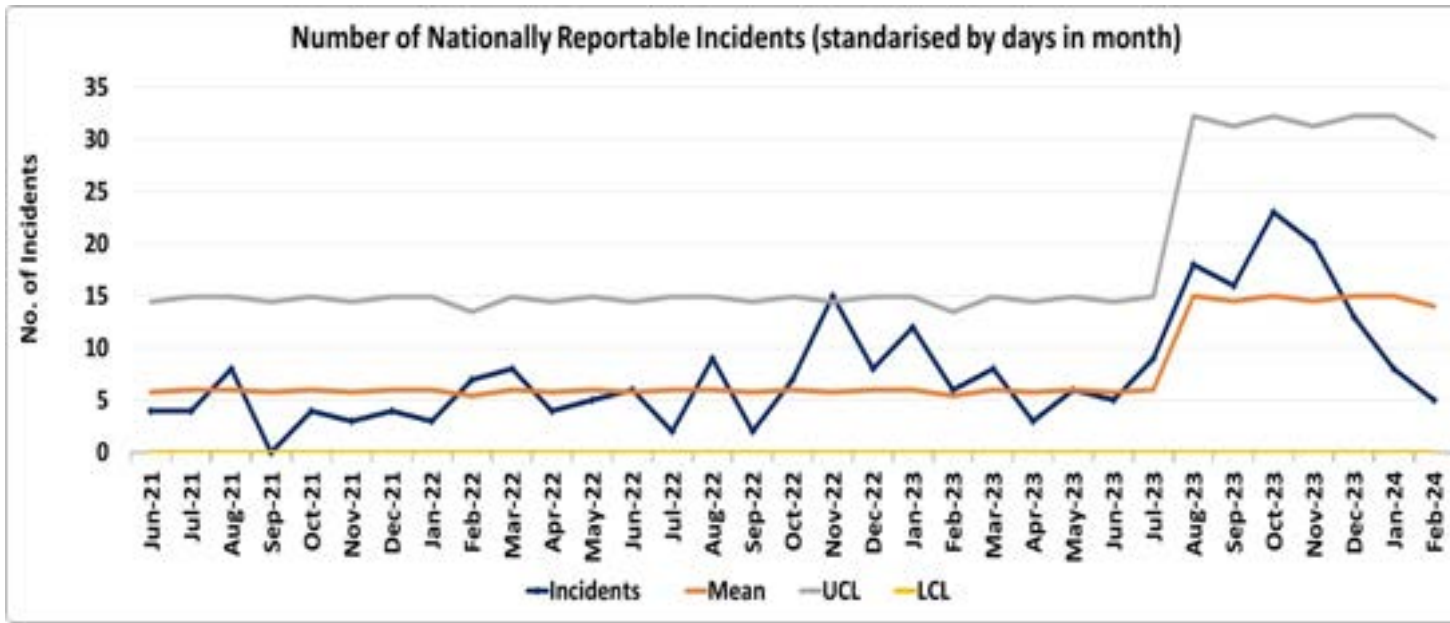
N.B. in order to allow for accurate reporting there is a time lag of approx. one month for the 90 days measure.

The Health Board currently has 73 open Nationally Reportable Incidents. As of January, 58 are overdue the timescale for completion. A trajectory plan for concluding all overdue Nationally Reportable Incidents is in place.

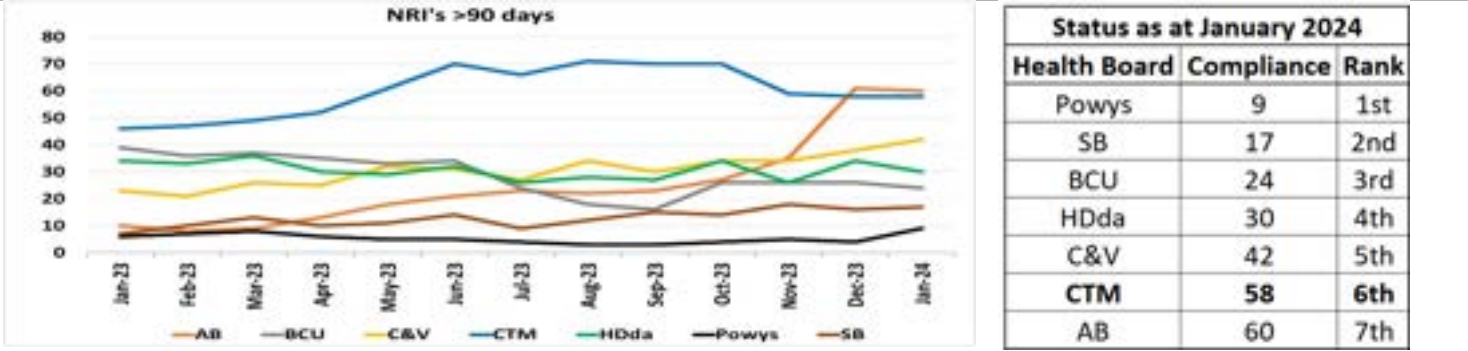
During February, 5 NRI notifications were submitted to the NHS Executive (NRI's are detailed in the table below), with a total of 134 incidents submitted during the last 12 months.

A consolidation exercise of all open Nationally Reportable Incidents was undertaken and a trajectory plan established to address the number of outstanding Nationally Reportable Incidents. This is reflective in the increase in the number of closure bundles submitted since November 2023.

Type of Nationally Reportable Incidents	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Total
Pressure Damage	2	1		3	2	6	2	7	8	5	3	3	42
Infection Prevention & Control						6	10	13	5	1			35
Clinical Assessment, clinical diagnosis	1		1	1	2	1	3		5	3			17
Maternity/Neonatal adverse occurrence	1		2		1	4				1	1	1	11
Treatment, Procedure	2	1			2		1	1		2			9
Admission / Transfer / Discharge	1				1			1	1	1	3		8
Patient/Service user death	1		3	1		1					1		7
Medication		1			1			1					3
Slip, Trip or Fall												1	1
Infrastructure (Staffing/Facilities/Environment)									1	0			1
Grand Total	8	3	6	5	9	18	16	23	20	13	8	5	134

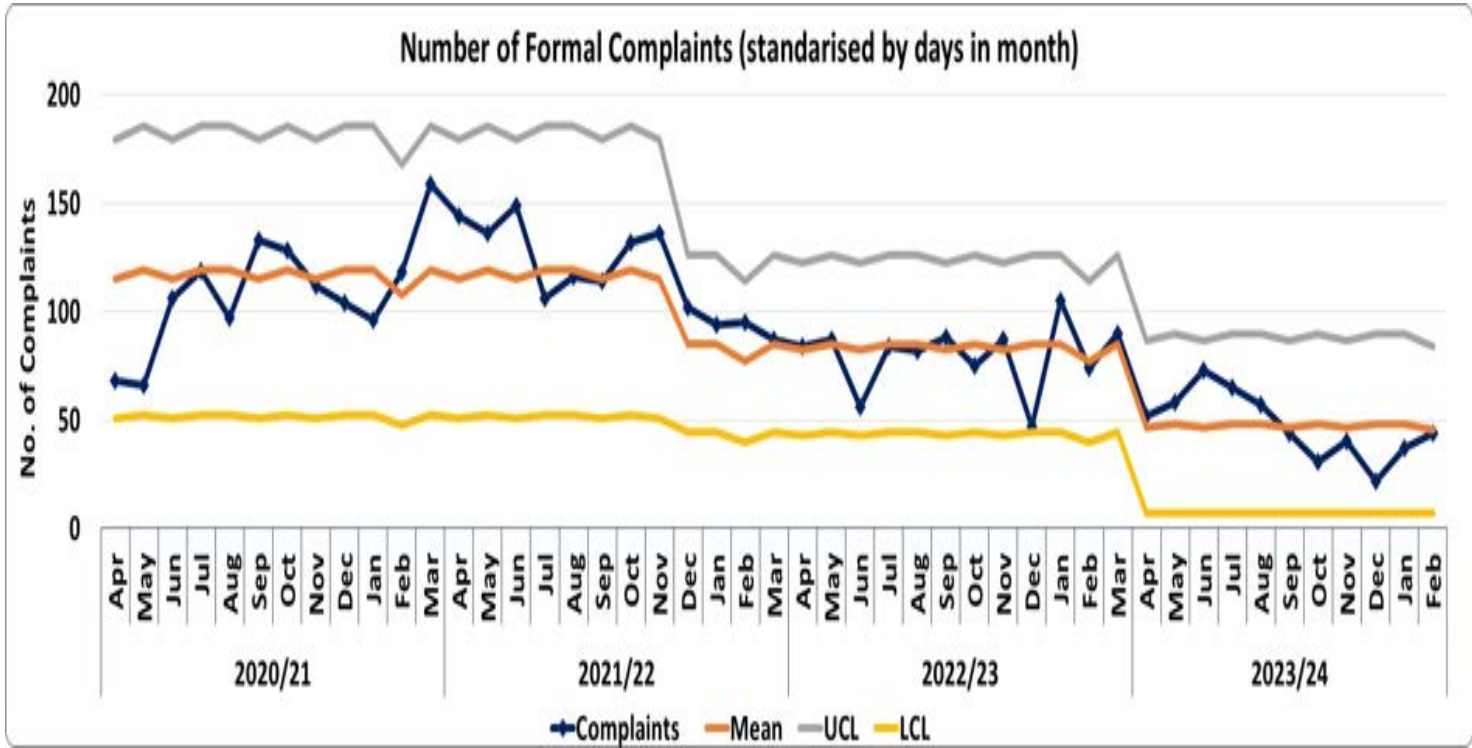


How do we compare with our peers?



CTMUHB Focus on Putting Things Right

Number of formal complaints managed through Putting Things Right – February 2024 - 44 Formal Complaints

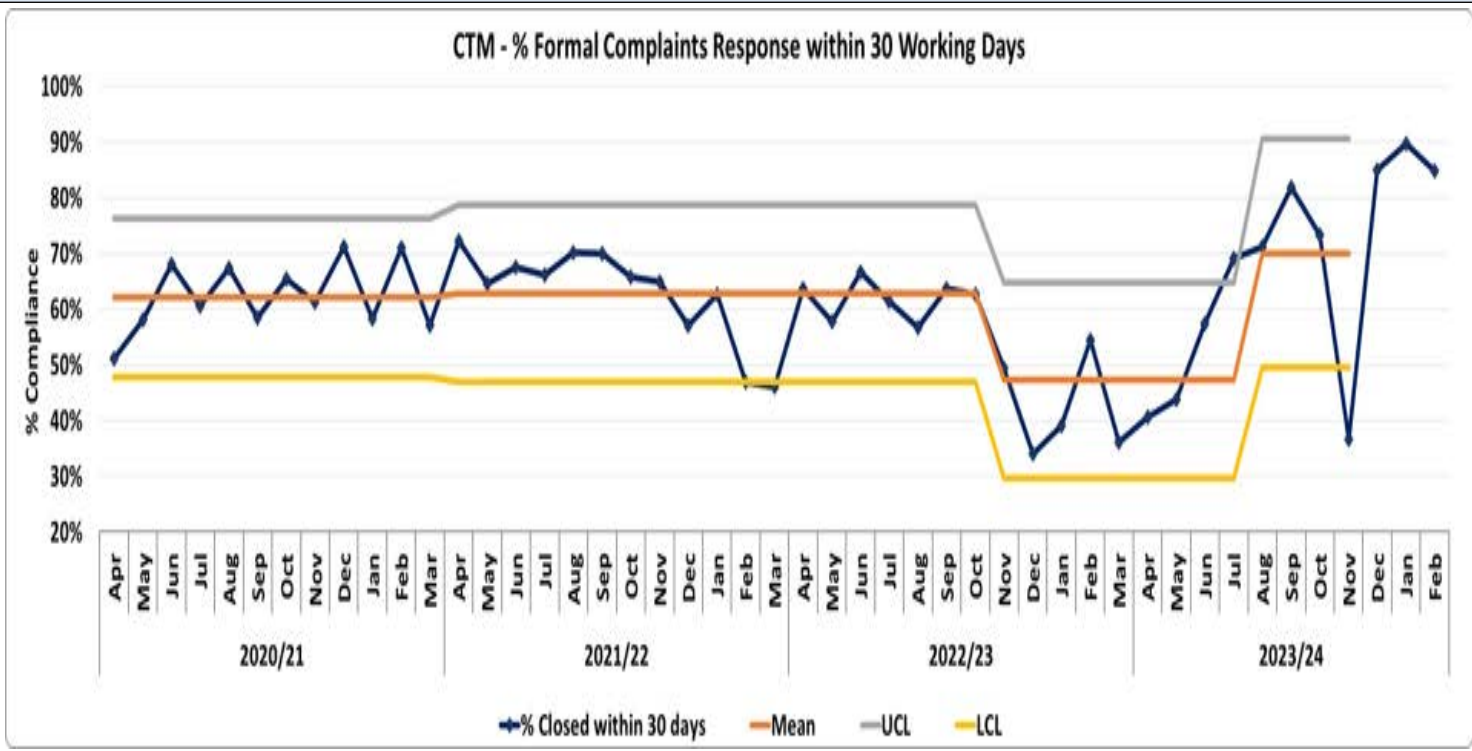


During February, 44 formal complaints were received within the organisation and managed in line with the ‘Putting Things Right’ regulations. Current volumes remain just below the current mean of 45.

For those complaints received during February, the top five themes relate to clinical treatment/assessment (34), discharge issues (3), medication and access to services (2 apiece), appointments, test results and other (1 apiece).

Top Ten - Main Themes from Complaints during the last 12 month period	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Total
Clinical treatment/Assessment	47	33	32	45	36	45	33	23	33	16	31	34	408
Appointments	5	1	6	5	6	1	1	1	0	1	1	1	29
Communication Issues (including Language)	14	1	6	3	3	0	0	0	0	0	0	0	27
Attitude and Behaviour	8	3	1	3	5	2	1	0	2	1	0	0	26
Other	1	2	2	2	3	4	5	2	0	2	2	1	26
Medication	0	3	4	6	2	1	1	1	2	1	2	2	25
Discharge Issues	6	4	2	2	3	2	0	0	0	0	0	3	22
Patient Care	0	0	2	4	2	0	2	0	1	0	1	0	12
Referral	1	2	1	1	1	0	0	2	1	0	0	0	9
Access (to Services)	0	0	0	2	1	2	0	1	0	0	0	2	8

% formal complaints response within 30 working days – February 2024 – 84.8%

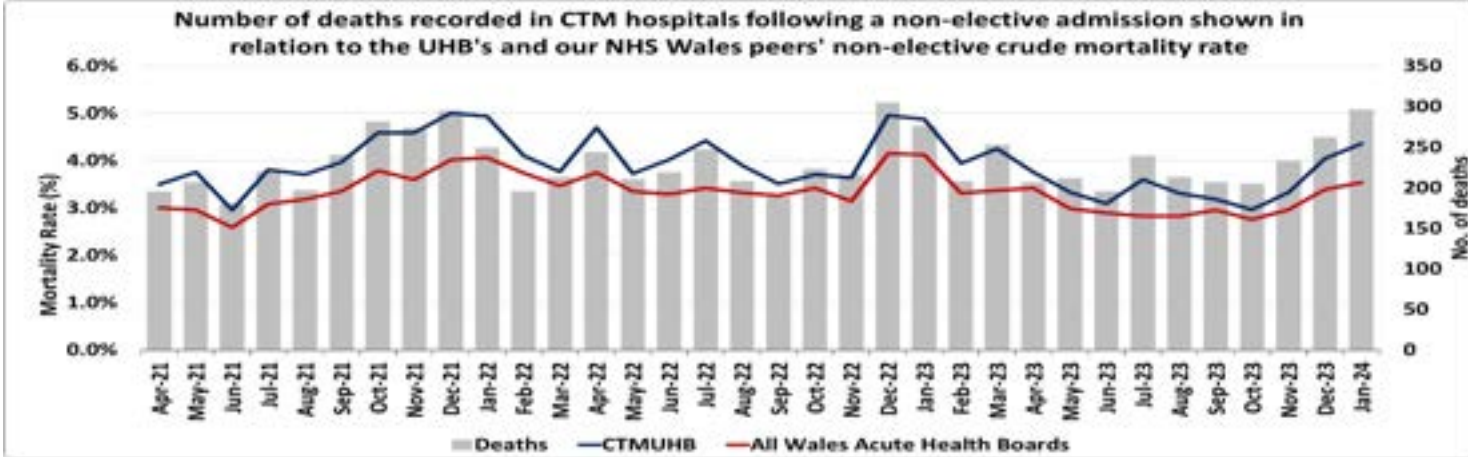
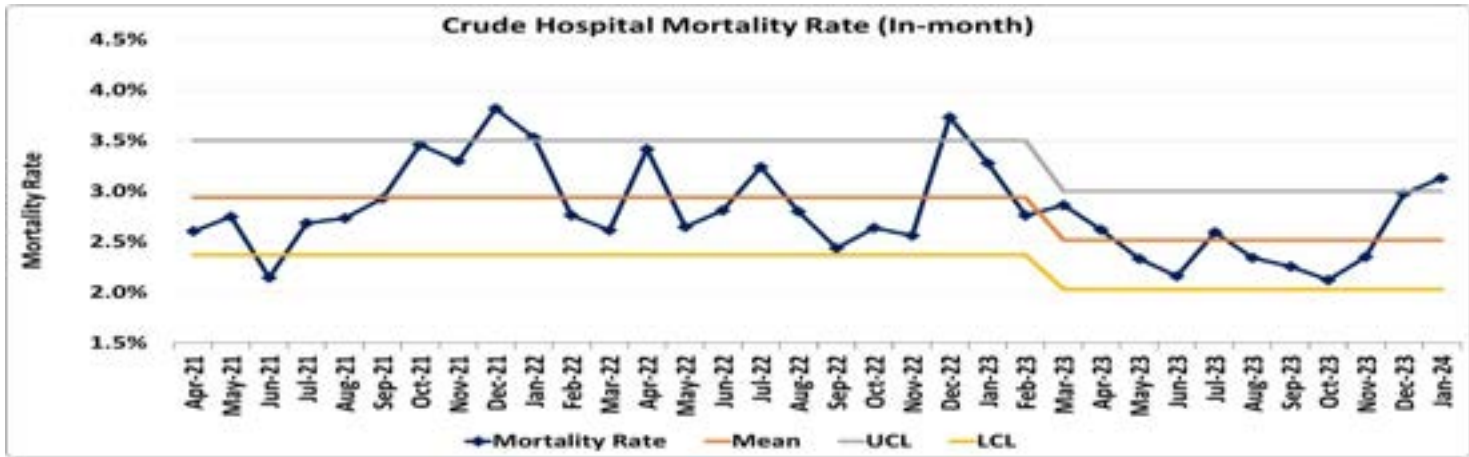


During November 2023 focused work was undertaken to address the number of historic cases open (those over 30 working days) and provide a final response to patients or their families. As a result of this focussed work, compliance with the 30 working day target decreased to 37%.

Compliance improved to 83% during December and has been maintained above 85% for January and February 2024. As at 1st March, the Health Board had 69 open formal complaints and of these, 15 complaints were open over 30 working days.

CTMUHB Focus on Mortality Rates

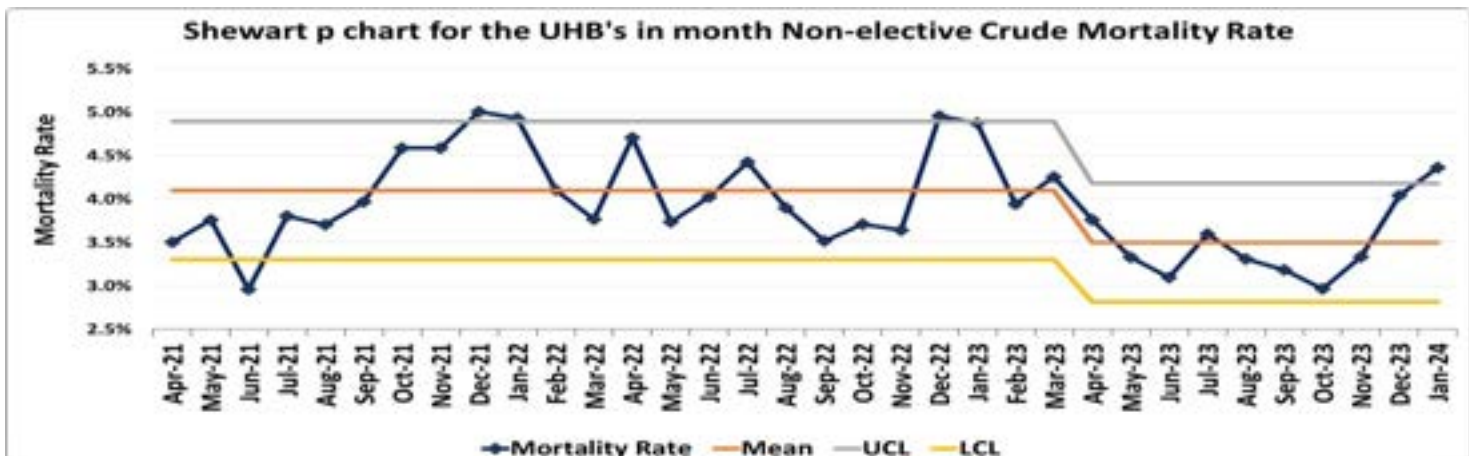
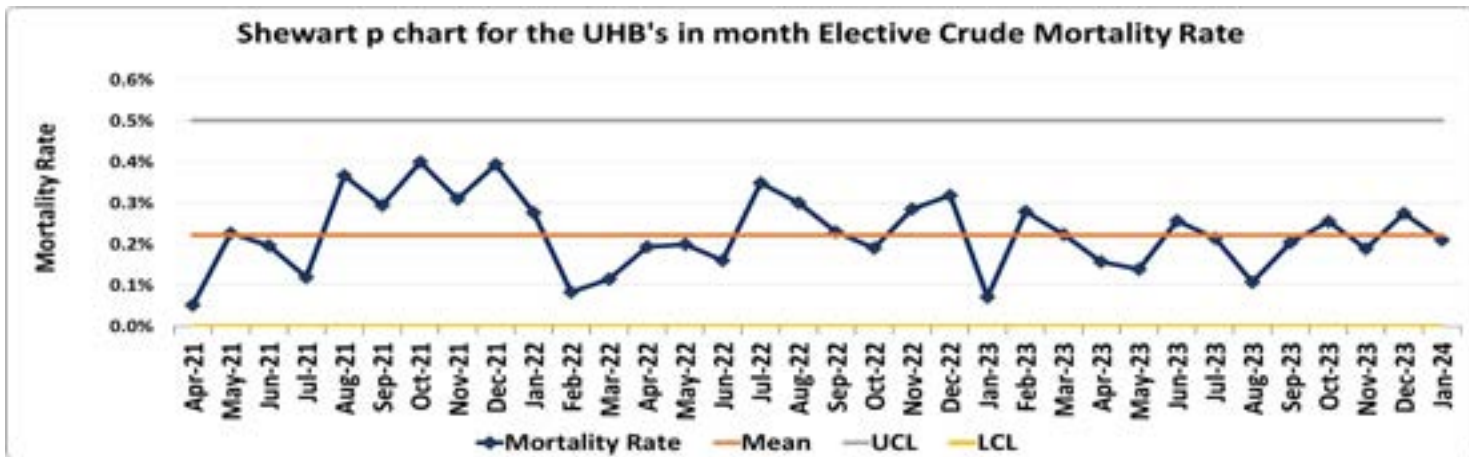
Crude Hospital Mortality Rates - Please note the mortality data in this report is sourced from CHKS and is derived from the Admitted Patient Care (APC) dataset



The observed increase in the growth of rate over the winter months is expected and in line with both previous years and our peers as seen in the chart above.

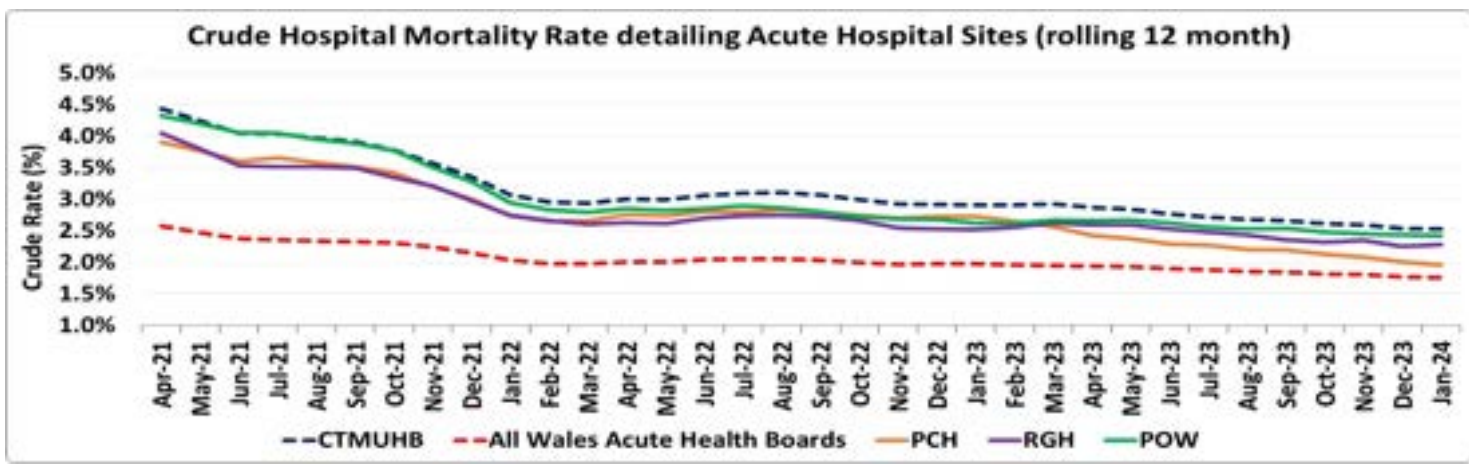
The various mortality indicators used by the Health Board (Crude, Standardised Hospital and Risk Adjusted) are also influenced by the changes in counting practice, with more patients now being admitted following a presentation to the Emergency Department.

As per WG policy the UHB's Multidisciplinary Mortality Review Screening Panel continues to review all deaths in line with the 2014 Palmer Report. Further information is available in previous report to Q&S committee (<https://ctmuhb.nhs.wales/about-us/our-board/committees/quality-safety-committee/quality-safety-committee-documents/2022/15-november-2022/66-learning-from-mortality-reviews-update-20102022pdf/>).



To aid quantitative approaches to monitoring and analysing trends in mortality, the CHKS dashboards are being revisited and the stage 1 review process is being digitised. Key benefits of which will be: the ability to improve access to the causes of death for patients dying in hospital, the ability to link mortality data to the wider patient record and the ability to digitally include information pertaining to the death within the deceased's health record.

Data linkage between the reason for death stated on the death certificate and Health Board held information has been undertaken, which may re-enforce or inform our actions to reduce avoidable deaths.



Finance Update – Month 11

Updates on the financial position become available on the 9th working day of the month. Consequently there is no further update available to that provided in the last financial report.

3. Key risks/matters for escalation to board/committee

- 3.1** The key risks for the **Performance** quadrant are covered in the summary and main body of the report.
- 3.2** The key risks for the **Quality** quadrant are:
- Trajectory plan in place to reduce number of overdue Nationally Reportable Incidents
 - Embedding of escalation process to ensure compliance with 30 working day target is maintained

4. Assessment

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



(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Efficient, Equitable, Person Centred, Timely, Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge.	
Enw da / Reputational	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.	

5. Recommendation

- 5.1 The Board/Committee is asked to **NOTE** the Integrated Performance Dashboard.

2023-24 Finance Report

Month 11

Summary

Situation

This Finance report outlines our financial performance for Month 11 (i.e. the period to 29th February 2024.

This Finance report is discussed at the Full Board, the Planning, Performance & Finance Committee (PPFC) and the Executive Leadership Group (ELG) meetings.

A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 11 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.

Background

Our draft financial plan for 23/24 was submitted to Welsh Government (WG) on 31 March 2024. The draft plan identified a forecast deficit of £79.6m and WG confirmed that the plan was not supportable. The Health Board submitted a supplementary paper to WG at the end of May outlining the further work undertaken and the impact on the plan assumptions. However, the forecast deficit of £79.6m was not changed. The draft plan includes a £27.3m savings target which requires a significant step up in savings delivery compared to recent years.

The failure to submit a financially balanced plan is a breach of our statutory duty under the Finance (Wales) Act 2014.

During M7, WG confirmed in year financial support of £62.5m plus up to a further £9.4m for energy pressures (based on actual costs). In recognition of this support, WG have given the Health Board a break even Control Total target for 23/24. This equates to further £8.4m improvement target compared to our original financial plan. The £62.5m additional funding includes £51.1m of recurrent funding which is conditional upon delivering the break even Control Total target in 23/24.

Summary

Assessment	Recommendation
Overall Revenue position- 2023/24: • The M11 position was a £0.5m surplus and the M11 YTD position is now reporting a £0.5m deficit against the Revenue Resource Limit. • As at M11 we are continuing to forecast a break even position for 23/24, which is consistent with the Control Total target set by WG. This forecast assumes that we will receive £8.2m of funding for energy. • Since we are now in March , we are assuming that our anticipated allocations for Pay awards will be fully funded by WG and also that we can retain the forecast £0.3m underspend on the Dental contract. On this basis, we are forecasting a breakeven position for 23/24 with a potential upside of £1m - £2m. Recurrent Revenue position: • As at M11 the HB is forecasting an underlying deficit at the end of 23/24 of £19.4m (M10: £19.4m). Further information is provided on Page 8. • The forecast underlying deficit is the starting point for the 2024/25 financial plan. This forecast will continue to be reviewed as we finalise our IMTP and financial plan for 2024/25.	The Board, the PPFC and the ELG are asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 29th February 2024.

Contents

Slide	Subject Area
5	Executive Summary
6	Summary Income & Expenditure account
7	YTD Performance & Forecast
8	Forecast Underlying Position
9-11	Pay Expenditure Trends
12	Non pay Expenditure Trends
13	COVID Expenditure Trends
14	Income Trends
15-16	Income Assumptions
17	Savings
18	Risk Management
19	Statement of Financial Position
20	Cash Flow forecast
21	Public Sector Payment Policy Compliance
22	Capital Expenditure

Executive Summary

Overall Revenue Position

- The M11 position was a £0.5m Surplus and the M11 YTD position is a £0.5m deficit.
- The Health Board is continuing to forecast a break even position, which is consistent with the Control Total target set by WG.
- Since we are now in March , we are assuming that our anticipated allocation for Pay awards will be fully funded by WG and also that we can retain the forecast underspend on the Dental contract. On this basis, we are forecasting a breakeven position for 23/24 with a potential upside of £1m - £2m.
- The forecast underlying deficit at the end of 23/24 is £19.4m (M10: 19.4m). Further information is provided on Page 8. The forecast underlying deficit is the starting point for the 2024/25 financial plan.

Savings

- The actual savings to M11 was £24.9m which is £0.1m below the M11 YTD savings target of £25.0m.
- The M11 forecast In year savings is £27.6m. This represents a step up of £0.5m in the final month of the year compared to trend and a forecast over achievement of £0.3m compared to the £27.3m target.
- The M11 forecast Recurrent savings of £28.1m is £0.8m over the £27.3m target.

Cash

- The closing cash balance at 29th February 2024 was £7.4m. The balance remained higher than anticipated due to unexpected late receipts of £3m.
- The forecast Cash Flow position to year end shows a small surplus balance. This forecast assumes working balances' cash for both revenue and capital at £11.0m and £1.750k respectively and also that all other outstanding cash allocations will be received before year end.

Capital

- The latest Capital Resource Limit for 23/24 is £75.3m. This was issued on the 20th February 2024.
- Expenditure to M11 was £62.3m and the forecast outturn Capital position is breakeven to the CRL target.

Summary Income & Expenditure Account



Key Points:

- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
- After allowing for the AME Donated Depreciation profile, the M11 YTD expenditure of £1,381m is broadly in line with 11/12ths of the year end forecast of £1,501m.
- The Year end forecast remains a breakeven position.

	M11 Actual	M11 YTD	Year End Forecast
	£k	£k	£k
01. Revenue Resource Limit	(120,681)	(1,250,837)	(1,359,916)
02. Capital Donation / Government Grant Income	(9)	(53)	(200)
03. Welsh NHS Local Health Boards & Trusts Income	(7,151)	(77,289)	(84,174)
04. WHSSC Income	(1,045)	(11,214)	(12,2570)
05. Welsh Government Income (Non RRL)	(319)	671	771
06. Other Income	(4,311)	(41,877)	(45,532)
Total Allocations & Income	(133,516)	(1,380,599)	(1,501,308)
08. Primary Care Contractor	17,284	145,272	158,830
09. Primary Care - Drugs & Appliances	8,428	93,736	102,395
10. Provided Services - Pay	57,973	621,414	678,605
11. Provider Services - Non Pay	10,608	113,986	122,712
12. Secondary Care - Drugs	4,866	51,640	56,587
13. Healthcare Services Provided by Other NHS Bodies	23,674	243,188	267,102
14. Non Healthcare Services Provided by Other NHS Bodies	364	3,978	4,300
15. Continuing Care and Funded Nursing Care	5,479	59,661	64,713
16. Other Private & Voluntary Sector	1,377	15,020	16,380
17. Joint Financing and Other	110	2,209	2,992
22. DEL Depreciation\Accelerated Depreciation\Impairments	2,766	30,426	33,510
23. AME Donated Depreciation\Impairments	57	669	(6,765)
24. Uncommitted Reserves & Contingencies	0	0	0
25. Profit\Loss Disposal of Assets	1	(52)	(52)
Total Expenditure	132,987	1,381,147	1,501,308
Grand total	(529)	548	0



Year to Date Performance and Forecast



	M11 Actual	M11 YTD	M11 Forecast	Financial Plan
	£m	£m	£m	
Core plan:				
Core plan deficit	4.7	57.8	62.6	70.9
Confirmed WG Funding	(5.2)	(57.3)	(62.5)	0
Total	(0.5)	0.5	0.1	70.9
Energy:				
Exceptional Energy inflation	0.6	7.4	8.2	8.7
Anticipated Energy Funding	(0.6)	(7.4)	(8.2)	0
Total	0.0	0.0	0.0	8.7
Covid programme costs:				
Health Protection	0.6	5.8	6.5	9.1
PPE	0.0	0.4	0.4	1.0
Adferiad	0.1	0.5	0.8	1.0
Nosocomial	0.0	0.5	0.5	0.6
Confirmed funding	(0.7)	(7.2)	(8.3)	(11.7)
Total	0.0	0.0	(0.1)	0
Grand total	(0.5)	0.5	0.0	79.6

Key Points:

• Core plan and Energy

The M11 position was a £0.5m surplus and the M11 YTD position is a £0.5m deficit.

Since we are now in March, we are assuming that our outstanding allocations for Pay will be fully funded by WG and that our forecast dental underspend can also be retained. On this basis, we are forecasting a breakeven position for 23/24 with a potential upside of £1m to £2m.

The latest Energy forecast assumes that the Health Board receives £8.2m of funding to cover the £8.2m forecast cost pressure.

The Board fully recognises the importance of achieving the break-even Control Total to secure £51m of recurrent funding for next year. Our draft financial plans for next year and our Forecast Recurrent position are assuming that this recurrent funding will be secured.

• Covid programme costs

As at M11 the HB is reporting YTD COVID Programme expenditure of £7.2m with a forecast of £8.2m (M10: £8.2m). In line with the WG guidance, the HB will manage any variation from the confirmed allocation of £8.3m giving a forecast surplus of £0.1m at M11.



Forecast Underlying Deficit



Recurrent Financial Challenge	M11	M10
	£m	£m
Brought Forward Financial Challenge 1 April 2023	70.9	70.9
Exceptional Energy Costs	0	0
Assumed WG recurrent funding – conditional upon achieving break even in 2023/24	(51.1)	(51.1)
Net Other Movements	(0.4)	(0.4)
Forecast Carry Forward Financial Challenge 31 March 2024	19.4	19.4

Bridge from 2023/24 Forecast position to Forecast underlying Deficit	M11
	£m
Forecast position 2023/24	0
Non Recurrent 2023/24 WG inflation funding	11.4
Accountancy gains	5.0
Non Recurrent Income – Llantrisant Health Park income	1.8
Non Recurrent benefits – VAT & Rates rebates	1.2
Other Non Recurrent items	0
Forecast Carry Forward Financial Challenge 31 March 2024	19.4

Key Points:

- As at M11 we are reporting a forecast Underlying deficit at the end of 23/24 of £19.4m (M10: £19.4m).
- The movement from the current year (2023/24) forecast break even position to the forecast underlying deficit of £19.4m is summarised in the “Bridge” table.
- The recurrent forecast will continue to be reassessed as we finalise our IMTP and financial plan for 2024/25.



Pay Expenditure Trends



Staff Group	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m
Administrative & Clerical	7.6	7.6	7.6	7.6	7.5	7.7
Medical And Dental	14.9	18.1	15.1	15.4	15.5	15.7
Nursing And Midwifery Registered	17.6	18.0	18.4	18.0	18.2	19.3
Add Prof Scientific And Technical	1.7	1.6	1.6	1.6	1.7	1.7
Additional Clinical Services	7.2	7.1	7.3	7.3	7.3	7.5
Allied Health Professionals	3.5	3.5	3.6	3.6	3.6	3.8
Healthcare Scientists	1.1	1.1	1.1	1.1	1.1	1.2
Estates And Ancillary	3.3	3.3	3.3	3.3	3.4	3.3
Students	.0	.0	.1	.1	.1	.1
Grand Total	56.9	60.4	58.0	58.1	58.4	60.4

Spend category	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m
Core	48.7	51.6	49.1	50.0	49.6	51.0
Agency	3.8	5.2	3.8	3.8	3.4	4.5
Overtime	1.7	1.6	1.9	1.3	1.7	1.8
ADH	1.4	1.7	1.8	1.7	1.9	1.8
Bank	1.0	.1	1.3	1.1	1.2	1.2
WLI	.2	.2	.2	.1	.1	.1
Grand Total	56.8	60.4	58.0	58.1	57.9	60.4

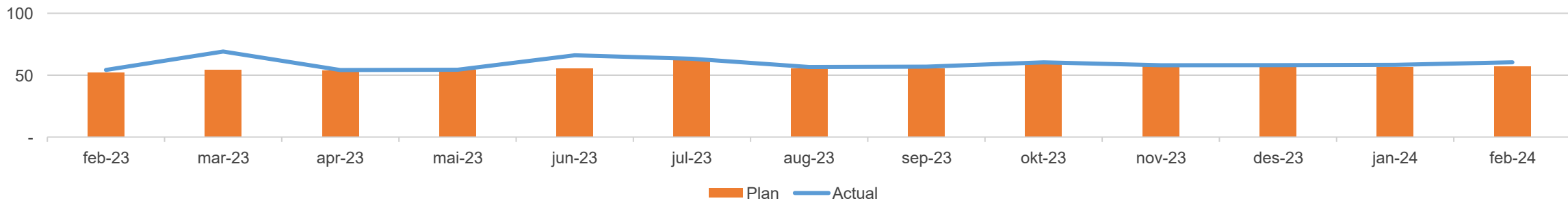
Key Points:

- The M11 (February) expenditure increased by £2m compared to M10. This included £1.1m of increased agency costs to support pressures within A&E and Wards and £0.9m of further bank holiday enhancements relating to Christmas & New Year. As in M10, the impact of industrial action was circa £0.3m for February.
- Core spend for M11 increased by £1.4m compared with M10 mainly as a result of the bank holiday enhancements being processed.
- Agency spend increased by £1.1m.

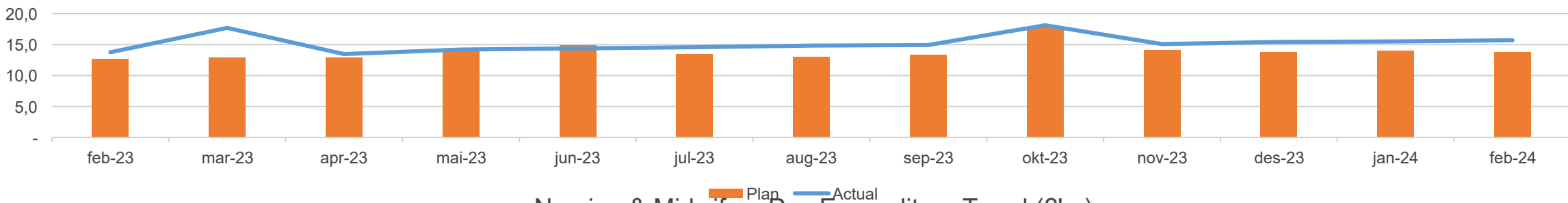


Pay Expenditure Trends

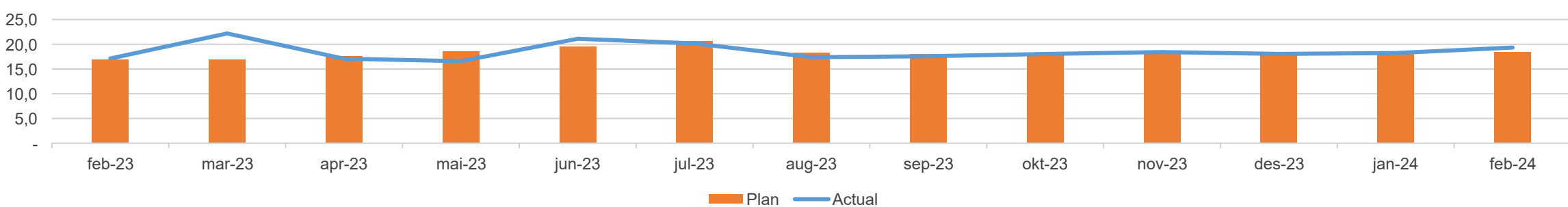
Total Pay Expenditure Trend (£'m)



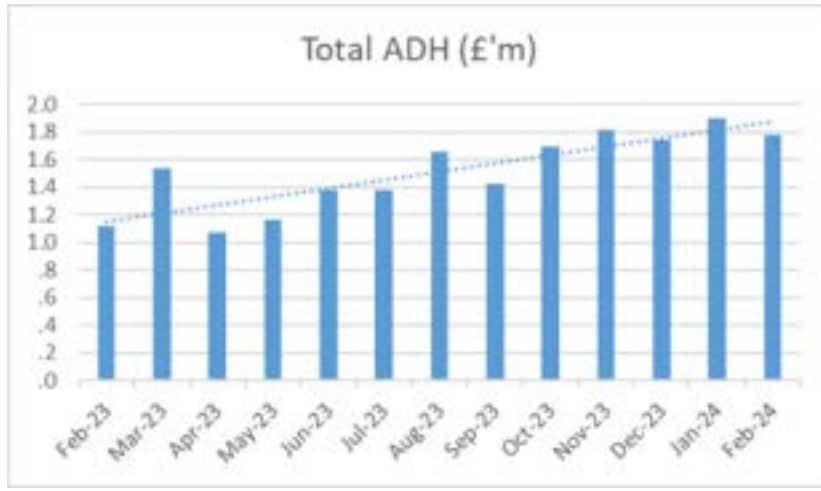
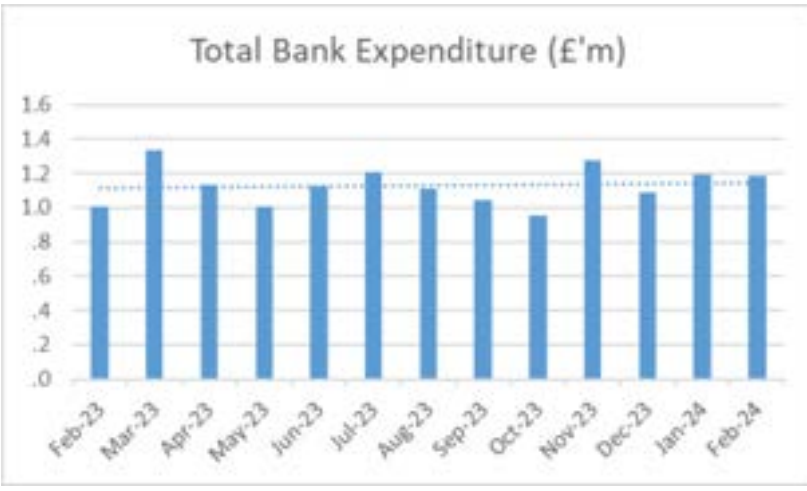
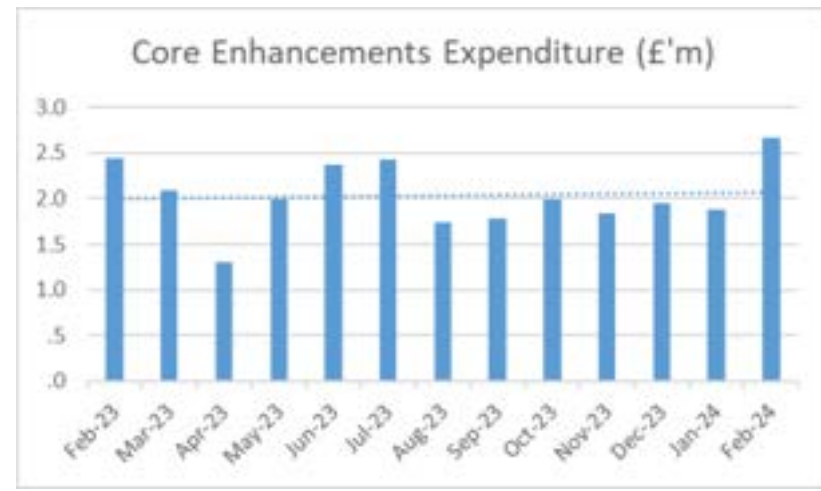
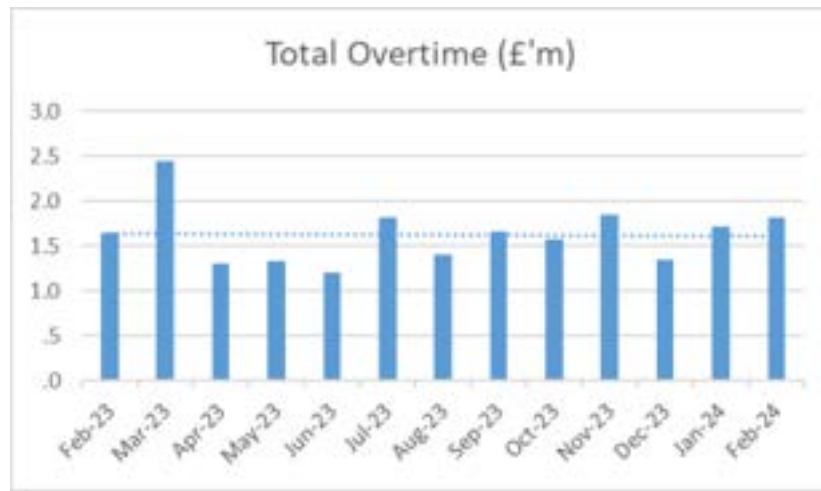
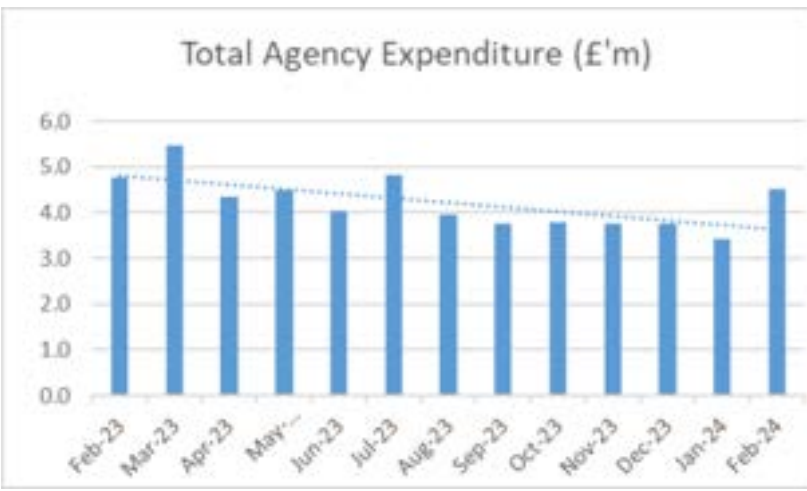
Medical & Dental Pay Expenditure Trend (£'m)



Nursing & Midwifery Pay Expenditure Trend (£'m)



Variable Pay Expenditure Trends

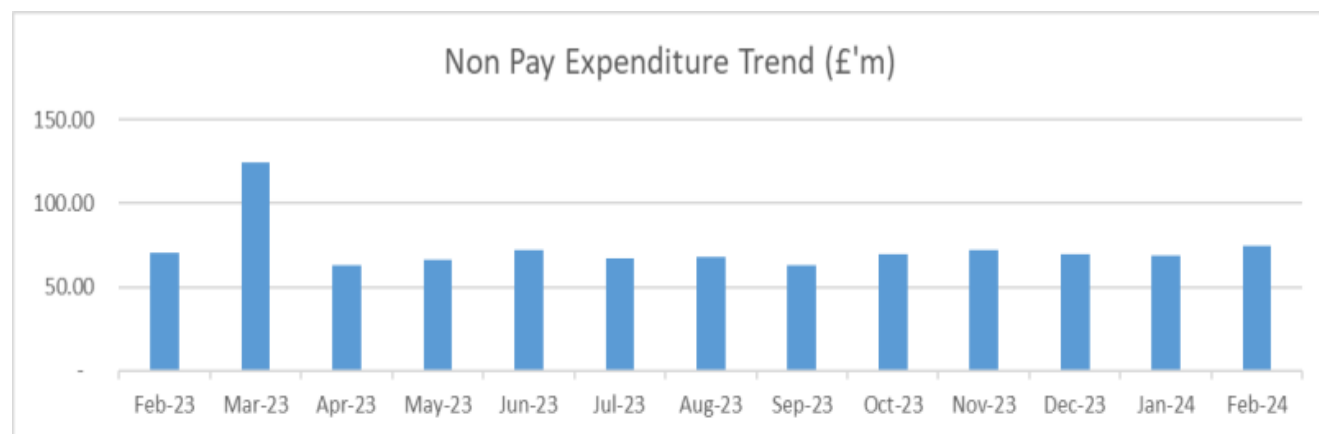


- Key Points :**
- Total agency expenditure has increased by £1.1m when compared to M10.
 - Overtime payments and core enhancements have both increased by £0.1m & £0.7m respectively over M10.

Non Pay Expenditure Trends



Non Pay Group	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m
Primary Care Contractors	11.9	12.3	11.6	13.0	12.7	16.5
Primary Care Drugs	7.8	7.8	8.5	8.2	8.5	8.4
Provider Non Pay	10.3	9.6	10.5	10.9	12.7	10.6
Secondary Care Drugs	4.8	5.0	5.4	4.4	4.8	4.9
Healthcare Commissioning	21.4	23.0	25.2	22.0	19.9	23.7
CHC & FNC	2.0	6.2	6.0	6.5	6.2	5.7
Other	5.0	5.9	4.9	4.6	4.3	4.7
Total Expenditure	63.2	69.8	72.1	69.5	69.2	74.5



Key Points:

- M11 non pay expenditure increased by £5.3m compared to M10. The main changes were in the following areas:
 - Primary Care Contractors has increased by £3.8m. This is due to the 2023/24 DDRB inflation uplift for GMS being processed in M11.
 - Provider Non Pay decreased by £2.1m, returning to normal levels following a £1.3m reclassification adjustment from Healthcare Commissioning in M10.
 - Healthcare Commissioning increased by £3.8m. This is partly due to returning to normal levels following the £1.3m reclassification adjustment in M10, together with new WG allocations for WHSSC & EASC of £3.6m.
 - Included in Other is capital charges which reflects the latest capital charge estimates.

COVID Expenditure Trends



COVID Expenditure	Apr-23 £'000	May-23 £'000	Jun-23 £'000	Jul-23 £'000	Aug-23 £'000	Sep-23 £'000	Oct-23 £'000	Nov-23 £'000	Dec-23 £'000	Jan-24 £'000	Feb-24 £'000
Programme costs											
Health Protection – TTP	113	133	97	123	70	88	110	78	167	68	161
Health Protection - Vaccination	372	285	306	308	475	495	511	662	434	336	395
PPE	83	(33)	37	18	58	41	41	41	21	33	35
Adeferiad	39	47	39	50	37	41	53	53	57	87	96
Noscomial	39	27	45	46	55	53	45	44	40	36	43
Total Covid costs	646	459	525	545	695	718	760	878	719	560	730
Anticipated funding	(646)	(459)	(525)	(545)	(695)	(718)	(760)	(878)	(719)	(560)	(730)
Total	0	0	0	0	0	0	0	0	0	0	0

Key Points:

- M11 expenditure increased by £170k compared to M10. This was due to an increase in spend across the Vaccination & TTP programmes.
- WG have confirmed the allocation for COVID of £8.3m
- In line with the WG guidance, the HB will manage any variation from the confirmed allocation of £8.3m giving a forecast surplus of £0.1m at M11.



Income Trends



Income Group	Sep-23 £'m	Oct-23 £'m	Nov-23 £'m	Dec-23 £'m	Jan-24 £'m	Feb-24 £'m
Welsh NHS Income	6.0	7.0	7.3	7.4	5.7	7.2
WHSSC Income	1.0	1.0	1.0	1.1	1.1	1.0
Primary Care Contractor Income	1.1	1.4	1.3	1.4	1.6	1.4
CHC Income	0.5	0.5	0.5	0.5	0.5	0.4
Other Income	4.0	3.8	3.5	3.7	4.0	4.3
Total Income	12.6	13.7	13.6	14.1	12.9	14.4

Key Points:

- The Total Income in M11 was £1.5m more than M10. The main movements were:
 - Increase in Welsh NHS Income of £1.5m, taking it back to prior months levels. The reduction in M10 included a £1.2m reduction due to the Swansea Bay T&O repatriation,
 - Increase in Other income of £0.3m.



Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,216.5	29.7	25.0	88.7	1,359.9
Anticipated Allocations:					
1.5% Consolidate NHS Pay Award 22/23	0.9				0.9
Energy Funding	4.7				4.7
VBHC New IN Year Funding	0.3				0.3
23/24 Pay award	3.2				3.2
IFRS Revenue Adjustment	(2.9)				(2.9)
Capital Charges	(6.2)				(6.2)
Total Allocations	1,216.5	29.7	25.0	88.7	1,359.9

Key Points:

- As at M11 the confirmed Revenue Resource allocation was £1,359.9m.
- The forecast position assumes a further £9.1m of additional allocations offset by a reduction of £9.1m for IFRS and capital charges to give a Total allocation of £1,359.9m.
- Our M11 year end forecast position assumes that our anticipated allocations for Pay awards (£4.1m) will be fully funded by WG. However, until formally confirmed , there remains a risk that the final allocations will be lower than anticipated.



Income Assumptions - NHS



	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	0.9	30.7
Aneurin Bevan University	20.0	1.3	21.3
Betsi Cadwaladr University	0	0.2	0.2
Cardiff & Vale University	17.2	1.5	18.7
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.3	0.8
Powys	5.1	0.5	5.6
Public Health Wales	3.3	0.8	4.1
Velindre	0	10.2	10.2
NWSSP	0	0.0	0.0
DHCW	0.7	0.9	1.6
Wales Ambulance Services	0.0	0.1	0.1
WHSSC	11.5	0.0	11.5
EASC	0.0	0.0	0
HEIW	0.0	15.3	15.3
NHS Wales Executive	0.0	0.0	0.0
Total	88.3	31.9	120.2

Key Points :

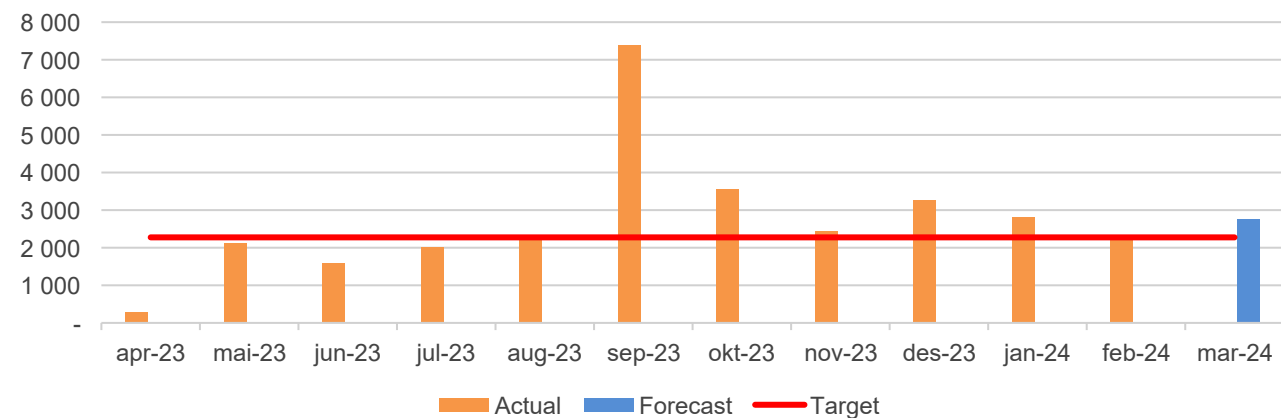
- During M6, WG confirmed the outcome of the arbitration with ABUHB which resulted in a £2.0m income reduction compared to our original financial plan. This has been reflected in our YTD position and forecast.
- All LTAs have now been agreed and signed.



	Month 11			Month 10		
	YTD	23/24	Rec	YTD	23/24	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M11	25.0	27.3	27.3	22.8	27.3	27.3
Actual and Forecast Savings	(24.9)	(27.6)	(28.3)	(22.5)	(27.9)	(28.3)
Total	0.1	(0.3)	(1.0)	0.2	(0.6)	(1.0)

- Key Points:**
- Actual savings in M11 was £2.3m which was slightly below the M10 forecast of £2.5m but still above the M10 YTD trend of £2.25m/month.
 - The M11 YTD savings is £24.9m which is £0.1m below the M11 YTD savings target of £25.0m.
 - The M11 forecast In year savings is £27.6m. This represents a step up of £0.5m in the last month of the year and a forecast over achievement of £0.3m compared to the £27.3m target.
 - The M11 forecast Recurrent savings is £28.3m, which is £1.0m above the £27.3m target.

Savings Profile



Risk Management Risks and Opportunities

	M11 £m	M10 £m	Comment
WG Funding risks:			
Risk of anticipated allocations for Pay awards and RLW not being fully funded.	0.0	0.0	
Potential retention of 20% of the Regional Planned care recovery funding, which is subject to certain conditions being achieved.	0.0	0.0	
Ringfenced Dental underspend being recovered by WG.	0.0	0.0	The Primary Care team need to agree the retention of the forecast underspend with the WG Dental team.
Total Risks	0.0	0.0	
Opportunities:			
Retrospective vat recoveries Microsoft	0.0	0.0	Negotiations with HMRC are continuing but this is not expected to be resolved in 23/24.
Further balance sheet review within 22/23	(2.0)	(2.0)	
Total Opportunities	(2.0)	(2.0)	
Total	(2.0)	(2.0)	

Key Points :

- As at M11 we are reporting total opportunities of between £1m - £2.0m.
- Since we are now in March, we are assuming that it is very likely that our anticipated allocations for Pay awards will be fully funded and that we can retain the forecast dental underspend.

Statement of Financial Position



Balance Sheet	Opening Balance (01/04/2023) £'000	Closing Balance as at M10 £'000	Closing Balance as at M11 £'000
Non Current Assets			
Property, Plant & Equipment	658,857	685,028	689,847
Intangible Assets	2,833	2,833	2,833
Trade and Other Receivables	47,608	47,608	47,608
Total Non-Current Assets	709,298	735,469	740,288
Current Assets			
Inventories	7,017	6,956	6,900
Trade and Other Receivables	74,622	105,289	103,041
Cash and Cash Equivalents	1,348	12,600	7,371
Non Current Assets Classified as Held for Sale	245	245	245
Total Current Assets	83,232	125,090	117,557
Current Liabilities			
Trade and Other Payables	169,055	172,565	177,815
Provisions	27,320	53,883	52,365
Total Current Liabilities	196,375	226,448	230,180
Non-Current Liabilities			
Trade and Other Payables	20,069	20,069	20,069
Provisions	52,164	52,164	52,164
Total Non-Current Liabilities	72,233	72,233	72,233
TOTAL ASSETS EMPLOYED	523,922	561,878	555,432
Financed By:			
General Fund	428,850	466,806	460,360
Revaluation Reserve	95,072	95,072	95,072
TOTAL	523,922	561,878	555,432

Key Points :

- Trade and other payables increased in M11 by a net value of £5.2m. This includes an increase in general creditors of £13m which is offset by a decrease in the pension's online creditor of £8.6m. This decrease is due to the pensions online payment issue noted in M10.
- The cash balance has reduced by £5.2m in M11 from £12.6m to £7.4m. This reduction is due to the large catch-up payment due to pensions online. However, the balance remained higher than anticipated due to unexpected late receipts of £3m.
- There was an increase in the debtor balance in M11 of £2.2m. This was in relation to general accruals.



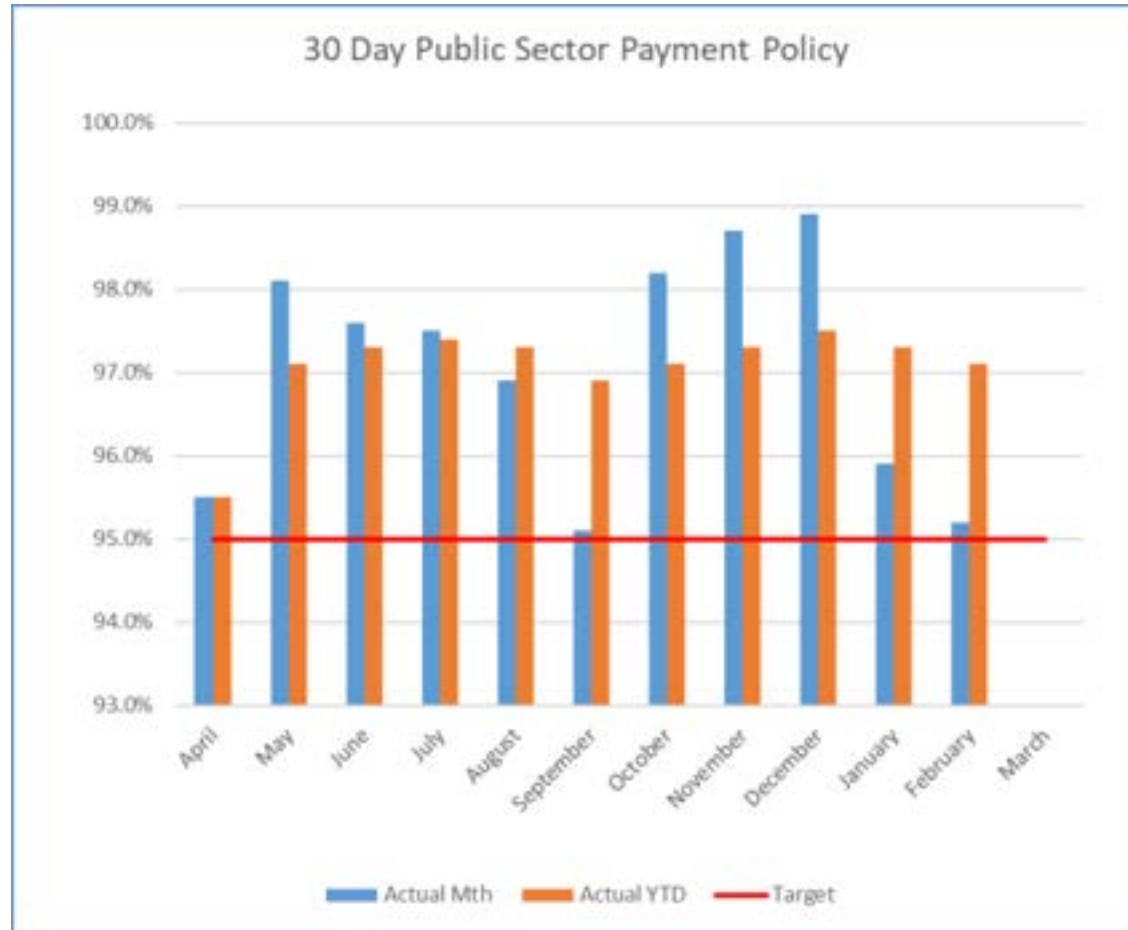
Cash Flow Forecast



Cashflow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	113,271	100,294	122,791	110,817	99,506	134,790	97,817	110,863	131,686	95,951	106,934	125,447	1,350,167
WG Capital Funding	0	10,000	5,500	6,500	5,100	6,500	4,500	5,400	4,900	5,400	7,700	18,093	79,593
Sale of Assets	0	249	1	0	0	0	0	0	0	0	0	0	250
Welsh NHS Org'ns	12,193	12,612	9,598	11,011	11,091	8,687	15,458	10,081	10,111	10,078	11,545	12,000	134,465
Other	5,917	7,290	2,069	2,737	3,983	4,660	3,001	5,179	6,445	7,666	5,490	2,700	57,137
Total Receipts	131,381	130,445	139,959	131,065	119,680	154,637	120,776	131,523	153,142	119,095	131,669	158,240	1,621,612
Payments													
Primary Care Services	28,974	7,530	31,204	7,621	18,674	29,928	8,223	19,075	31,308	9,093	21,928	19,365	232,923
Salaries and Wages	50,003	69,212	(547)	(25)	(189)	(81)	(64)	(66)	120	8	158	0	118,529
Non Pay Expenditure	43,561	46,456	52,518	65,328	52,197	54,532	55,288	58,540	56,266	47,013	65,889	56,501	654,089
Capital Payments	5,502	6,527	0	0	0	0	0	0	0	0	0	0	12,029
Other	0	0	59,241	57,285	46,801	73,680	56,476	53,355	63,106	56,777	48,923	89,555	605,199
Total Payments	128,040	129,725	142,416	130,209	117,483	158,059	119,923	130,904	150,800	112,891	136,898	165,421	1,622,769
Net Cash In/Out	3,341	720	(2,457)	856	2,197	(3,422)	853	619	2,342	6,204	(5,229)	(7,181)	
Balance B/F	1,348	4,689	5,409	2,952	3,808	6,005	2,583	3,436	4,055	6,397	12,601	7,372	
Balance C/F	4,689	5,409	2,952	3,808	6,005	2,583	3,436	4,055	6,397	12,601	7,372	191	

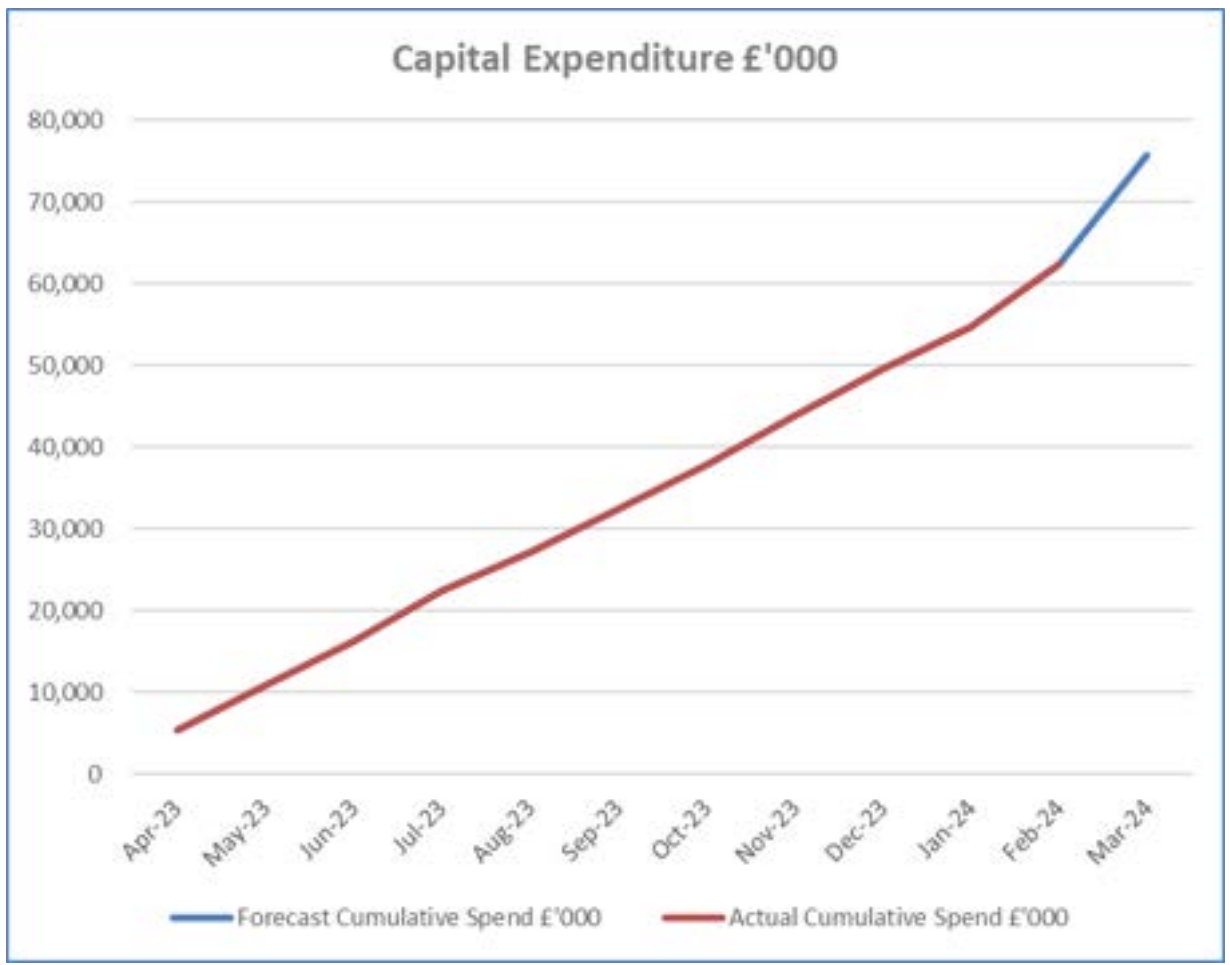
Key Points within the Cash Flow Forecast :

- The closing cash balance at 29th February 2024 was £7.4m. The balance has reduced by £5.2m during the month due to the large catch-up payment due to pensions online.
- The forecast Cash Flow position to year end shows a small surplus balance. This forecast assumes working balances' cash for both revenue and capital at £11.0m and £1.750k respectively. The requirement is the projected reduction in the creditors/accruals position which is supporting the overall position.



- Key Points:**
- The percentage for the number of non-NHS invoices paid within the 30 day target in February was 95.2%
 - The cumulative percentage to M11 is 97.1%.
 - The PSPP target has been achieved up to M11 of 23/24.

Capital Expenditure



- Key Points:**
- The Capital Resource Limit for 2023-24 of £75.3m was issued on the 20th February 2024.
 - This is supplemented by a forecast of £0.2m for donated funds and £0.2m of assets disposed of in this financial year, giving an overall programme of £75.7m.
 - Expenditure to M11 amounted to £62.3m.
 - The outturn capital position is forecast to be balanced against the CRL target.



Agenda Item

7.1

CTM Health Board

Integrated Medium Term Planning – 2024-2027

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter	(Insert Name & Title)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Board update	27/01/2024	Noted
Planning Performance and Finance Committee	13/03/2024	Noted
Board development meeting	13/03/2024	Noted

Acronyms / Glossary of Terms	
IMTP	Intermediate Medium Term Plan
ACSP	Acute Clinical Services Plan
CT	Computerised tomography
MRI	Magnetic resonance imaging
NOUS	Non-obstetric ultrasound

RTT	Referral to treatment time

1. Situation /Background

- 1.1 Developing an intermediate medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014)
- 1.2 The IMTP is required to align performance, service, workforce and financial planning along with the wider corporate teams' plans.
- 1.3 During the planning cycle for 2023-2026, undertaken during the last financial year, the health board established that due to the significant current and forecast cost pressures it would not be possible to achieve a financial break-even during the three-year period. Consequently, the planning cycle for 2023 focused on an annual plan.
- 1.4 During the current planning cycle the health board has been working towards achieving a balanced financial plan but has noted a number of risks to delivery. This position was confirmed to the Chief Executive of NHS Wales in formal accountable officer correspondence in February 2024.
- 1.5 The annual planning framework in support of the IMTP process was published by Welsh Government in December 2023. This set out the requirements of the Government for consideration by health organisations in their planning. While much of the framework's priorities is consistent with previous years, there is a greater focus on population health and the health outcomes of specific groups of people with vulnerabilities. The plan will be required to demonstrate the Health Board's delivery plans for all component parts of the planning framework.
- 1.6 Health organisations are required to complete a minimum data set (MDS) comprising service, financial and workforce information. This quantitative information is used to provide assurance on the robustness of plans. The MDS template was provided to the Health Board on 10th January and has been completed by service and corporate teams.

- 1.7 The NHS Wales Performance Framework for 2024-2025 was received in March 2024. This has necessitated further review of performance trajectories in line with the requirements and there may be need for further iteration of plans as a consequence of the late receipt of the requirements.
- 1.8 The plan is required to be submitted to Welsh Government by 29th March 2024 subject to formal approval by the board.

2. Specific Matters for Consideration

- 2.1 The 2024-2027 IMTP is set in the context of CTM 2030 and informed by work on the acute clinical services plan (ACSP). The plan is likely to be iterative given the timelines for completion of the ACSP. The IMTP is a combined top-down and bottom up approach and is designed based on strategic intentions and the requirements of policy and legislation and built from service plans for each care group and corporate portfolios and with relation to partnership planning mechanisms. This includes the Regional Partnership Board, the South East Wales Regional Planning Portfolio and the Locality Planning (Primary care clusters and pan cluster planning groups) planning mechanisms.
- 2.2 The IMTP is founded on the principle of seeking to balance service performance and improvement, quality and safety and financial improvement. It is essential that health board teams take as their starting point the ambition to transform services to meet the required expectations within budget.
- 2.3 The intention is to provide a full three-year plan, with the expectation that the plan for the first of the three years will provide more detailed milestones with broader objectives and high-level milestones set for the remaining two years of the plan. The ability to achieve an approved three-year plan is reliant on also delivering financial balance.

Financial plan

- 2.4 It is the Health Board's ambition to seek to achieve a financially sustainable position over the period of the IMTP. However, the financial position moving into 2024/2025 remains subject to material financial pressures, including energy costs and inflationary pressures and risks to delivery are highlighted in the plan.

- 2.5 The financial plan is set out in summary in the IMTP narrative plan document and is supplemented by a fuller plan included as an appendix. The assumptions in these plans are in line with the discussion at Planning Performance and Finance Committee on 13th March 2024.
- 2.6 Final plans were received from care groups and corporate divisions on 20th March and are under review by the finance team. The outcome of the review of the further plans will be presented to the Executive Leadership Group meeting on Monday 25th March 2024 and the final position will be confirmed to board members at the meeting on 28th March 2024.

Performance and Outcomes

- 2.7 Ministerial expectations for the IMTP will include a requirement for the health board to deliver on the following:
- 2.7.1 Ministerial priorities and measures
 - 2.7.2 NHS Performance Framework
 - 2.7.3 Outcomes Framework
 - 2.7.4 The four national programmes for mental health, primary care, urgent and emergency care (Six Goals for Urgent and Emergency Care) and planned care (Planned Care Recovery)
- 2.8 The issuing of the NHS Wales Performance Framework in March 2024 has necessitated further review of plans and performance improvement trajectories. The potential areas of performance pressure include the following:
- 2.8.1 The achievement of delivery of referral to treatment time (RTT) of 52 weeks across all specialities by June 2025.
 - 2.8.2 The delivery of all diagnostic tests within eight weeks.
- 2.9 Plans will continue to be reviewed in light of the requirements set out in the performance framework. Diagnostic delivery plans for 2024-2027 include key development of community diagnostic hubs across the South East Wales region. These will increase capacity for radiology services comprising computerised tomography (CT), magnetic resonance imaging (MRI) and non-obstetric ultrasound (NOUS) and will work to provide new pathways of care to add value to both diagnostic and treatment pathways. A business case is in development and will be presented to boards across the SE Wales region early in 2024-25. In the meantime, interim plans are in place to increase capacity and will be kept under review and reassessment.

3. Key Risks / Matters for Escalation

- 3.1 The plan is presented to the board with the intention to deliver both a three-year plan for the health board service development and improvement (subject to iteration as the ACSP work progresses) and to deliver a financially-balanced plan.
- 3.2 The risks associated with delivery of a balanced plan as described above and set out in the financial plan will be discussed further at the board meeting on 28th March, including further mitigations identified by the final care group and corporate plan submissions.
- 3.3 The new NHS Performance Framework for 2024-2025 presents a number of targets which will be challenging to deliver. Performance improvement plans and improvement trajectories will remain under review and investment may be required, in particular to deliver the 52-week RTT target by June 2025.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: All strategic goals are influences of and included in the IMTP planning
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: The IMTP covers all services covered by the health board's statutory requirements and therefore the whole life course.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Whole-systems Perspective
	If more than one applies please list below: The plan is aligned to the health board's quality framework and wider enablers will apply.
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality	Effective
	If more than one applies please list below: All quality domains will apply.

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item. If more than one applies please list below: Our environmental sustainability is embedded in all our planning.

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☐
	Outcome: This will be completed prior to plan submission.	If no, please include rationale below:
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☒	No: ☐
	Outcome: Completed but not yet reviewed.	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) The IMTP sets out the financial and workforce plans for the 2024-2027 period. As noted in the report, the plan seeks to achieve a balanced financial position.	

5. Recommendation

5.1 The board is requested to:

5.1.1 Consider the IMTP and its associated documents.

5.1.2 Confirm approval of the plan for submission to Welsh Government by 29th March 2024, noting the risks to delivery of a balanced financial plan, which will be further informed by the discussion at the meeting on 28th March 2024.

6. Next Steps

6.1 Once approved, the IMTP will be submitted to Welsh Government and delivery of plans will commence by health board teams.

- 6.2 The board will receive quarterly updates on progress alongside formal reporting mechanisms in place for the requirements of the NHS Wales Performance Framework, via the Integrated Performance Report.



Cwm Taf Morgannwg University Health Board Three Year Plan 2024-27

**Datblygu Cymunedau
Iachach Gyda'n Gilydd**

**Building Healthier
Communities Together**



MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE



Paul Mears, Chief Executive



Jonathan Morgan, Chair

We are pleased to present our plan for the health board for the 2024-2027 period. This sets out how we will continue to provide high quality care, whilst transforming services to make continual improvements to health outcomes, patient experience and the quality of our services.

NHS Wales and our social care and third sector partners continue to face significant and sustained pressures. Alongside service pressures, the sector is managing some very significant challenges to its performance, finances, staff recruitment and retention. Our vision for the future remains focused on responding to these challenges by delivering modern facilities, integrated community services and connected communities, that all make the best use of technology and the skills of our staff, maximising effectiveness and really enabling individuals to be in control of their own health.

Improving the health of our population and preventing ill health is a key tenet of our CTM2030 Strategy. 2024-2027 will see us continue the work of our Strategy Groups to tackle some of the most pressing health issues for our population.

Our Acute Clinical Services Plan is our organisational response to our challenges and the conduit for making our vision a reality, setting out the changes that we need to make to ensure people living in our communities receive safe, good quality services and benefit from advances in treatment and care that will help them to live healthy longer lives. During 2024-25, we will complete our Acute Clinical Services Plan. This informs and is informed by our three-year planning processes.

Collaborative working regionally and nationally is key to managing shared risks and making progress in entrenched areas of challenge that are prevalent across NHS Wales and we continue to strengthen our strategic alliances. Our social care and third sector partners will be pivotal in our planning as we implement our Acute Clinical Services Plan and we continue to focus our efforts on our South East Wales Regional Portfolio.

Our commissioning infrastructure has been strengthened during 2023-24. This work continues into 2024-25 to further enhance our commissioning processes to ensure we deliver value, in alignment with forthcoming changes to procurement processes for the public sector.

We continue our focus on our staff by continuing to implement our People priorities, which are founded on a longer-term vision for the workforce required to meet future healthcare needs and to ensure we sustain our ethos to "Be at our best".

Digital transformation continues to be a pivotal enabler to delivering new models of care and enhancing our efficiency and effectiveness for our patients. During the 2024-2027 period there will be a number of local, regional and national developments.

OUR CONTEXT AND DRIVERS

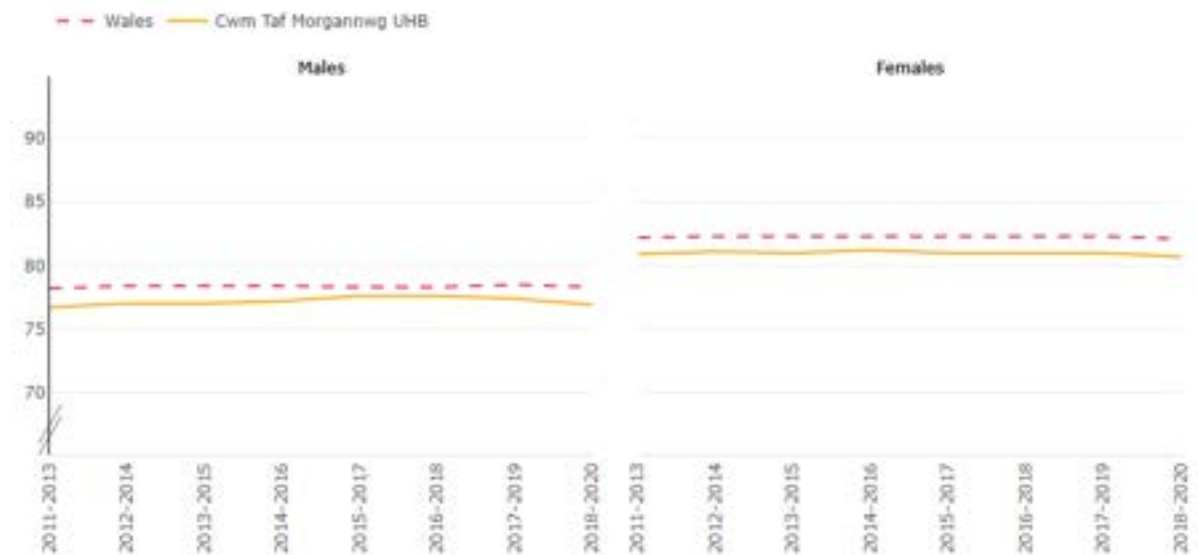
Cwm Taf Morgannwg University Health Board (Health Board) was formed on 1 April 2019, providing and commissioning a full range of community-based and hospital services for the residents of Bridgend, Rhondda Cynon Taf and Merthyr Tydfil. This includes the provision of local primary care services (GP Practices,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

THE POPULATION WE SERVE

The resident population of the Health Board was estimated at 444,037 (StatsWales Welsh Government, November 2023). The region has high levels of deprivation, with 56.5% of the population of the Health Board area living in the two most deprived fifths in Wales (WIMD 2019 with populations from ONS, 2020). The highest levels of deprivation lie mainly in the valleys to the north of the Health Board area.

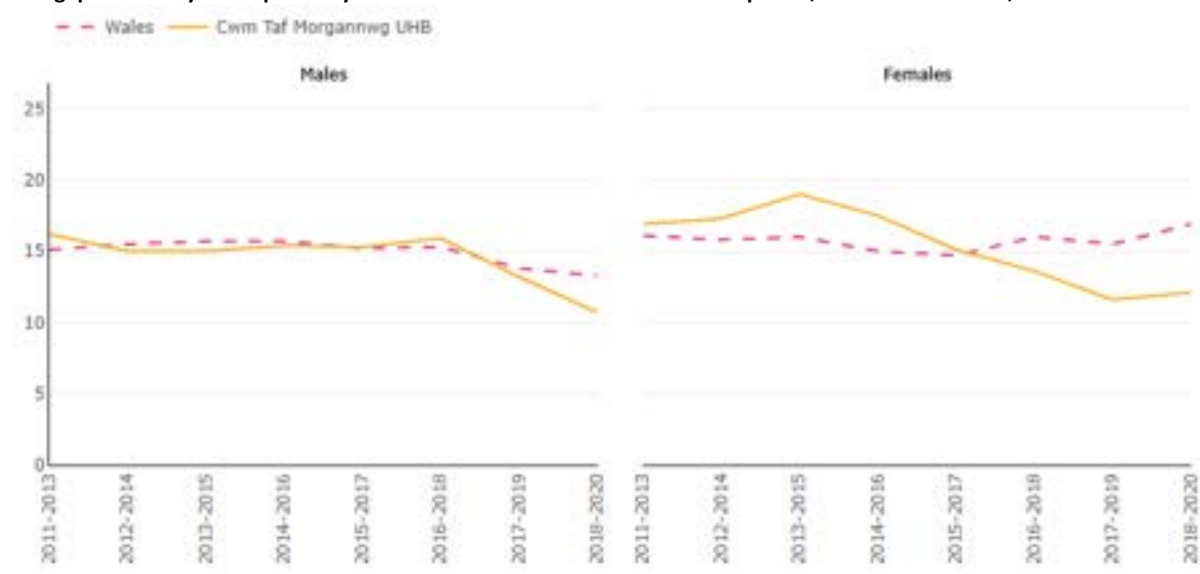
The challenges of poorer health outcomes for the population of Cwm Taf Morgannwg (CTMUHB) are considerable when compared to Wales as a whole and large inequalities exist within the Health Board area. Life expectancy for men and women in CTMUHB is less than the Welsh average, and the difference in healthy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

Life expectancy at birth, Total, males and females, 2011-2013 to 2018-2020



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

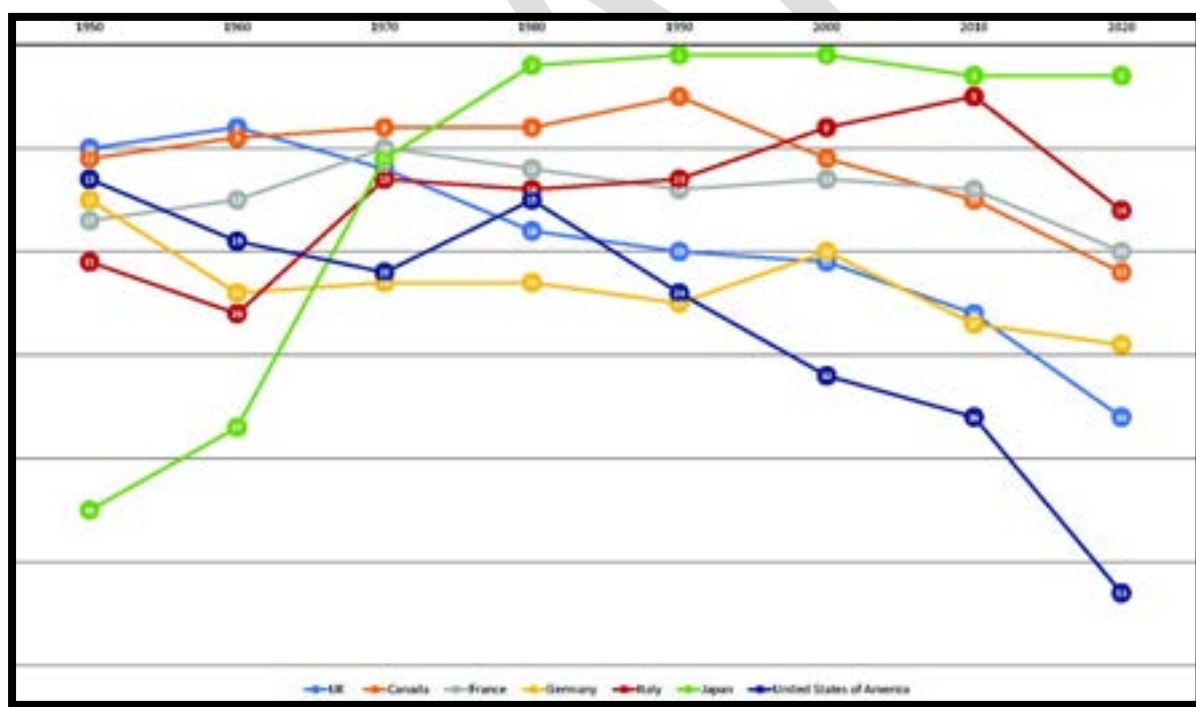
The gap in Healthy life expectancy at birth between the most and least deprived, males and females, 2011-2013 to 2018-2020



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

Seen within the wider UK context, in 1950, Britain had the 7th highest life expectancy in the world, the highest of all G7 countries (UK, Canada, USA, Germany and Italy, France and Japan). By 2020, life expectancy in the Britain had fallen to 36th place internationally and 6th amongst the G7. Only the United States has fared worseⁱ.

Countries of the G7's international life expectancy rankings, 1950–2020.



Source: UN data, 2022.¹ Note: The data shown are the annual data for the corresponding year – not an average for the decade.

Whilst this can be explained in part by other countries, particularly in Asia, “catching up”, social and economic policies lie at the heart of this decline. Income inequality has continued to rise since the 1980s. In financial year ending (FYE) 2022, the income of the richest 20% of people in the UK was over six times higher than the poorest 20%, while the richest 10% received 50% more income than the poorest 40%ⁱⁱ. This has led to an increase in the

variation in life expectancy between different social groups. One reason why the overall increase in life expectancy has been so sluggish in the UK is that, in recent years, it has fallen for those living in deprivation. Within Wales, whilst female life expectancy in the richest (least deprived) fifth of the population continues to rise, it is falling for women in the most deprived fifthⁱⁱⁱ.

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

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

- High smoking prevalence in those aged 16 years or older (‘daily smoker’ or ‘occasional smoker’); Rhondda Cynon Taf at 15.7%, Merthyr Tydfil at 15.8% and Bridgend at 10.1% when compared with Wales at 12.8% (2022-23 National Survey for Wales).
- 66.9% of adults in CTM are overweight or obese. This compares with an all-Wales average of 61.7%. The Wales average for those aged 16 or over eating at least five portions of fruit or vegetables a day is 29.1% compared with 25.3% in CTM. At Local Authority level, the percentage of people eating at least five portions of fruit or vegetables was highest in Bridgend (31.0%), followed by Rhondda Cynon Taff (22.7%), and lowest in Merthyr Tydfil (22.0%). Similarly, those aged 16 or above meeting the physical activity guidelines is 55.7% for Wales, with all CTM areas reporting lower figures (Rhondda Cynon Taf 54.8%, Bridgend 51.2%, and Merthyr Tydfil 47.9% (Adult lifestyle by local authority and health board, StatsWales, July 2023).
- Highest levels of childhood obesity in Wales; here: <https://phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2018-19/child-measurement-programme-for-wales-report-2018-19/>
- High levels of teenage pregnancy at 20.5% in CTM compared with 15.2% in Wales (PHOF, 2021).
- Low levels of breastfeeding at 10 days, with 31.2% in CTM and 36.3% across Wales as a whole (PHOF, 2022).
- Higher percentage of babies in CTM born with low birth weight (6.5%) compared to Wales (6.1%).

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

THE EXTERNAL ENVIRONMENT

The post-pandemic environment presents health and social care organisations with sustained and new challenges. The impacts of operational pressures and workforce constraints (across

health and social care systems) alongside ongoing impacts of COVID-19 and the significant financial pressures present a complex challenge to planning and recovery of services. The Health Board's over-riding imperative is to deliver our statutory functions to provide safe and high-quality healthcare services to our population balanced with the financial duties.

Given the complexity of the environment, and scale of challenge facing our organisation, we are presenting this plan in a three year context, with a focus on the actions required for the first year, in recognition of the dynamic approach to planning required to drive sustainable change in this context.

¹ Hiam L, Dorling D, McKee M. (2023) Falling down the global ranks: life expectancy in the UK, 1952–2021. *Journal of the Royal Society of Medicine* doi:[10.1177/01410768231155637](https://doi.org/10.1177/01410768231155637)

¹ [Household income inequality, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

¹ [Life Expectancy and Mortality in Wales \(2020\) - Public Health Wales \(nhs.wales\)](https://nhs.uk)

¹ CTM DPH report, 2022

¹ [the-marmot-review-10-years-on-executive-summary.pdf \(instituteoftheequity.org\)](https://instituteoftheequity.org)

¹ Institute of Health Equity (2022) *Fuel Poverty, Cold Homes and Health Inequalities in the UK* [LINK](#)

IMPROVEMENT THROUGH TRANSFORMATION



Acute Clinical Services Plan

Our Acute Clinical Services Plan (ACSP) is about services that are currently delivered from our hospital sites, including our community hospitals and acute mental health facilities. It will change and improve the way we provide NHS services in Cwm Taf Morgannwg, making sure we use our resources, expertise and support to our staff to provide safe, effective care so that we can meet the needs of all those in our communities in the future.

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

As a health board, we want to deliver the best possible health care services to the population of CTM, the care our population deserves. The communities served by CTMUHB have a rich and evolving cultural heritage. In a time of great change and societal inequalities exacerbated by the pandemic, our task is to plot and deliver a future in which we preserve the key principles on which the NHS is founded; tackle the challenges ahead and embrace future opportunities. This means we need to focus on what healthcare services we provide as a health board and make sure we deliver them to the highest possible levels of quality, which will result in changes being made to how we do this currently.

Our clinical teams are currently developing our ACSP with our population and partners. This includes working with other organisations, such as the local authorities and other health boards to ensure our future ways of working aligns and compliments regional developments. We know that western medicine is moving to a more specialised model, which means for some healthcare services, people will need to travel to specialised centres. But to balance this, we need to make sure what can be delivered locally is delivered locally, and the ACSP will set out how we will do this.

We need to ensure that our ACSP makes the most efficient use of our resources, including our workforce, our estate, digital opportunities as well as how we spend our money. We have established governance arrangements to oversee the development of the plan and following that, the delivery of it into the future. The drivers include safety and quality as well as efficiency and finance. During the spring of 2023 a process was initiated to review our baseline and begin conversations with key stakeholders, establishing a road map for change as appropriate. We are conscious that whilst this process is underway there are some high risk services, including critical care, where whilst patient outcomes remain good, staffing resilience is low and we are therefore considering urgent remedial action, whilst conscious of the effects of making changes to one service on those that are dependent on it. Our approach will seek to mitigate real concerns.

We do not yet have the detail of what changes will be made as we are at the start of this journey. Therefore to support the development of our plan we have produced a set of principles that we will use to test any proposed changes against. Any change will need to meet at least one of the following principles for us to make the change a reality:

- Our first priority as a health board should be preventing people becoming unwell. We want to help people enjoy better health, regardless of where they live, and to have more control over their own health, so fewer people become seriously unwell and need to attend or be admitted to hospital. When people do need tests, treatment and care from the NHS in CTM, we want to ensure we have the facilities, workforce and capacity to provide this swiftly and safely.
- Depending on where people live, their experiences of care are different. This is not good enough. We want to make it easier for people to get the best care, in the best place, often closer to home. We will develop new centres that bring together the best in equipment, expertise and techniques so people get the care they need and can recover more quickly.
- We want to enable our patients with the latest digital technologies to ensure they are able to have access to healthcare professionals virtually where appropriate, making their contacts with the NHS as streamlined and convenient as possible. We also want to ensure our staff are equipped with digital solutions to enable them to provide the best care for their patients in a timely and efficient way.
- We can enhance the skill and compassion of our workforce with training, support and technology, helping them make the right decisions and provide the right care, more quickly. We can even put new technology into the hands of patients in their own homes, enabling them to monitor and respond to changes in their health and get quicker access to expert care should they need it.
- We have a highly skilled, dedicated and caring workforce, all committed to providing people with the best possible care. However, sometimes the way in which our services are set up makes it difficult for staff to provide the care they aspire to. We want to help colleagues explore new and innovative ways of working, so we can meet the future needs of our population and they can be proud of the care they deliver. This also means making better use of our buildings so they provide the space needed to provide the best care, now and the future.
- CTMUHB is the largest employer in the area and we want to lead by example by looking after the landscape we work in and minimising our impact on the environment. We want to make it easier for people to make the right decisions for the health of our population and the planet, following the 5Rs– Refine, Reduce, Reuse, Repurpose & Recycle.
- We are being ambitious on behalf of our population and our colleagues, but we cannot do this alone. We will work more closely with other organisations to make doing the right thing for our population, the easiest thing.
- Having worked with clinical teams and community groups during 23/24 we anticipate undertaking a public consultation on relevant changes in the summer of 2024. We will then start the process of planning service changes from 2025 onwards.

Our IMTP is set in the context of the developing ACSP and our three-year plans as set out in this document are expected to move through further iterations as the ACSP develops. Any service change which affects the way that our residents access their health services will be subject to the formal engagement processes and tested thoroughly with quality and equality impact assessments to ensure that we deliver on the requirements of our population, in line with the principles set out above and our strategic goals.

CTM2030: OUR HEALTH, OUR FUTURE - STRATEGY GROUPS



CTM 2030: Our Health, Our Future is our organisational strategy, which has been developed in conjunction with our staff, population and partners. The summary of CTM 2030 can be seen in the diagram below, setting our strategic goals and our 'life course' approach which supports the delivery of the goals. CTM 2030 covers all aspects of how we deliver population health through public health, primary, community and mental health; integrated care with local authorities and third sector; and our hospital services.



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

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



STARTING WELL

The Starting Well Strategy Group brings together expertise from across a range of disciplines providing care from pre-conception through the first 1000 days.

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

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

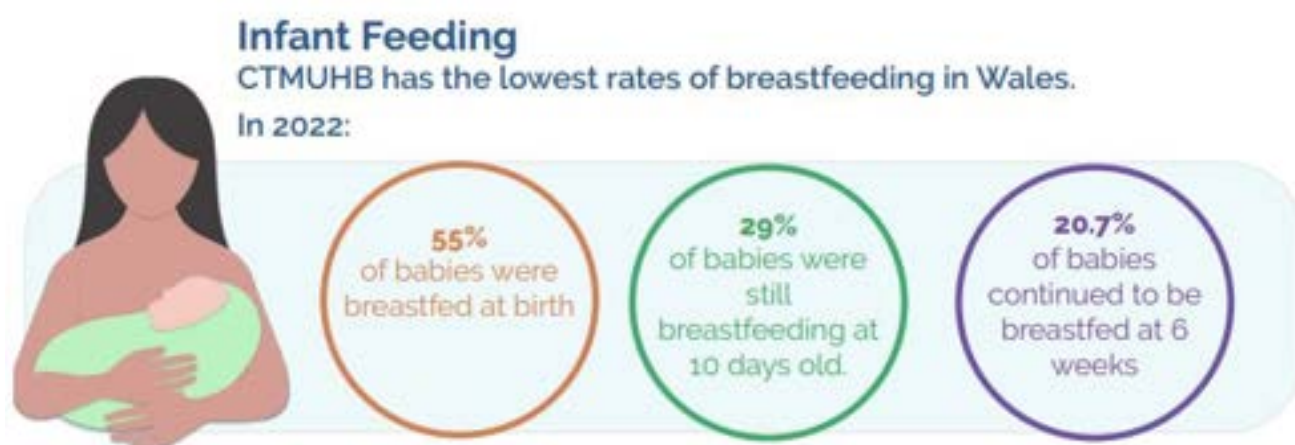
Key Principles within the delivery of the CTM2030 priorities for Starting Well are:

- Focus on enabling healthy lifestyle behaviours during pregnancy;
- That infants and children reach their full health and wellbeing potential;
- Families are resilient, knowledgeable and are able to access the advice and support they need in the right place at the right time.

The key priority areas to be addressed within Starting Well Strategy Group are documented below:

Breast Feeding

It is recognised that breastfeeding has many benefits for mother and baby and is one of the most effective ways to ensure child health. There is substantial evidence demonstrating short and long term health benefits of breastfeeding to mothers and infants. According to the World Health Organisation (WHO), breastfed children perform better on intelligence tests, are less likely to be overweight or obese and less prone to diabetes later in life. Women who breastfeed also have a reduced risk of breast and ovarian cancers. However, in 2022, CTMUHB had the lowest rates of breastfeeding in Wales.



During 2024/2025 the Starting Well Strategy Group will support the Children and Families Care Group to co-produce a Vision for Breast Feeding, leading to improved breastfeeding rates and improved outcomes for mother and baby.

Children's Rights

The United Nations Convention on the Rights of the Child (UNCRC) is an international agreement setting out the rights of children. The rationale for the UNCRC is that children's rights need specific consideration due to the special care and protection often needed by children and young people.

The CTM Children's Rights Charter was launched in 2022. This sets out the actions we will take to ensure these rights are respected across the healthcare systems. We will continue to work with colleagues across CTM to ensure a child's rights approach is truly embedded including the voice of babies and infants.

Parent-Infant Relationships

We know that experiences early in life can influence both short and long term health outcomes. Relationships in the earliest years can play a critical role in underpinning good physical and mental health, wellbeing, learning as well as future earning potential.

CTM will work alongside our partners to support a whole system approach to supporting healthy parent infant relationships recognising that investing in the early years is good for everyone!



GROWING WELL

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

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

- Working with young people to identify and address the needs that are important to them. Finding new ways for them to engage in our services and make the most of them.
- Promoting healthy behaviours in young people that support their development and prevent avoidable harm both now and later in life.
- Making our services more accessible and youth friendly. Taking a more holistic and collaborative approach to issues like obesity.

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

Emotional Health and Wellbeing

It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical, social and mental wellbeing in adulthood. We will continue to work with local partners to develop more integrated approach to meeting the needs of children and young people, with specific focus on care experienced children.

Diabetes

Diabetes has the second highest prevalence of chronic conditions experienced by our population. Due to this, the strategy group will continue to work with the Value Based Health Care teams to transform how diabetes services are delivered within CTM, taking best practice learning from national and international examples to inform this work.

In order to enhance the quality of care for Type 1 diabetes patients, we are undertaking a comprehensive review of opportunities to implement remote patient monitoring and clinical triage for those using Sensor Augmented Pump (SAP) therapy technology which enables them to manage their glucose effectively. This strategic initiative aims to align healthcare services with the evolving landscape of technology, thereby optimising clinical pathways and outcomes for individuals with Type 1 diabetes.

By reviewing and modelling the potential impact of agnostic remote patient monitoring with clinical triage, we will identify the potential to provide more personalized and proactive care, enabling timely interventions and reducing the burden on both patients and healthcare professionals. By using emergent technology to support clinical triage, we will maintain clinical oversight with the potential to allow for more efficient allocation of resources and effective utilisation of clinical time.

We anticipate the outcome of this work to deliver more capacity into Type 1 diabetes services, supporting the expanding patient cohort to access the right help at the right time, as well as supporting CTM to meet the new NICE guidance on SAP technology. This work will inform the Acute Clinical Services Plan with implications for diabetes and endocrine services as a whole through the development of new care pathways. The potential integration of these technological solutions, aligned to the developing optimisation pathways for Diabetes, will help CTM to meet the diverse needs of diabetes patients, fostering a patient-centric approach that ultimately leads to improved health outcomes and a more streamlined healthcare delivery system.

Healthy Weight

Cwm Taf Morgannwg University Health Board has some of the highest rates of obesity in Wales. More than 100,000 of our residents are living with obesity. Overweight, obesity and severe obesity in children (aged 4/5) are all significantly above the Wales average. Working with colleagues in Public Health, we will drive delivery of Healthy Weight, Healthy Wales <https://www.gov.wales/healthy-weight-strategy-healthy-weight-healthy-wales>.

Neurodevelopmental Disorders

The numbers of children being assessed for a potential diagnosis of autism, and other neurodevelopmental disorders, have been increasing since the millennium. Although the increased awareness and recognition of autism and other conditions such as attention deficit hyperactivity disorder (ADHD) is positive, demand for diagnostic assessment has outstripped the capacity of our Neurodevelopmental (ND) Service. Currently more than 1600 patients are awaiting diagnosis.

We will work with our partners including the Regional Commissioning Unit, Education, Children's Services, third sector organisations, people with lived experience, their families and carers, to continue to embed a regional improvement programme.

LIVING WELL



Key principles established for the delivery of the CTM2030 priorities for Living Well are:

- Reduce variation, a focus on equitable, joined up service across CTM.
- Reducing inequalities, raising public awareness and a focus on preventative strategies.

- Services planned holistically with the patient at the centre.
- A focus on early detection/diagnosis, preventative strategies and services.

Some of the key priority areas to be addressed within the Living Well/Adulthood Strategy Group are documented below. It must be noted addressing some priorities will require further resources.

Chronic Conditions

The Strategy Group has worked with each of the Local Planning and Delivery Groups to agree 2024-25 priorities. This has been done by undertaking a robust prioritisation process and assurance of alignment to the appropriate National Quality Statements, which are being developed by Welsh Government. At the time of writing this IMTP it must be noted that there is a transition process in place to move from National Implementation Groups to wider Clinical Networks. These Networks will be the custodians for the Quality Statements and will be responsible for translating them into practical standards for health boards to implement and will be providing health boards with a steer and level of prioritisation moving forward.

Heart Conditions

Cardiovascular disease remains a leading cause of ill health and premature death in Wales. Whilst death rates from acute events like heart attacks have decreased over recent decades, the number of people living with heart conditions and associated risk factors have increased. This trend is likely to continue in the decades ahead due to our ageing population. It is vital that cardiovascular disease is effectively prevented where possible, that high-risk conditions are detected as early as possible and optimally managed with people supported and able to co-produce their care.



We have continued to implement a whole system pathway approach, using Value Based Health Care (VBHC) methodology, with projects established within each of the areas highlighted above. Work will continue during 2024/2025 to evaluate and share learning from these projects which are:

- Ensuring early diagnosis using new blood tests across the health board
- Optimising heart failure treatment across CTM with projects being implemented on the three District General Hospital sites.
- Roll-out of the heart failure palliative care service across the three district general hospitals
- Consider increasing access to Heart Failure rehabilitation with a pilot project being implemented at Royal Glamorgan Hospital
- Rolling out heart failure Patient reported outcome measures (PROMs) experience measures (PREMs) and workforce reported experience measures (WREMs) collection

This VBHC approach, founded on monitoring and evaluation, using data/ evidence to introduce new systems and processes will deliver better care, outcomes and experiences for heart failure patients.

Respiratory Disease

The National Quality Statement for Respiratory Disease published on 30th November 2022 states that one in twelve adults in Wales reports a longstanding respiratory illness and Wales has a higher rate of asthma prevalence than the European average. Prior to the COVID-19 pandemic, around 15 – 16% of all deaths were due to respiratory disease and in 2019 Wales had the highest avoidable mortality rate in Great Britain for diseases of the respiratory system. Respiratory medicine costs the NHS in Wales more than £400 million per year.

Priority areas have been agreed within respiratory care and work is progressing to develop work streams and action plans to take each priority area forward, this includes:

- Reduce smoking prevalence in CTM to 5% by 2030 through increasing the percentage of adult smokers who make a quit attempt. Key priority areas for 2024/25 to achieve this are as follows:
 - Implement the Help Me Quit in Hospital/Ottawa Model by developing a seamless pathway of smoking cessation support from admission to discharge and community follow up
 - Continue implementation and continuous improvement of support for pregnant women via the MAMSS/Help Me Quit for Baby service
 - Optimise provision of and referrals to NHS smoking cessation services in the community delivered via Help Me Quit and Community Pharmacy.
- Develop an evidence based, equitable, pulmonary rehabilitation service across the whole UHB; developing robust pathways from diagnosis to end of life.
- Considering the service model for acute non-invasive ventilation services with a focus of ring-fenced NIV beds and Respiratory Support Units across the UHB.
- Enhance existing model for training and education of healthcare professionals working in GP practices, community services and community hospitals and secondary care. Sub-actions are:
 - Roll out the new asthma and COPD prescribing guidance across CTM (including Paediatric Guidance)
 - Promote use of the national patient self-management apps
 - Signpost clinicians to National ICST respiratory education platform.
 - Encourage use and issue of an asthma management plan
 - Through effective prescribing of dry powder inhalers, reduce the environmental impact of pressurised inhalers in line with the decarbonisation 2030 strategy.
- To establish a sustainable spirometry testing service for those patients in primary care who need diagnostic testing for suspected lung disease. This will be achieved via a two-phased approach:
 - Phase 1 – Primary Care Spirometry test service only for suspected COPD in all clusters across CTM (Spirometry is essential for a COPD diagnosis and useful for asthma but not essential). Results to be sent back to practices with guidance for interpretation.
 - Phase 2 – Develop a model for sustainable spirometry testing, to include testing for diagnostic uncertainty +/- patient review and interpretation to facilitate onward accurate diagnosis and commencement of appropriate treatment regimes.

- To support those practices who do wish to restart Spirometry by offering Association for Respiratory Technology and Physiology/Agored Cymru training and mentorship.
- Development of a CTM Respiratory Innovation Ecosystem that will drive the improvement of chronic conditions management through collaborative working between the NHS, Industry and Academia. This will enable those living in CTM with a chronic respiratory condition to live full and productive lives through the exploration and application of innovative approaches to service delivery, pharmaceutical, medical devices, data and sustainability.
- Children and Younger People (CYP):
 - Identifying an equitable model of service for CYP with a respiratory diagnosis.
 - To ensure the nurse specialist role is delivered in line with the four pillars of advanced practice.
 - To better understand capacity and demand for the respiratory service for the CYP and to undertake workforce review and planning to ensure the nursing workforce is able to deliver accessible respiratory care for CTMUHB.
 - To ensure the CYP with a respiratory diagnosis in CTMUHB has access to care in line with current best practice.
- Implement Respiratory Value Based Health Care pathway approach.

Liver Disease

Welsh Government's National Quality Statement for liver disease states that deaths in Wales from chronic liver disease have more than doubled in the past 20 years. Liver disease is now the commonest cause of death in those aged 39 – 45 in the UK. As with many health conditions the way in which people lead their lives directly influences the risk of developing chronic liver disease. Excessive alcohol consumption and obesity remain the commonest cause of liver disease in Wales. The majority of people with chronic liver disease have cirrhosis.

Priority areas have been agreed by the Planning and Delivery Group for Liver Disease and work streams have been/are being established to take each priority area forwards. Examples of top priority areas include:

- Scope the requirements for the specialist nursing workforce particularly in Bridgend and wider multi-disciplinary team (MDT) (Physician Associates, support workers, pharmacy) to deliver liver disease pathways and to ensure on-going effectiveness leading to:
 - Admission avoidance and length of stay.
 - Developing long term workforce sustainability / retention.
- Develop a case for a liver specific therapy-led service to avoid admission and support early discharge.
- Formalise and strengthen partnerships with tertiary transplant centre to:
 - Improve data, scope possibility of joint clinics.
 - Develop local pathways, reducing carbon footprint and improving patient care/experience.
- Implementation of the Value Based Healthcare Alcohol Care Project by expanding 7-day Service across CTM which will improve patient experience and outcomes and achieve the following objectives:

- Reduce the number of alcohol related admissions and number of alcohol related deaths
 - Reduce lengths of stay
 - Reduce number of patients recorded as alcohol related cirrhosis
 - Reduce number of hazardous and harmful drinkers in CTMUHB population
 - Reducing 'frequent flyers' through alcohol liaison intervention in A&E
 - Increase alcohol liaison intervention available 7 days a week
 - Increased referrals and links to community support services and work in partnership with substance misuse services in the community to promote ongoing recovery
 - Provide robust UHB wide training programme with nurse champions in departments
 - To improve outcomes for patients with alcohol related problems
 - Increase early identification and intervention to individuals to reduce the harms caused from alcohol misuse.
- Improve service provision and reduction for patients with blood borne viruses across CTM, set within the national context and working with partners locally. The focus will remain on continuing progress with the implementation of the CTMUHB Joint Recovery Plan working in partnership with the Area Planning Board and Public Health Wales with the aim of achieving elimination of hepatitis (B and C) by 2030, as required following the publication of the Welsh Health Circular in January 2023 *"Eliminating hepatitis (B and C) as a public health threat in Wales"*



Ageing Well

The Ageing Well priority areas for development are:

Frailty

Frailty is defined as a health state in which multiple body systems gradually lose their in-built reserve. Whilst it is often associated with older people, it is not an inevitable part of aging and not all older people are frail. 10% of people over 65 years are living with frailty, but this does increase to between 25% to 50% of those who are 85 and older.

People living with frailty are at risk of adverse health outcomes and evidence shows that they are the highest users of health and social care services. Hospital admissions for this group are often unplanned, making patients more susceptible to healthcare associated infections and iatrogenic harm. Frail older people usually have longer stays in hospital, rates of readmission and are more likely to be discharged with higher levels of complexity than prior to admission.

Priorities to improve Frailty services in CTM in 2024/25:

- Work to progress a system wide CTM Frailty Model, whilst recognising the variation of service model & delivery, and provisions across CTM
- Development of the Healthy Days at Home Measure as a population outcome measure
- Embedding discharge to recover then assess pathways with a reduction in length of stay and pathway of care delays

- Ensuring that there are robust urgent community pathways for frailty providing safe alternatives to acute hospital admission
- Implementation of the optimum community model for integrated community in line with the Further Faster initiative through the CTM Regional Partnership Board.

Stroke

Stroke remains the 4th leading cause of death in Wales and can have significant long-term effects on survivors and their families. The prevalence of people living with stroke is increasing due to a decrease in mortality from stroke and an ageing population. A number of factors contribute to the large disease burden related to stroke and as 70% of strokes are preventable, it is vital that a whole system approach is taken, which maximises the prevention, including early detection and treatment of clinical risk factors, in addition to the early intervention and management of stroke.

South Central Wales Stroke Delivery Network

Welsh Government's Quality Statement for Stroke emphasises the importance of collaborative work to address all aspects of the stroke care pathway. To address challenges faced by our current services across the region, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards, along with key stakeholders, have established the South-Central Wales Stroke Delivery Network. A governance and programme structure is in place, as well as a small programme team. The structure includes a programme board involving key stakeholders including WAST, Public Health colleagues and the Third Sector.

Phase one of the South Central Wales Programme involved establishing a baseline understanding of patient experience of our stroke services, accompanied by an understanding of colleagues' experience of providing stroke services, both driven by the use of a survey. Phase two will involve the hosting of in-person and virtual listening events across the CAV/CTM footprints, leading to the development of potential options for the development of regional integrated stroke services.

Moving into 2024/25, following any further public consultation, the priority will be to work closely with the National Stroke Programme to further develop the agreed option for South Central Wales and the associated business case. The National Stroke Programme will become an implementation network for stroke, sitting under the Cardiovascular Strategic Network. A number of subgroups are being established to assist networks within the cardiovascular strategic network, with support from the Stroke Association, Health Education and Improvement Wales (HEIW) and Public Health Wales (PHW).

CTM UHB Strategic and Operational Development of Stroke Services

The Stroke Operational Programme Board, developed under the remit of the CTMUHB Unscheduled Care Group, has been meeting every other month since July 2023. The Programme Board involves key stakeholders from across the acute and rehabilitation stroke pathways and enables the further development of the Stroke Action Plan and the operationalisation of quality and safety improvements. The Programme Board is supported by a Stroke Operational Group, which is able to make a more granular analysis of the acute stroke pathway and identify opportunities for improvement in its day-to-day running.

The above improvements to the operational governance of acute and rehabilitation stroke services in CTMUHB has enabled the Stroke Strategy Group to return to its originally-intended strategic oversight and co-ordination role, meeting on a 6 monthly basis. The Stroke Strategy Group will continue to keep oversight of the development of stroke services across the whole pathway from prevention and early intervention, through to life after

stroke. It will also ensure an appropriate fit between the development of stroke services in CTM UHB and the emerging regional model across CAV and CTM Health Boards.

The main priorities for the strategic development of stroke services in CTMUHB will be to move the Health Board to an overall improved SSNAP score and further enhance the prevention and early intervention of stroke:

Stroke Prevention/Early Intervention

- Continued monitoring and implementation of the Value Based Health Care Atrial Fibrillation and Hypertension programme to put in place a value-based approach to the prevention of ill health and promotion of good health, on a population wide basis in primary care, in relation to stroke and Cardiovascular Disease.

Acute Stroke / Stroke Rehabilitation Care Pathway

- Continued development of a robust and resilient stroke pathway both within the acute hospital and rehabilitation settings through the Stroke Operational Programme Board, informed and supported by the Stroke Operational Group. Achieving consistent quality of care regardless of time or day of admission and improving flow through the hospital system for stroke patients.
- Linking in with the South Central Wales Delivery Network Programme Board and ensuring alignment of the emerging CTMUHB stroke service model with the regional model through the CTMUHB Stroke Strategy Group.

Dementia

Dementia in Wales has a distinct national agenda and area of work under the Dementia Action Plan (DAP) and the All Wales Dementia Care Pathway of Standards. Published in 2018 by Welsh Government, the four-year Dementia Action Plan (DAP 2018- 2022) is currently undergoing an evaluation period and is supported by the All Wales Dementia Care Pathway of Standards published by Improvement Cymru in 2021 and a dementia specific Regional Integration Fund totalling £1.7m.

There are twenty standards for improvement across five themes and the work streams under the CTM Regional Dementia Strategy Group reflect the five themes. Outlined in the CTM Regional Area Plan 2023-28 are the immediate priorities identified by each work stream:

Work Stream 1- Community Engagement

The working group seeks to gain insight into the challenges faced by people with dementia by listening to communities and supporting them to develop growth and delivery plans to overcome identified barriers. This could include utilising community assets more efficiently and co-productively with health to reduce the need to travel to appointments, creating dementia inclusive activities in communities, improving the provision of dementia friends training and increasing opportunities for people to coproduce services. The group will also work to support the integrated health and social care hub agenda.

Work Stream 2 - Memory Assessment Services (MAS)

The MAS work stream will focus on improving the memory journey for individuals across the region through standardising the approach to provide a one for CTM approach and improving pre and post diagnostic support. Data and understanding our communities with dementia will be paramount with the use of READ codes and standardisation and improvement in language preferences. Strengthening links to primary care and social services is a priority, alongside improving support and education for people with dementia/MCI and their carers.

Work Stream 3 - Dementia Connector

This standard seeks to ensure that people living with dementia and their carers have a named contact (connector) to offer support, advice and signposting throughout their journey from diagnosis to end of life. Within CTM we are implementing this role through the commission of Age Connects Morgannwg to deliver a pilot project across three areas, Merthyr Cynon, Rhondda Taff Ely and Bridgend. The Connectors are currently being recruited and will be subject to the RCU outcomes and evaluation framework alongside other evaluation items felt to be important by stakeholder and people living with dementia. The pilot will be funded from Dementia RIF in the first instance but work continues with Welsh Government to identify a more permanent funding stream.

Work Stream 4 – Hospital Charter

One of the key aims for this standard is for Wales to adopt the Dementia Friendly Hospital Charter and for organisations and settings providing intensive dementia care to provide Dementia Care Mapping in routine practice. Dementia Care Mapping (DCM) is a method of staff observation in care settings which follows a formal process and it can support the implementation of the Hospital Charter. It is a way to measure the experience of people with dementia and is rooted in the concept of person-centred care. In order to support the adoption of the Hospital Charter in Wales and the implementation of person-centred care, Improvement Cymru have promoted the roll out across Wales of the VIPS Framework (Values, Individualised, Perspective and Social). The CTM work stream priority is implementation of the VIPS roll out across the region and the creation of a Dementia Care Mapping Team. Funding has been obtained to support the recruitment of dedicated mappers within the SDIT team and team members have already received DCM training to enable them to support these dedicated mappers. VIPS log-ins have been obtained across hospital sites and work is ongoing on a number of improvement projects to be reflected on the platform.

Work Stream 5a – Workforce and Learning

The aim of this standard is that all staff delivering care at all levels within all disciplines and settings, will have the opportunity to participate in person-centred learning and development with support to implement into daily practice. The priorities for the work stream are to review all dementia services and pathways across the region to inform the development of a workforce development plan and take a view on the most appropriate use of the Dementia RIF. The work stream is also exploring a unified approach to dementia training across the region to include Health and Social Care.

Work Stream 5b – Measurements

The measurements work stream has identified three priorities: to streamline the MAS data to ensure consistency, create a system to record the number of patients with dementia in order to comply with national audit (in patient settings and elsewhere) and support the other work streams with their data requirements in line with a QI methodology.

Further information on the CTM Regional priorities for Dementia and the All Wales Dementia Care Pathway of Standards can be found here in the CTM Regional Partnership Board Area Plan 2023-2028: <https://www.ctmregionalpartnershipboard.co.uk/useful-documents/>

Neurological Conditions

The Welsh Government published *The Quality Statement for Neurological Conditions* in November 2022. The quality statement stated that there are more than 577 recognised neurological conditions, disorders and syndromes which affect the brain, spinal cord, nerves and muscles. It is estimated that one in six people in the UK have a neurological condition. The number of people living with a neurological condition is set to increase over the coming years as more children survive beyond birth into adulthood and as the UK population ages, so do the number of people living with age-related neurological conditions. The number of

years lost due to ill health, disability or early death as a result of a neurological condition is higher than that of diabetes. The impact of neurological conditions on quality of life is greater than that of cardiovascular conditions or diabetes. The quality statement outlined the quality attributes of neurological conditions services in Wales as: equitable, safe, effective, efficient, person-centred, and timely.

We have a well developed CTMUHB Neurological Conditions Delivery Group which has been working to implement the Welsh Government "Neurological Conditions Delivery Plan" (2017) in the CTM Health Board area. The Delivery Group will connect with the NHS Executive and the newly developed Neurological Conditions Clinical Network on an all Wales basis to develop services in line with the requirements of the quality statement. The Delivery Group will look to review services for neurological conditions with a focus through the Unscheduled Care Group and the CTMUHB commissioning team with key priorities to:

- Map the neurology pathway across CTMUHB
- Complete demand and capacity analysis for secondary care
- Review current commissioning of services and establish detailed contracting agreements
- Scope the requirements to implement nationally developed pathways, such as for headache
- Develop service proposals arising from process and demand/ capacity mapping exercises.



Dying Well

In October 2022 Welsh Government published the *Quality Statement for palliative and end of life care for Wales*. The quality statement describes what good quality palliative and end of life care services should look like. The quality statement sets out high-level Welsh Government policy intention for children, young people and adult Palliative and End of Life Care to ensure care is: safe, timely, effective, person-centred, efficient and equitable.

The quality statement states that it will be supported by the NHS Executive and implemented through a series of health board enabling plans, collaborations with other networks and programmes (such as dementia, cardiovascular, neurological, diabetes and cancer) and the work programme of the National Programme Board for palliative and end of life care.

The health board has a well developed Palliative and End of Life Care Delivery Group which has identified four key priorities to take forward in 2024/25 through its region-wide action plan:

- Relaunch of the Care Decisions Guidance
- Bereavement Services
- Education, Training and Information
- Patient Feedback and Communication.

The delivery group will look to coordinate local implementation of the quality statement in the CTM UHB area, linking closely with the Palliative and End of Life Care National Programme Board. The delivery group is also well placed to make links and collaborate across

a number of service areas in the CTM UHB area, mirroring the collaborative networks outlined above in the quality statement.

ARTS IN HEALTH

There has been growing evidence over a number of years that engagement with the arts significantly impacts health, wellbeing and quality of life. The work of our CTMUHB Arts and Health Coordinator together with our Arts and Health Champions and the implementation of a new Creative Arts, Health & Wellbeing Strategy documents this work, and fosters a growing sense of shared community and values.

Our recent arts and health strategy, published in 2023, grows on the good work which has taken place within Arts for Health and Wellbeing across CTMUHB in recent years. We are now also embedding this work as a key part to our wider CTMUHB 2030 Strategy: Our Health, Our Future.

REDEVELOPMENT OF MAESTEG COMMUNITY HOSPITAL - INTEGRATED HEALTH AND WELLBEING HUB

Through joint working with Bridgend County Borough Council (BCBC), third sector colleagues (and commercial partners, as appropriate), we are developing an Integrated Health and Care Hub within the Llynfi Valley at the site of Maesteg Community Hospital that addresses the significant health inequalities that exist within the community by improving health outcomes, experience and access to services (whether delivered by CTM UHB, BCBC or third sector) through:

- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources, including local authority and third sector services, so people get care as quickly as possible.

In addition, the project will help enhance productivity and value for money to make the best use of limited resources, whilst helping support broader social and economic development in the area.

Work to determine the full scope of the project will continue as part of the development of the joint Strategic Outline Case (SOC)/Outline Business Case (OBC) under the Integration and Rebalancing Capital Fund (IRCF), which we will submit in mid-2024. Health service options under consideration for the redeveloped site are expected to be provided across the life course and close to home, wherever possible.



DRIVING IMPROVEMENT THROUGH GOVERNANCE

The Health Board's corporate governance function operates in accordance with Standing Orders (SOs), the SO's and accompanying schedules form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Board's Values and Standards of Behaviour framework (known as the Standards of Behaviour Policy), is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

The portfolio of the Corporate Governance function includes:

- Independent advice to the Board
- The operation of all board, committee and sub-committee meetings
- Independent Member recruitment, induction and training
- Board and Committee Effectiveness
- Audit Lead – Performance (internal & external)
- Speaking Up Safely
- Risk management (organisational risk register, training, Board Assurance Framework)
- Governance related activity to include:
 - Standards of Behaviour (Management of Declarations of Interests, Gifts, Hospitality, Sponsorship & Honoraria)
 - Development and implementation of policies
 - Compliance – Regulatory and Legislation (e.g. Audit Tracker COVID-19 Inquiry)
 - Training (Corporate Governance)
 - Welsh Health Circulars and Ministerial Directions

External sources of intelligence and assurance for the performance indicators, measures and outcomes for the corporate governance function include:

- Welsh Government assessment of the escalation status improvement
- Health Inspectorate Wales / Audit Wales Joint Review Follow Up Report – Quality, Governance and Risk recommendations
- Audit Wales - Structured Assessment (Annually)
- Audit reports (e.g. Internal Audit on Risk Management, Board Assurance Framework)

Escalation Status

On 11 September 2023, the Health Board were informed of the Minister's decision regarding the escalation status of the Health Board following the most recent tripartite meeting. The previous status (agreed September 2022) and the new status is summarised in the table below;

Area	Previous Status	New Status
Planning and Finance	Enhanced Monitoring	Enhanced Monitoring
Maternity and Neonatal	Targeted Intervention	Enhanced Monitoring
Quality and Governance, Leadership and Culture, and Trust and Confidence	Targeted Intervention	Enhanced Monitoring
Performance	Targeted Intervention	Targeted Intervention

Following a significant programme of work and sustained improvements, the maternity and neonatal service has been de-escalated to enhanced monitoring from targeted intervention. Furthermore, it is also pleasing to note the de-escalation in relation to quality and governance, leadership and culture and trust and confidence.

With regard to the escalation status for performance, whilst there has been significant improvement across the identified metrics, there is still progress required to meet our agreed performance trajectories by the end of the year. With the ongoing support from various improvement programmes across urgent and emergency care, cancer, planned care and child and adolescent mental health services (CAMHS).

The Health Board was unable to submit a financially balanced Integrated Medium-Term Plan (IMTP) to Welsh Government and as a result submitted an annual plan. This has resulted in maintaining the escalated status of enhanced monitoring for planning and finance.

EMERGENCY PLANNING PREPAREDNESS AND RESPONSE

As a Category 1 Responder, the Health Board must fulfil its statutory duties in relation to Emergency Preparedness, Response and Recovery (EPRR) under the Civil Contingencies Act (CCA) 2004 and in line with Emergency Guidance issued by Welsh Government (WG). There is a robust governance structure for oversight of the EPRR functions with an executive lead for EPRR and formal reporting structures to sub-committee and the board.

The Health Board has developed a Strategic Emergency Preparedness, Response and Recovery Group to oversee planning and preparedness within the HB and work is ongoing to further develop and embed operational EPRR functions across revised care group structures. This is to ensure that pre-planning for foreseeable and unforeseen events is embedded within processes and procedures.

The EPRR function provides Major Incident Training for on call senior managers across the organization at Strategic, Tactical and Operational level to ensure effective 24/7 response to Major/Critical Incidents.

Collaborative working is a key function within EPRR and the Health Board works closely with all-Wales external partners as part of the South Wales Local Resilience Forum (SWLRF), forming an integral part of local and national multi-agency response planning, exercising and sharing of learning and plays an active part in a number of task and finish groups as part of the SWLRF.

The CTMUHB EPRR function is also fully embedded within all-Wales health emergency planning and response structures to ensure uniformity of preparedness and response across NHS Wales.

Amongst the key actions for 2024-25 are:

- Pandemic framework review
- Incident management training needs analysis and delivery plan
- All Wales mass casualty dashboard development
- Work with Facilities/Estates colleagues to deliver the Protect Duty and security assessments in line with Martyn's Law.

QUALITY



Quality is at the heart of the Health Board and our aim is to improve outcomes for our people, whoever they are, and wherever they live.

We want to improve health and wellbeing, deliver better care, and better value across the diverse communities that we serve. We want to be considered an outstanding organisation by everyone: people who use our services, their families and carers, our colleagues, our communities and our partners. This is what drives our commitment to place quality at the heart of everything that we do.

Putting quality and safety above all else is the first NHS Wales core value. This focus has been strengthened through the Health and Social Care (Quality and Engagement) (Wales) Act (2020), the National Clinical Framework for Wales (2021), and the Quality and Safety Framework (2021). Collectively, these set out an aspiration for quality-led health and care services, underpinned by prudent healthcare principles, value-based healthcare and the quadruple aim. The duty of quality comes into effect in April 2023 and supports us to actively consider whether our decisions improve quality and outcomes for our population.

How we will deliver high-quality care

Our Quality Strategy was developed in 2022 to cover the period 2022-2025. Its purpose is to enable the Health Board to deliver on the NHS Wales core value of **putting quality and safety above all else and providing high-value, evidence-based care for our patients at all times**.

When considering quality in CTM, our focus will be on **people, patients, and place**. We want to make sure that we are meeting the health and care needs of all our communities. We will achieve this by:

- Working with our communities and partners to reduce inequality, promote well-being, and prevent ill-health
- Provide high quality, evidence-based, data-driven, and accessible care
- Ensure sustainability in all that we do: economically, environmentally, and socially
- Co-create a learning and growing culture

The Quality strategy outlines a framework for quality assurance and improvement across all our services that will underpin the Health Board's approach to quality as we build towards **CTM 2030: Our Health Our Future**.

Our quality ambitions and strategic quality goals

Our 6 inter-dependant quality ambitions are based on the 6 dimensions of quality and shape our strategic quality goals. These in turn provide the framework for our Annual Quality Work Plan, containing SMART objectives (Specific, Measurable, Achievable, Realistic, and Timed) against which we monitor and report our progress at regular intervals, adjusting our plans as required. Where appropriate, priorities have been mapped against NHS Wales Performance Framework & Guidance Document 2022-23.

Each of these quality ambitions has clear strategic goals, which are aligned to ministerial requirements and the requirements of the NHS Wales Performance Framework and is intrinsically aligned to our three-year plan and our performance framework, to ensure that quality is embedded in our work.

OUR QUALITY AMBITIONS	OUR STRATEGIC QUALITY GOALS	CTM 2030 GOAL
SAFE CARE: everyone can be confident that our care will cause no harm	Develop and empower our colleagues to deliver outstanding care. Develop a Just Culture that promotes safety through supporting people to speak up, with an effective Listening and Learning Framework.	• Inspiring People • Improving Care
TIMELY CARE: people have timely access to care when they need it	Improve access to urgent and emergency care. Support people whilst they are waiting, optimising their health and wellbeing in order to achieve the best possible outcomes.	• Creating Health • Improving Care • Inspiring People
EFFECTIVE CARE: people receive care that is appropriate and based on evidence	Develop evidence-based models of care with our partners, making the most effective use of skills and resources. Contribute to research in practice. Measure the impact and effectiveness of what we do, building on what works well and making brave decisions about what doesn't	• Improving Care • Inspiring People • Sustaining Our Future
EQUITABLE CARE: there are no avoidable, unfair or remediable differences in the care we give to people who have similar health needs	New models of care are designed using population health data and reflect local need. We regularly and effectively engage with our patients, communities and stakeholders to understand barriers to seeking early help for health needs.	• Improving Care • Creating Health • Inspiring People
EFFICIENT CARE: we will focus on outcomes that matter to people and maximise those outcomes for every pound we spend on providing care	Enable our colleagues to do tasks/roles that they are best suited to do, thus cutting out waste. Support our colleagues to stay well and reduce agency use across CTM.	• Inspiring People • Improving Care • Sustaining our Future
PERSON-CENTERED CARE: people will be supported to be actively involved in their care as equal partners	Increase co-production across CTM, delivering care that is responsive to people's needs and wishes. Reduce variability in how well we engage and support patients, carers and families.	• Inspiring People • Improving Care • Sustaining our Future

The alignment to the strategic quality goals is set out in our operational delivery plans, which are constructed by care group (our six operational divisions) and the full quality strategy can be accessed via our [website](#).

QUALITY IMPROVEMENT – MATERNITY SERVICES

A key area of our Quality Improvement work continues to be focussed on our response to the concerns raised in 2018 regarding failings in maternity services with the former Cwm Taf Health Board. The service has continued to deliver improvements and quality assure the service delivery during 2023/2024. Following the Independent Maternity Services Oversight Panel site visit in September 2022 (3rd and 5th September), the Panel were able to assure the Minister that services are being delivered to a standard which the women and families are entitled to expect. The Panel concluded that:-

- The Royal College's 70 recommendations have been addressed in full and the handful which remain work in progress.
- 15 of the 19 immediate areas for improvement from the neonatal deep-dive review have now been addressed and the remaining four are work in progress nearing completion.
- All conditions for sustainability have been met.
- Panel was able to provide assurance to the Minister that the Health Board's maternity and neonatal improvement journey is now sustainable.
- Performance is improving across a range of indicators with evidence that services are not a significant outlier overall and in many areas, leading the way in Wales

The Improvement Programme Team was stood down at the end of March 2023. Leadership of the Improvement Programme transitioned into operational management to ensure improvements are embedded as business as usual. Quality positions (Consultant Midwife for Quality Improvement & Population Health, Quality Improvement Manager for Neonates (and Children & Young People), Senior Nurse for neonatal services, full time neonatal Risk and Governance Manager,) are being recruited to ensure sustainability of services. We are working with WHSSC colleagues to determine workforce requirements in accordance with cot configuration.

In June 2023, the service received a visit from NHS Executive colleagues following which recommendations were made to the Minister for Health and Social Services. This resulted in both maternity and neonatal services being de-escalated further from Targeted Intervention to Enhanced Monitoring. A further visit was undertaken on 5th December 2023.

There is a clearly defined 'Ward to Board' Maternity and Neonatal Escalation Framework in place to provide oversight, scrutiny, challenge and monitoring arrangements through five lines of defence (V9 October 2023 attached).

QUALITY IMPROVEMENT – NEONATAL SERVICES

Neonatal services came under the more formal review of IMSOP in July 2020 following agreement that they would oversee a Neonatal response in relation to 16 of their original recommendations. In March 2021 IMSOP undertook a deep dive review into Neonatal services which in May 2021 saw a series of concerns escalated to WG which equated with 15 areas for improvement, of which five required immediate improvements. A Neonatal Improvement plan incorporates each area with a dedicated lead. All 19 immediate escalations are now completed. The remaining actions surround workforce. Supported by Workforce and Organisational Development colleagues, a workforce strategy is being developed. The remaining workforce actions will be progressed as a result of Welsh Health Specialised Services Committee (WHSSC) neonatal cot configuration recommendations. Progress and recommendations are monitored as per the Maternity and Neonatal Escalation Framework (attached).

The Maternity and Neonatal Safety Support Programme in place is gathering pace with the national and local discovery reports due imminently. CTM has a Matneo Perinatal Safety Support Champion in place. Digital Maternity Cymru, Perinatal Optimisation (PeriPRem) and workforce modernisation plans are underway. Our service is aligned and involved with the national programmes of work.

The Maternity & Neonates Assurance, Risk & Escalation Framework October v9.0 is available upon request.

SAFEGUARDING

The CTMUHB Safeguarding maturity matrix identified key areas of improvement for 2023/24. These improvements are reflective of findings from inspections, practice reviews, incidents and concerns. Key priorities identified from a strategic review include;

- The development of a Health Board Safeguarding Strategy
- Development of a Standard Operating Procedure to reflect the Cwm Taf Morgannwg Safeguarding Board 'Responding to Safeguarding Concerns About Individuals Whose Work Brings Them Into Contact With Children's and Adults at Risk' policy. This work will include the revision of documentation, risk assessment and development of pathways to support practitioners in practice.
- Collaboration with multi-agency partners in the development of a policy to support frontline practitioners in the management of physical injuries in children.
- Build on current strategies to capture Patient Reported Experience Measures with children and young people, ensuring their voice is used to shape services such as the Child Protection Medical Hub and the Looked After Children's service.
- Explore with workforce a strategic approach to the management of sexual safety for staff, patients and visitors. Ensuring access to support is available and a culture whereby persons feel confident to report such incidents.
- Expansion of the piloted safeguarding champion model across all services who work with children, to enhance practitioner's knowledge and expertise. This will also provide extended support to staff outside of working hours.

Work has progressed in some areas, with all policies being reviewed and adapted to reflect learning, changes in legislation and guidance. A safeguarding training strategy has been developed to ensure a robust approach to increasing level 3 safeguarding and Ask and Act group 2 training compliance with both nursing and medical workforce. Utilising an agency, the backlog of assessments in the Deprivation of Liberty Safeguards team has reduced by half, reducing the risk. Further work with this team will be undertaken to strengthen its management system.

CLINICAL EDUCATION

Significant progress has been made with our strategic direction for clinical education. Our mission is to develop, deliver and continually improve healthcare education in order to meet changing demands and future challenges, embedding an effective culture of learning at every level that enables the workforce to re-frame their knowledge and develop a strong workplace learning infrastructure, cultivating a reputation for training and support and excellence in education.

A robust education governance structure is now established with the Executive Director of Nursing and Midwifery (EDNM) as the named executive lead. The overarching Clinical Education

Forum reports directly into Executive Leadership Group and Quality & Safety Committee, and is co-chaired by the EDNM and the Executive Director for Therapies and Health Sciences

An area of particular focus over the last two years has been to develop our inter-professional learning offer and we were the first health board in Wales to introduce a Multi-professional Practice Education Facilitator post. As a result relationships have been developed to support the development of all clinical professionals, most recently this has included a partnership between clinical education and pharmacy to develop a model to deliver the newly introduced pharmacy student undergraduate clinical placements at scale, leading the way in Wales and the UK more widely.

Our strategic ambition to create a CTM Learning Academy, will be realised in 2024 and work is underway to establish a multi-professional faculty and a prospectus with offerings to underpin the development of staff, including career development programmes for existing and new clinical roles and the workforce modernisation required to deliver the CTM2030 strategy. This will develop and embed an organisational Learning Culture that enables staff to work flexibly and with agility to respond to the health needs of our population by;

- Encouraging life-long learning
- Generating openness to collaboration and effective co-design
- Developing a greater understanding of human intelligence.
- Promoting multi-professional learning.
- Developing staff to work at the “top of their licence” both registrants and support staff.

INFECTION PREVENTION AND CONTROL

Reducing healthcare associated infections (HCAI) is a key objective for the health board and is high on the national agenda. The aim is to lower the incidence of HCAI whilst striving to achieve a zero tolerance to all preventable infections. HCAs cause avoidable harm and remain a key patient safety issue which results in significant financial costs to the NHS in Wales and poor outcomes for patients/ service users.

The Infection Prevention and Control (IPC) Team provide visible leadership supported by robust and effective arrangements for IPC which are delivered through development of evidence based policies and procedures, surveillance of alert organisms, audit, education and training, investigation/management of increased incidences of infection and risk management strategies.

A strategic review of the Infection Prevention and Control Team is being undertaken. The team currently provides a comprehensive IPC service across CTM focussing on secondary care including acute and community hospitals. The team also supports healthcare professionals who deliver services in the community but the planned review aims to identify ways for the IPC team to deliver a whole system approach for IPC which will include all primary care services. A significant proportion of the mandatory surveillance organisms included in the national programme for reducing healthcare associated infections are community acquired infections. Interventions must be introduced in primary care to influence a reduction in HCAs.

An option appraisal is being carried out to explore ways the current team can work differently to maximise opportunities to improve IPC practices and reduce healthcare associated infections for all service users across the CTM footprint.

NOSOCOMIAL COVID-19 INVESTIGATION PROGRAMME

On 25 January 2021, the Quality & Safety Team at the NHS Wales Delivery Unit were commissioned by Welsh Government to develop a national framework to support a consistent national approach towards investigations following patient safety incidents of nosocomial

COVID-19. In March 2021, the National Framework for the 'Management of patient safety incidents following nosocomial transmission of COVID-19' was published and updated in October 2021.

In January 2022, the Minister for Health and Social Care announced £9m additional funding over 2 years to increase the pace of the implementation. The key outcome of the programme will be to provide a high level of assurance that all patient safety incidents of nosocomial COVID-19 are investigated in line with the requirements of the National Health Service (Concerns, Complaint and Redress Arrangements) Regulations 2011 – Putting Things Right.

It is important to recognise that the programme is not a nationally led investigation into nosocomial (hospital-acquired) COVID-19 in Wales, nor does it seek to detract from the role of the UK COVID-19 Inquiry. The National Nosocomial Covid-19 Programme (NNCP) was established to support NHS Wales organisations undertake their duty to investigate patient safety incidents in a proportionate way, whilst reflecting the complexities of COVID-19 which caused unusually high numbers of incidents.

Funding

Welsh Government confirmed that Health Boards' funding for this programme would remain at the same figure as last year.

In CTMUHB the current programme spending is within allocated budget and the allotted funding for 2023/24 is fully accounted for in the planned workforce spend.

Progress

In CTMUHB a total of 3233 investigations required completion by the end of the funded programme (March 2024), as of 9th November 2023, 85% of these investigations have been completed, with over 200 reports and cover letters sent to families in line with Putting Things Right (PTR) legislation.

Delivery pace has continued to increase significantly and the original monthly completion target of 166 cases per month has been exceeded month on month; with 280 completed during the month ending 31st October 2023.

Governance

Care review panels have consistently remained quorate and these panels have supported the peer review of the quality of investigations, ensuring the investigation scope remains appropriate.

Putting things right (PTR) panels are fully established in order that any cases which may be considered to have a Breach of Duty are discussed, agreed and if necessary forwarded to the Legal & Risk department for further legal advice.

Audit work to provide assurance on the quality and consistency of the non-clinical aspects of the investigation process has demonstrated a pleasing level of accuracy and audits continue to be undertaken on a monthly cycle throughout the programme to provide continued assurance.

Data validation activity against PHW reporting and the internal Nosocomial COVID-19 investigation database continues. This is being supported by Public Health Wales Epidemiology colleagues and CTMUHB Clinical Audit as part of the hospital Mortality Review processes.

The CTMUHB Nosocomial COVID-19 Incident Management Programme Group continues to meet on a bi-monthly basis to ensure the Health Board's SRO is sighted on progress and risks.

The Nosocomial COVID-19 Investigation Programme Lead provides a bi-monthly report to the Health Board's Infection, Prevention and Control committee meeting and a quarterly update to the Quality & Safety Committee to ensure all members are sighted on progress and risks.

To date none of CTMUB's Nosocomial COVID-19 investigations have been referred to the Ombudsman.

Patient and Family experience

The NHS Executive worked with CIVICA in order to produce a survey (COVID-19 Investigation Programme Relatives Feedback) which all Health Boards could use to better understand the experience of patients and families who had interaction from the Nosocomial COVID 19 investigation teams. The survey launched on 1st August 2023, CTMUHB took the decision to send surveys to all families who had received contact with the team, with the exception of those who at the initial call did not wish to have any further information in relation to their relative. This approach has enabled CTMUHB to have the highest response rate of all Health Boards to date.

Learning

In order that learning from the overall programme and the investigation findings are shared across the Health Board, 7 minute briefings are proactively provided to all clinical service groups and uploaded onto the Health Board's learning repository.

In March 2023 the Delivery Unit (NHS Executive) published the "National Nosocomial COVID-19 Programme Interim Learning Report." The purpose of the Interim Learning Report was to outline the early learning that has emerged as a result of the nosocomial investigations and the wider programme of work. The Interim Learning Report has combined learning from across organisations and collated this into national themes to further support the identification of areas for improvement in the quality and safety of services.

The learning themes which emerged through the **first year** of the programme were categorised into the following themes: it is of note that the findings of the investigations undertaken by CTMUHB's Nosocomial COVID 19 investigation team concur with the outputs of the Interim Learning Report

- Bereavement support and care-after-death services
- Supporting service users during an investigation process
- Visiting restrictions
- Patient safety incidents outside of NHS Wales hospitals
- Identification, reporting and investigation of Health Care Acquired Infections (HCAIs) as a patient safety incident
- Application of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions
- National infection prevention and control guidance – timeliness of published guidance and roll out of guidance & Outbreak management

It is of note that the findings of the investigations undertaken by CTMUHB's Nosocomial COVID 19 investigation team concur with the outputs of the Interim Learning Report.

CTMUHB's feedback to the NHS Executive is helping inform the content of the Final Learning Report, scheduled to be published in early 2024.

NHS Executive Team visit

On the 10th August 2023, representatives from the NHS Executive visited CTMUHB with the aim to establish if learning against the interim learning report and any organisational changes that have been implemented on the back of the learning. Any new learning themes identified from the investigations to date and to gain assurance in terms of internal governance process and reporting structure. The feedback, verbal and written from the NHS Executive was extremely positive.

Future plans

It is of note that Nosocomial COVID-19 cases recorded after the 30 April 2022 will also be subject to the requirements of the National Framework and PTR regulations (these were not in scope of the current two year funded programme). The NHS Executive has confirmed that the approach to managing and investigating HCAs as patient safety incidents will be included in the refreshed version of their Nationally Reportable Incidents Policy.

Programme Exit Strategy/Legacy –

The NHS Executive has commissioned CEDAR an independent programme evaluation team (Cardiff University), who will be reaching out to Senior Responsible Owners and Head of Programme leads to discuss 'what's gone well, the programmes approach and what individual Health Boards would like to take from the programme going forward

Programme leads are now planning for an exit strategy in preparation for the end of the programme; there remains a high risk to the Health Board that those cases post April 2022 which need investigation at a commensurate level as those prior to April 2022 will be required.

PUBLIC/POPULATION HEALTH AND HEALTH PREVENTION



Public health is essential to all aspects of health and wellbeing and is crucial to reducing health inequalities and influencing the wider determinants of health. The Public Health Directorate provides strategic leadership and service delivery to protect and improve population health while reducing inequalities in Cwm Taf Morgannwg. This includes the wider determinants of health and well-being, such as housing and education, along with promoting and supporting healthy behaviours and the prevention of chronic conditions and communicable diseases. This is informed by data, behavioural insights, evidence of effectiveness and research. A key element of this is working with partners across the Health Board and in the system, including national bodies such as Welsh Government, Public Health Wales and the new NHS Executive as well as local partners including our three Local Authorities, third sector organisations, schools and communities. This is often facilitated through statutory partnerships including the Public Services Board, the Regional Partnership Board and the Area Planning Board.

The work of the Public Health Division is detailed in each of the domains and supporting functions of public health.

HEALTH IMPROVEMENT

Health Improvement includes action to improve the wider determinants of health and well-being including housing, employment and educational attainment. It also includes action to promote environments that make it easier to choose healthy behaviours to promote physical and mental well-being and prevent disease, such as smoke free environments, access to healthy food and physical activity. This includes action with a wide variety of partners to support and encourage health promotion in settings including communities, schools and workplaces.

TOBACCO

By 2030, the smoking prevalence in CTM is down to 5% (Goal 6a), the current inequality in smoking prevalence between groups at extremes of deprivation has been eliminated (Goal 6b)

We will implement the HMQ (Help Me Quit) in Hospital model to support smokers and provide NRT for the duration of their stay and continue to support upon discharge.

We will continue to work with colleagues to increase the proportion of smoke-free pregnancies.

Build capacity & quality of smoking cessation delivery across CTM, with a focus on groups with highest smoking prevalence.

Implement wider smoking prevention activity, including preventing uptake of vaping among children & young people.

HEALTHY WEIGHT

By 2030, the prevalence of adults who are obese will decrease (Goal 7b). By 2030, the prevalence of 4-5 year olds starting school at a healthy weight will increase (Goal 7a)

Launch and further spread of the CTM Compassionate Approach to Healthy Weight (formerly the Healthy Weight Alliance) with key stakeholders signed up to the underlying principles

Co-design and launch of the Active Sustainable Travel Charter for CTM – working with key stakeholders to make it specific to CTM.

Collaborative redesign of the HENRY healthy family programme to be more responsive to needs and continuation of PIPYN.

Work with spatial planners to ensure Local Development Plans reflect the ambitions and goals around healthy populations, which require healthy and sustainable environments within which the healthy choice is the easy choice.

Work with other stakeholders to make CTM feel safer at night so that the population can continue to exercise during the winter months.

MAKING EVERY CONTACT COUNT (MECC)

Local Making Every Contact Count (Level 2) delivery builds on Level 1 on-line training. It focuses on 7 key behaviours which span all of the CTM population health goals.

Implementation of Level 2 MECC training and embedding of approach with CTM staff, third sector partners and student Nurses/Midwives.

Implementation of Level 2 MECC training and embedding of MECC approach for Primary Care Contractors in line with independent contract changes, starting with Optometry Primary Care Collaborative.

WHOLE-SCHOOL APPROACH TO HEALTH AND WELLBEING

Through contributing to building a solid foundation for children & young people and the wider school community to maximise their capabilities and have control over their lives, this programme contributes across the population goals.

Implement the new 'Welsh Network of Health & Well-being Promoting Schools' programme through supporting all schools across CTM to embed a whole school approach to health & wellbeing.

Implement the Healthy & Sustainable Pre-Schools Scheme through supporting pre-school settings across CTM to embed a whole setting approach to health & well-being with a particular focus on healthy weight

CARDIOVASCULAR DISEASE

By 2030 cardiovascular and cancer mortality matches the Welsh Average (Goal 4)

Providing public health support to primary care in developing and evaluating appropriately targeted, evidence-based programmes to enable early detection, reduce clinical risk and optimise management of cardiovascular disease

TYPE 2 DIABETES PREVENTION

Incidence and Prevalence of Type 2 Diabetes in adults and children

Establish a Type 2 Diabetes Prevention Programme Board to develop evidence based action to stabilise and then reduce the incidence and prevalence of Type 2 Diabetes.

Supporting review and improvement of clinical pathways with particular focus on diabetes for 24/25

SOCIAL PRESCRIBING

Expectations of social prescribing are high with it being considered as one of the solutions to:

- *improving health and wellbeing of individuals*
- *reducing inequalities*
- *mitigating the impact of social determinants on health*
- *supporting recovery from the adverse effects of COVID-19.*

Individuals are empowered to recognise their own needs, strengths, and personal assets and to connect with their own communities for support with their personal health and wellbeing.

We will continue to provide specialist public health advice and direction to further support national and local strategic development and local delivery of Social Prescribing services within CTM.

Support and provide strategic direction for the alignment of local Social Prescribing services to that of the newly published National Social Prescribing Model Framework.

Establish and support local governance and management structures for effective delivery of local Social Prescribing services.

Explore how the local Social Prescribing offer can be sustained via the alignment of budgets and further explore opportunities for collaboration for intelligent commissioning of community services/assets.

Develop further academic links and contribute to the evidence base for Social Prescribing.

BEHAVIOURAL INSIGHTS

Utilising a behavioural science approach across the Public Health team's portfolio will contribute towards all Population Health Goals by ensuring the barriers and facilitators to healthy lifestyle behaviours are identified, and tailored interventions, services and programmes can be built around such.

Utilisation of a behavioural science lens and approach: This will include, but is not limited to, using behavioural science as a key component of our UHB's approach to the prevention and management of Type 2 Diabetes. Use of this approach will involve defining key behaviours and populations within the system, and identifying barriers and facilitators to target behaviours, enabling the identification of tailored interventions/programmes.

HEALTH CARE PUBLIC HEALTH

Health Care Public Health is concerned with maximising the population benefits of healthcare while meeting the needs of individuals and groups, by prioritising available resources, by preventing diseases and by improving health-related outcomes through design, access, utilisation and evaluation of effective and efficient healthcare interventions and pathways of care. This includes action in service planning, commissioning and development, clinical effectiveness, clinical governance and efficiency working with Partners across the system in the NHS, Local Authorities and Voluntary Sector.

POPULATION HEALTH MANAGEMENT

The population health management unit will support, implement and embed population health management approaches more widely across CTM, including primary care, community and social services and development of approaches in secondary care.

Develop and implement new applications of population segmentation and risk stratification (PSRS) data.

Review current value, impact and utility of PSRS data.

Explore wider PHM approaches - implementation and evaluation in primary and secondary care and via Health Board operating model.

Develop sustainable and stable approach (funding, PSRS data flows/architecture/information governance, National Data Resource (NDR) preparation).

Influence national population health management agenda (policy setting, national fora, collaboration with other HBs, evidence generation).

CANCER

In order to increase health and screening literacy and improving informed choices for uptake, reducing missed appointments and repeat screening we will develop novel approaches to engaging and increasing engagement with screening detectable cancers in areas with lowest uptake, promote localised approaches to reducing missed screening appointments and repeat screening for patients.

To increase opportunities to reduce inequalities and improve access and patient pathways we will explore the use of equity audits of cancer site service areas to identify areas of prudent public health intervention and targeted approaches through the promotion of cancer awareness months and plan local events in hotspot areas, driven by data.

We will promote best practice and highlight areas of impact and knowledge exchange to increase access to evidence informed practice and improve patient pathways across CTM.

PRIMARY CARE

Population outcomes will link to the interventions and approaches delivered, to align to the Health Board population health goals as referenced in LPHT programmes.

Work with the primary care clusters and collaborations to identify, develop and support delivery for evidence-based population health interventions and approaches

PRISON HEALTH

Collaboration with service leads for support of delivery pathways post service transfer. Hep B/C elimination programme, contributing to the creating health agenda and supporting improvement to service delivery, including, improvements to Blood-Borne Virus Prison service which contributes to WG Hepatitis B/C elimination strategy

HEALTH PROTECTION

Health Protection includes action to prevent the spread of communicable diseases and prevent or mitigate environmental risks to health. Health Protection requires strong collaborative working between all levels of Public Health – National Regional and Local. It needs to work with the NHS, Local Authorities the Voluntary Sector as well as other partners e.g. Animal Health, Health & Safety Executive etc.

DEVELOPING A ROBUST HEALTH PROTECTION SERVICE

To provide public health leadership to develop a sustainable and robust Health Protection Service to provide an all hazards approach to health protection in the Health Board and with partners to prevent and mitigate risks to health from communicable diseases and

environmental hazards in CTM and reduce inequalities in outcomes. This links with work across the health board including Primary Care, School Nurses, Midwifery, Health Visitors, School Nursing, Occupational Health, Infection Prevention and Control, Emergency Planning, Pharmacy, Communications and Engagement as well as other partners including Welsh Government, Public Health Wales and Local Authorities.

Vaccination and Immunisation

Goal 3 - By 2030 Avoidable Mortality in CTM matches the Wales average

Implementation of the National Immunisation Framework (NIF): Attendance and engagement with national fora, establishment of regional governance structure with clear lines of accountability and communication, co-ordination and development of relevant plans, and identification and co-ordination of targeted interventions in line with the principles of the NIF and Welsh Health Circulars.

Implementation of the 3-year Vaccination and Immunisation Strategic Plan: In line with delivery of the NIF, implementation of the 3-year Vaccination and Immunisation Strategic Plan will seek to reduce preventable disease in the population by vaccinating consenting individuals at the appropriate time, in line with recommendations from the JCVI and direction from WG, as well as seek to reduce inequalities in preventable disease distribution in CTM by increasing uptake of vaccinations, and reducing vaccine inequities. The strategic plan will guide the planning and delivery of the UHB's vaccination programmes via improvement pillars: Vaccine Equity, Data and Monitoring, Evidence Based Practice and Evaluation, Innovation and Sharing, and Governance and Accountability. The Strategic Plan identifies areas of sub-optimal vaccine uptake in relation to Welsh Government targets/aspirations, and subsequently outlines local annual incremental targets, providing a clear focus for the next 3 years.

SEXUAL HEALTH

Actions to support the Welsh Government ambition of no new HIV diagnoses in Wales by 2030; maximising opportunities to increase the uptake of screening and a reduction in HIV related stigma for our population.

Implementation of a service development pilot to offer a Dry Blood Spot Testing service in CTM sexual health clinics, to remove the barrier of intravenous testing and increase the uptake of screening for HIV / Blood Borne Viruses.

Achievement of Fast Track CTM status; bringing together a coalition of interested key partners to include CTMUHB, HIV & ISH clinicians and nurses, local authorities, third sector, primary care, community groups etc., to develop and promote high level actions to raise awareness, promote testing and reduce the stigma associated with HIV for our population.

Design and co-ordinate a 'Think HIV'/HIV heroes' staff awareness campaign. To include raising awareness of symptoms, referral pathways and key contacts to encourage and increase testing, making every contact count. Messaging through posters, SharePoint, email messaging and staff awareness sessions will be included.

Increased engagement by young people with prevention pathways and services that enable improved sexual health and well-being to support; reduced demand on our termination services; improved uptake of Long Acting Reversible contraception to reduce the incidence of unintended pregnancy; increased uptake of screening for sexually transmitted infections.

Undertake a young person focussed service evaluation of the CTM Condom-Card scheme and the current provision of sexual health services/information available to young people aged 13-25 (To include focus groups and an online survey).

Increased opportunities to promote pre-conception health and pregnancy planning amongst priority groups; Fewer babies born that are at increased risk of adverse childhood experiences (ACE's)/removal into local authority care; Increased uptake of Long Acting Reversible Contraception and sexual health screening; Improved access and engagement with support services amongst individuals harmed by exclusion; Breaking the cycle of unmet health needs which contribute to enduring health inequalities in our area; Prevention pathways available at the earliest possible opportunity; Person centred, co-produced innovations; Easy access to expertise; No wrong door; Widening opportunities for individuals to take up additional services e.g. cervical screening.

Delivery and development of the CTM CHOICE service; ensuring reproductive autonomy amongst priority groups; working directly with women and their partners who are at risk of having their children taken into care at birth or during infancy.

HEALTH INTELLIGENCE

Public Health Intelligence is information to inform action. It includes surveillance, monitoring and assessment of health and the determinants of health, plus the development of the public health evidence base and knowledge. Key elements include health needs assessments, health equity audits, population health management population segmentation and risk stratification.

Enabling function to support public health programmes to include development of the population health goals, population health summaries, support for Health Needs Assessment and the diabetes programme.

Supporting the public health team through data reporting, analysis, horizon scanning and supporting interpretation of data and related evidence

CTM REGIONAL PARTNERSHIP BOARD



In line with legislative and policy responsibilities including the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and 'A Healthier Wales', Cwm Taf Morgannwg University Health Board will continue to play an active role within the CTM Regional Partnership Board (RPB) over the next three years. This will include continued delivery against the six models of care utilising the Regional Integration Fund:

1. Community based care – prevention and community coordination
2. Community based care – complex care closer to home
3. Promoting good emotional health and well-being
4. Supporting families to stay together safely, and therapeutic support for care experienced children
5. Home from hospital services
6. Accommodation based solutions

In 2023 we published our Regional Area Plan which was developed using our Population Needs Assessment, the Market Stability Report, working with our partners and engaging our population through a series of Hackathons. The Regional Area Plan is a 5-year plan and we will focus on the delivery of this over this time. This includes a focus on:

- Children and young people – we want all children and young people to lead healthy and happy lives. To create a better future we need to ensure their voices are heard.
- Learning disabilities – we know people experience learning disabilities in many different ways; we aim to ensure their voices are heard so they can have greater ownership and control over their lives.
- Mental Health – we are looking at ways to support the mental health of people living in CTM. This includes improving systems to provide better services, removing barriers and inequalities.
- Dementia – we know that living with dementia can be challenging and we want to ensure people living with dementia feel supported and listened to.
- Older people – we are ensuring older people have the right information, advice and access to services so they can make informed choices about health and social care, staying living independently for as long as possible.
- Unpaid carers – we aim to ensure unpaid carers feel listened to and understood and have access to up to date information, advice and access to services such as support groups.
- Accessibility – we want to create accessible services to ensure people with accessibility needs, including physical disabilities and sensory impairments (reduced or loss of sight, hearing or both) are empowered to make choices and feel part of their communities.
- Neurodiversity – we want to create a neurodiversity friendly CTM to ensure neurodivergent people and their families feel supported.
- More information about the work of the RPB can be found on the website <https://ctmregionalpartnershipboard.co.uk/>

GREEN 2030



Sustaining our Future as one of our four strategic goals. It encompasses the sustainable development principles of the Wellbeing of Future Generations Act (2015), and our commitment to:

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

We have ensured a more focused approach to achieving our Net Zero goals by establishing the Environmental Sustainability Group in 22/23, which forms part of our formal governance arrangements. We have also introduced the “five R’s” concept into our reporting processes (reuse; refine; reduce; repurpose; recycle) so all projects and programmes must consider the impact on sustainability of their work.

We are refreshing our Decarbonisation Action Plan (DAP) for 2024 -2026 and will continue to deliver our Biodiversity and Ecosystem Resilience Plan, reporting as appropriate to WG. This includes a focus on:

- The reduction of plastic waste within healthcare;
- Reduced use of inhalers with a high environmental impact;
- Introduction, with system partners, of a healthy travel charter;
- A review of Site Travel Plans and shift from single occupancy car travel to sustainable modes;
- Procurement options for future fleet;
- A focus on climate adaption interventions as well as mitigating interventions; and
- Reducing the use of pesticides across all CTMUHB sites.

We continue to develop our “Green Movement” and use our CTM Green Group as a means of engaging, communicating and inspiring our workforce to learn about and tackle climate change. We plan on building on the success of our Green Scholar programme to encourage more people to act upon green initiatives.

FOUNDATIONAL ECONOMY



Reducing health inequalities is at the heart of our plans and a focus on developing our foundational economy is key to that. We understand the important role that health plays in the wider economy and we know that the foundational economy is a concept that emphasises the importance of certain essential, everyday economic activities and services that provide the foundation for a stable and flourishing society.

The Health Board is committed to ensuring that foundational economy principles are considered in its everyday activities and strategic planning as we know that the wide range of sectors and activities are often taken for granted but are crucial for people's well-being and the functioning of the broader economy. Adopting this approach is a critical element of meeting our responsibilities with the Well-being of Future Generations (Wales) Act 2015. By recognising the importance of the foundational economy and acting as an anchor institution, we know the health board is playing its part in developing a thriving society.

Examples of how we do this include:

- Providing employment, as approximately 77% of our workforce live locally, making our staff not only the lifeblood of our organisation but of the diverse communities that we serve.
- Working with our third sector partners and community organisations to support social cohesion, as human interactions offer opportunities for people to connect and support each other.
- Buying locally when we can – as this invests in local businesses and therefore local employment, as well as reducing the carbon impact on our environment.
- Focus on our environment, including the use of renewable energy, reducing waste and increasing recycling.

SIX GOALS FOR URGENT AND EMERGENCY CARE

OVERVIEW

Delivery of strategic objectives aligned with national and local priorities for urgent and emergency care governed by Six Goals Programme has been conducted in partnership with health and social care, aiming towards efficient and integrated approach in the way we deliver care and quality-driven outcomes for patients in our communities.

The collaborative approach between secondary and primary care, communities and social care partners (Bridgend County Borough Council, Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council) is aiming to transform in hospital and out of hospital care.

The programme's scope includes provision of urgent care that is responsive to patient needs and integrated within the model of care included in local project plans for areas that transcends across boundaries of health and social care provision.

The delivery of the Six Goals objectives includes number of system enablers which will support overall strategy, these include information technology and analytics. The aims of the programme enable sustainable integration and simplification of the system.

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

Given the systemic nature of the Six Goals for Urgent and Emergency Care, key developments are embedded throughout this plan, in particular in the Urgent and Emergency and Primary and Community Services Care Group plans, however, the full Six Goals plan for the organisation is included as appendix 1.

FURTHER FASTER

The Further Faster programme of work is no longer a stand-alone programme, rather it is a continued building of enhanced community services and is fully embedded in the work programme for our Primary and Community Services Care Group.

It is also key that there is full engagement with and strong governance routes with our Regional Partnership Groups (Pan Cluster Planning Groups) and the Regional Partnership Board which are both critical to our future plans for enhanced community care as close to our communities as possible.

During 2023-2024, we have focused significantly on our optimum community service model with a view to implementing the new model on each of our three Local Authority footprints. The essence of the model is a single point of entry for all service components on the Local Authority footprint with proactive input for people with existing high needs and who are at risk of requiring urgent, same day urgent care whilst also providing a rapid response to people with changing needs to focus on enhance community care and admission avoidance.

The success of our Navigation Hub is key to these developments, so we continue to actively build more pathways linked to enhanced care and admission avoidance and help people to get the right response quickly. The detailed plans are set out in the Primary and Community Care Group section of this plan.

LOCALITY (CLUSTER) PLANNING

Locality/Cluster planning is fundamental to aligning planning to meet the needs of specific population groups within the Cwm Taf Morgannwg area with the wider planning and partnership arrangements for the health board and to ensuring equity of service provision.

During 2023-24 we identified the need to mainstream a service development for frailty nursing that was initiated in the Taff Ely locality planning area to the wider health board. This change will release funding at locality level for investment in other priorities. The ambition and intention for 2024-25 is to build this key frailty nursing role into the overall remodelling of integrated community services, which is described further in the primary and community services section of this plan.

Our plans for 2024-2027 are set out in the plan on a page below:

Integrated Medium Term Plan 2024-2027 Primary Care – Accelerated Cluster Development			
Our vision is the delivery of safe high quality, robust and sustainable Primary Care that improve the health and wellbeing of our population and is timely and accessible. Our priorities are: - Planning of services best delivered at the cluster level. - Working with partners to support integrating primary and community based services between health, social and voluntary sectors, physical and mental health services, with partners. - Providing innovative and effective alternatives to traditional models of care. - Using Population health and segmentation data understanding and responding to the full spectrum of health and social care needs of the population served by the Cluster with a particular focus on the needs of vulnerable groups. - Focus on preventing ill health, and promoting wellbeing, enabling people to self-manage where appropriate.	Key actions in year one (2024-2025) - Through multi professional participation in the Cluster, support the opportunity to create integrated community teams across the footprint – focus on individualised care: care close to home and urgent pathways. - Clusters working with partners to scope, commission and deliver coordinated health & social care which meet the needs of patients – review delivery agreements / enhanced services and develop ambition around on the day care. - Working with C1M Public Health, understand the opportunities to plan effectively using Population Health and segmentation data. - Identify capacity and resource to implement a new sustainable end of life and palliative care model focused on ACP and care at home.		Patient outcomes: Our plans are intended to deliver the following patient outcomes: - Improved management of Long Term Conditions in Primary Care across the Clusters. - Health and social care to work in collaboration to deliver coordinated services. - Increased awareness amongst our population of the impact of lifestyle has on self limiting illness and living well. - More patients being supported to live well at home. - Improved access to coordinated services within the community. - Increase uptake of screening and immunisation. - Clusters to identify new or improved care pathways for their populations to support care at home and self care following an inpatient admission.
	Key actions in years two and three: - Focus on the growing and ageing population. - Adapting our new ways of working, including introduction of new models of care. - Increasing the capacity and capability of our Workforce – Maximise the skills and competencies of our workforce.	Partnerships: The multi disciplinary cluster will build strong relationships with wider system partners – Joint and Regional Partnership Boards, and Public Services Boards.	
Workforce enablers: - Training needs analysis undertaken for all Professional collaborative and Cluster leads working with the C1M/HD Academy. - Leadership and succession plan in place for all clusters to develop strong and inter professional leadership and delivery. - Support to understand through a workforce planning change how skill mix in key priority areas can increase workforce capacity and skill mix. - Support and improve wellbeing of our teams.	Estate & Facilities enablers: - Support the development of joined up digital interfaces in order to deliver integrated care. - Increase use of technology to support patients to live well in the community.		How we will measure success: In addition to the impacts on key performance measures we will measure success through the following: - Robust evaluation of projects which is consistent across all Clusters to enable wider roll out where there is proven need identified. - Improved health outcomes, and reduction of health inequalities for Cluster population. - ACP in place for top 5-1% registered population. - Cluster budget is fully invested in schemes to improve access to joined up, responsive and integrated services. - Workforce – HR processes support new roles to enable new projects to start.

Key actions and next steps for year one are set out in more detail below:

Review of cluster projects

The majority of projects are existing and are being funded recurrently by the cluster and in some instances it has been identified that services may require development/ permanent delivery across the health board area.

Consequently, a review of all cluster projects and the process for determining which projects are invested in will be undertaken over 2024/25. This process will include discussions with the newly formed Joint Partnership Boards (Pan Cluster Planning Groups) which will inform the wider locality planning cycle.

It will also provide clarity around what funding and/or other resource would be required to move the project into Business as usual activity.

Accelerated Cluster Development Governance

Work will be undertaken to identify if more needs to be put in place to meet corporate, financial and clinical governance. This would support the decision making processes around the planning and service delivery functions of Cluster and Joint Partnership Board. This is seen as a priority if funding is made available through other funding sources such as the Regional Partnership Board and Welsh Government in the future.

Leadership development

CTMUHB has already a strong foundation with the creation of the Academy in providing training and leadership opportunities for Cluster leads. With the implementation of Professional Collaboratives and Joint Partnership Boards, there is a need to identify future training needs and succession planning.

In year one we will undertake a training needs analysis and working with the Academy put in a programme of development and training opportunities.

LOCALITY/CLUSTER SERVICE DEVELOPMENT

The principles of investment of primary care cluster funds are based on guidance associated with the allocation of £30million of additional funding across Wales to support the shift of healthcare service delivery closer to home and to improve the delivery of planned and unscheduled care, with a focus on accelerating the pace and scale of change. Priorities for the use of the funding were:

- achieving service sustainability;
- improving access;
- Shifting services out of hospitals in to community settings.

There are eight clusters (locality planning groups) in Cwm Taf Morgannwg and the investments of funding allocated to clusters are assessed against the following criteria:

- The service meets at least one of the outcomes of the 13 Primary Care Management Wales and/or the 7 Accelerated Cluster Development (ACD) outcomes;
- The service meets identified need from the population health and segmentation data provided by the health board's public health team;
- The service is not provided through other contractual/ funding arrangements.

The plans for each cluster are available as appendices to this plan.

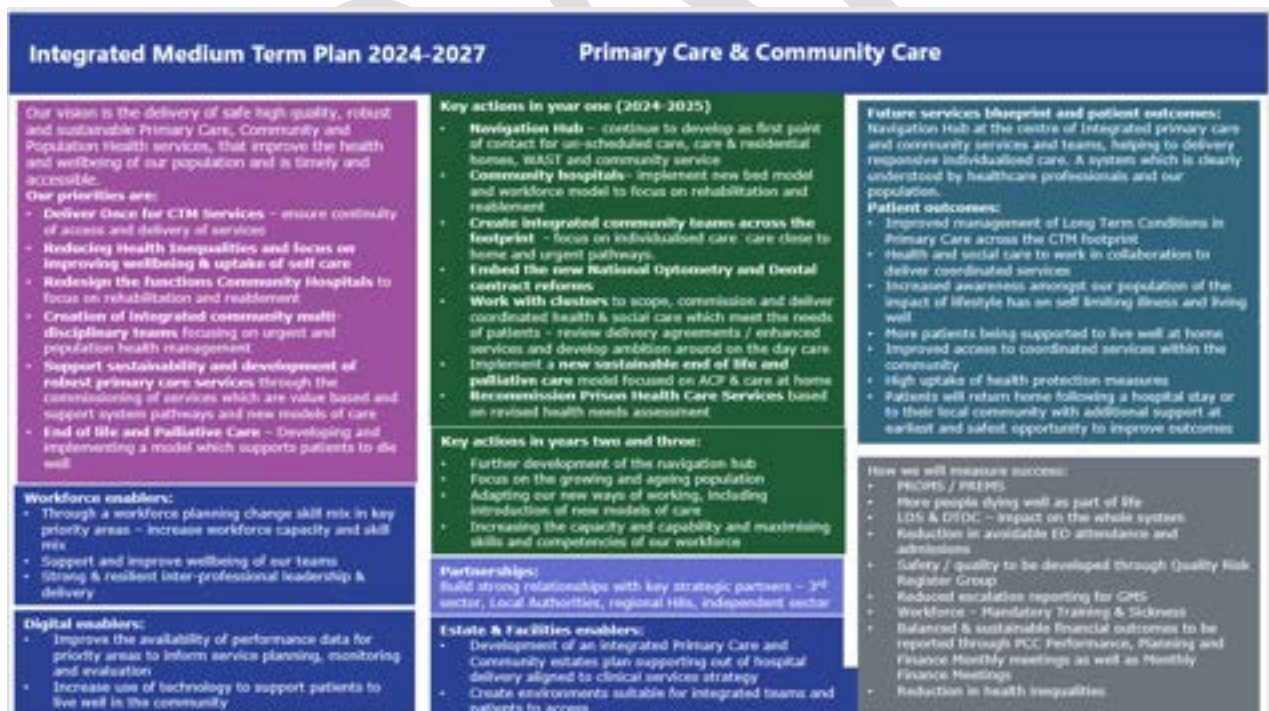
PRIMARY AND COMMUNITY CARE



Primary and community care services span the life course and provide both planned and unscheduled care. The Primary and Community Services Care Group's goals are to:

- Improve patient outcomes and quality of care through robust governance
- Increase resilience of, and improve access to primary care services
- Develop integrated services through partnership working
- Give our teams the tools, training and support needed to deliver our vision
- Ensure financial sustainability through efficient use of resources

Aligned to policy and strategic drivers, including the various Strategic Programmes for Primary Care, e.g. community infrastructure model, the Six Goals for Urgent and Emergency Care (notably goals one, two and three), nursing workforce plan and Allied Health Professionals (AHP) Framework, the Care Group will build on the work undertaken in 2023-24. The following plan on a page provides a high-level overview of the care group's priorities for the 2024-2027 period.



Specific priorities for Primary and Community Care in 2024 - 2025 and beyond include:

- **Further development of Navigation Hubs within locality integrated teams:**

During 2023-24, the Navigation Hubs received 5517 hub contacts from January 2023 to date. Of these, 4807 (87%) interventions successfully resulted in admission avoidance.

In 2024-25, the service will:

- Enable direct same day emergency care (SDEC) pathways for Welsh Ambulance Services Trust (WAST) and impacting on number of cases redirected from emergency departments;
- Provide support for C3 Radius Physician Triage and Streaming Service to support with review of patients on the Ambulance Service stack seven days a week;
- Continue to evolve and integrate the Hub with other community resources (including Local Authority Services) to become navigator single point of access - focus on development of falls service with 7 day duty therapists linked to wider community team
- Work with care homes to ensure the Clinical Navigation Hub is the first point of contact before 999 unless deemed a life threatening emergency.
- Increase awareness and use of the Navigation Hub
- **Further progress the delivery of enhanced community services to provide urgent/ unscheduled community responses using intensive, time limited wrap-around multi-disciplinary team support. Key developments are:**
- Support the flow of patients from hospital to home through actions including:
 - Embedding Supported Discharge Notification form and electron transfer of care (ETOC)
 - Embedding the whiteboards system
 - Delivery of the Trusted Assessor model
 - Further develop digital and remote services support patients remaining safe at home (maximizing the benefits of enhanced community teams)
 -
- Integration of teams involved in delivering the Urgent Community Pathways within the community – development of 24/7 same day acute response across the CTM footprint.
- Focus on the community nursing infrastructure and district nursing principles by the strengthening delivery of the weekend and out of hours period.
- Address delivery and capacity for medicines at home administration
- Deploy the allocation of additional allied health professional (AHP) team capacity to meet demand (Q1);
- Review the front door assessment for direct provision via the hub (Q1);
- Produce and implement triage tools to enable streamlined pathways and appropriate response (Q1);
- Further expand the capacity and function of the hub and spoke model (Q2)
- Undertake a cross-functional review of demand and capacity following phase two (Actions in Q1), to inform future commissioning.
- **Further progress community hospital model service redesign**
- Phase three of the community hospital model programme will take place during 2024-25. This will further develop the model which delivers discharge to recover then assess (D2RA) pathways two (rehabilitation and reablement) and three (complex assessment). Key actions include:
 - Development and delivery of a workforce plan and associated organisational change processes:
 - Recruitment to revised roles and workforce training
 - Revised clinical governance
 - Delivery of data and performance infrastructure – regular use and monitoring of the 'community hospital dashboard'
 - Delivery of community integration with intermediate care
 - Provision of a step-up model of services

- Demand and capacity modelling
 - Maximise and embed the trusted assessor roles
- **Delivery of a palliative care strategy based on four pillars:**
 - Specialist palliative care inpatient beds;
 - Acute in-reach services
 - Community-based services (including day services)
 - Education and awareness
- **Ongoing delivery of work to ensure sustainable primary care services and accessibility for our population.**
 - Transfer the directly managed practice back to independent status
 - Delivery of a model of care for clusters which are in need of additional support;
 - Implementation of the new National Optometry and especially embedding the WGOS 4 services.
 - Implementation and embedding of the Dental contract reform and new metrics.
 - Development of integrated salaried dental services which focus on maximising access for the vulnerable groups and also training opportunities for professionals
 - Agree a model of delivery for Orthodontic Services
 - Reduce the backlog for General Anaesthetics for both paediatrics and adults
 - Maximise access to all primary care services
- **Review of prison healthcare and recommissioning of services following a health needs assessment, to ensure our patients have access to appropriate and timely services**

MENTAL HEALTH AND LEARNING DISABILITIES



Our Mental Health and Learning Disabilities Care Group's vision is to deliver high quality, robust and sustainable services, meeting needs and hearing all voices to enable open, honest and continuous collective improvement. Our 7 high profile objectives are:

- **Once for CTM** – building on the best internally and externally, ensuring safety, listening and hearing the voices of our population to drive continuous improvement
- **Strong primary prevention** – working in partnership across geography and population
- **Robust and responsive core service** which is timely, effective and promotes independence
- **No wrong front door** – welcoming, effective and responsive based on need
- Developing **new models of care** which respond to changing need and new opportunities
- **Sustainable use of resources** which are fit for the future
- A **people focus**, valuing, respecting and hearing the voices of all and supporting development for the future

The service plan on a page sets out the vision, key priorities and actions for the 2024-27 planning cycle on the basis of these priorities.

Integrated Medium Term Plan 2024-2027		Mental Health & Learning Disabilities
Our vision is the delivery of high quality, robust and sustainable mental health & learning disability services, meeting needs and hearing all voices to enable open, honest and continuous collective improvement. Our priorities are: • Once for CTM – building on the best internally and externally, ensuring safety, listening and hearing the voices of our population to drive continuous improvement • Strong primary prevention – working in partnership across geography and population • Robust and responsive core service which is timely, effective and promotes independence... • No wrong front door – welcoming, effective and responsive based on need • Developing new models of care which respond to changing need and new opportunities • Sustainable use of resources which are fit for the future • A people focus, valuing, respecting and hearing the voices of all and supporting development for the future	Key actions in year one (2024-2025) • Once for CTM – all directorates develop SOPs & outcome measures including PROMS • Strong primary prevention – 3rd sector review, enhanced education & peer support, improved commissioning & cluster alignment • Robust & responsive core service – Inpatient Improvement program, H&S, outpatient improvement, H&P Part 5, Psychological Therapies redesign • No wrong front door – 111#2, alternatives to admission, psychiatric liaison • New models of care – CHC, Day Services, Older Adult Beds, Rehab & Recovery, Crisis & RCRP • People focus – inter-disciplinary, cultural competency, lived experience, enhanced training Key actions in years two and three: • Strong primary prevention – whole schools approach • Robust & responsive core service – WISE, CH&Ts, EIP, LD, Perinatal, CDAT & specialised services • No wrong front door – Crisis & Wellbeing retreats • New models of care – Complex female care, LSU & suicide/self harm • People focus – psychologically informed workforce Partnerships: • Ensure strong relationships with key strategic partners – 3rd sector, Local Authorities, regional H&S, independent sector, police & R&N/PSB Estate enablers: • Disinvest in poor estate aligned to transformation • Development of a robust and integrated estate plan • Improvement of inpatient facilities to support recovery and experience	Future services blueprint and patient outcomes: To be added pending the new MH strategy for Wales – consultation pending. • 1: People have the knowledge, opportunities and motivation to prioritise their own mental wellbeing • 2: Cross government action to protect good mental health • 3: Action to deliver a connected system where people will receive the appropriate level of support wherever they reach out for help • 4: Seamless mental health services – person centred, needs led and guided to the right support first time without delay • 5: Suicide & Self Harm Strategy Patient outcomes: These will be informed by the Lived Experience work but in the interim we will develop a mechanism for capturing PROMS and PRS&S across all services. How we will measure success: • PROMS / PRS&S to be developed through People's Experience Group • Mental Health Measures and alignment with Targeted Intervention escalation • Outpatient Activity & Waits to be developed through Performance Group • Inpatient LOS & outcomes to be developed through Inpatient Improvement Programme • Safety / quality to be developed through Quality Risk Register Group • Workforce – F&DT, Mandatory Training & Skills • Balanced & sustainable financial outcomes to be reported through MH&LD P&FV & Monthly Finance Meetings

The outcomes of our vision, objectives and plan is that:

- People living in the CTM area will have the knowledge, opportunities and motivation to prioritise their own mental wellbeing
- Services will be delivered within a connected system where people will receive the appropriate level of support wherever they reach out for help and ensuring seamless service delivery

2023-2024 has been a transitional year where we have made strong performance, quality and safety improvements, a selection of which include:

- Adult Local Primary Mental Health Services now meet the 80% waiting time standard for patients referred and assessed within 28 days (Part 1 of the Mental Health Measure).
- CAMHS Local Primary Mental Health Services meet the waiting time standard for patients referred and assessed within 28 days, increasing from just 10% in April 2023 to achieving and sustaining over 80% from July 2023 onwards.
- Tier 4 WHSSC commissioned inpatient provision for CAMHS was fully de-escalated in August 2023 following implementation of a comprehensive improvement programme. This was complemented by a positive HIW unannounced inspection to the unit.
- Psychological therapies waiting times have improved from 45% in March 2023 increasing to 60% in December 2023 with further planned in 2024-2025 to meet the 80% target.
- Adult inpatient improvement programme has focussed on care and discharge planning resulting in a significantly improved unannounced inspection in November 2023.

During 2024-27 we will deliver further improvement across the whole patient pathway. We will strengthen existing relationships with Local Authority and Third Sector Partners and build a Once for CTM approach for all our services from community prevention, primary and secondary care to tertiary and specialised services. Key actions in this period include:

- A focus on strong primary prevention will continue with:
 - A review of services provided by the third sector;
 - Development and delivery of enhanced education and peer support;
 - Improved commissioning of services in alignment with the Accelerated Cluster Development programme.
- Robust & responsive core services through delivery of:
 - The implementation of the Inpatient Quality Improvement programme (aligning with the national programme)
 - Improvement in access to the memory assessment service; psychological therapies and ND services
 - Review of services to HMP Parc Prison
 - Psychological therapies redesign
 - Strong and proactive Community Mental Health Teams;
- Further work to support urgent service access ensuring the "No wrong front door" principle via :
 - 111 press 2
 - Delivery of services to present alternatives to admission
 - Accessible psychiatric liaison services
 - Implementation of Right Care, Right Person
- Development and delivery of new models of care across a range of service areas:
 - Older Adult inpatient and community services;
 - Rehabilitation and recovery services.

- Streamline and improve the unscheduled care assessment across CTM
- Development of a complex patient pathway and integrated models with our partners

To enable these work programmes we will focus on developing our inter-professional workforce, ensure all roles work together to deliver a consistent and caring service model. The capital development of programmes will be key and we are developing a series of proposals over the next 10 years to strengthen inpatient and community estate. Digital development is key and we will be prioritising the implementation of a single digital system for all services as well as exploring opportunities to use new technology to support care at home.

LEARNING DISABILITIES

Specialist learning disability services for residents of the health board area are provided through a commissioned arrangement with Swansea Bay University Health Board, with non-specialist services provided by the health board.

During 2023-24, work has been undertaken by the health boards who commission specialist services from SBUHB, in collaboration with the health board to establish enhanced arrangements for joint planning and commissioning. These will be embedded during 2024-25 and will deliver a shared commissioning and transformation post to facilitate the future service model development and delivery.

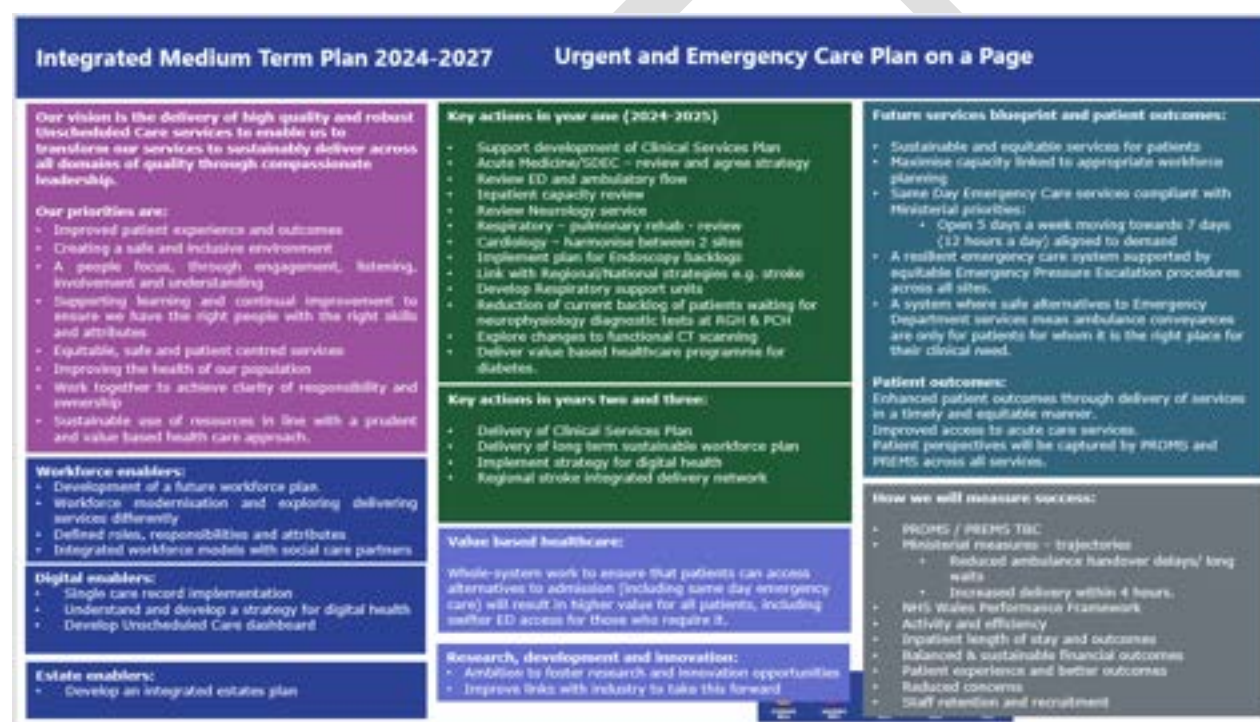
URGENT AND EMERGENCY CARE



The Urgent and Emergency Care group provides a range of acute services for our population and has a focus on the delivery of seamless service provision for patients with acute care needs with smooth transitions into and out of the acute hospital system when required.

Aligned to the Six Goals for Urgent and Emergency Care, the underlying principle is to ensure access to the right care in the right place at the right time through collaboration with wider health services, social care, third sector and independent care services.

The 2024-27 plan builds on our previous plans, and our improvement plans are supported by the care group management structure and the Six Goal programme.



Our priorities for the 2024-25 period are set out in further detail below. The impact of actions on the quality, safety and the improvement of performance against key metrics will be consistently reviewed.

Our ongoing emergency department improvement work will continue to focus on the quality and safety of delivery including ambulance handover. Key actions will include:

- The development of ambulatory flow pathway/fit-to-sit pathways across all of our sites;
- A review of the streaming of patients including streaming out of the emergency department;
- Workforce modelling, which will identify when staff are most needed as well as how many staff are needed in line with patient demand for services.

In acute medicine services we will:

- Review same day emergency care (SDEC) services, working towards a 5 day service initially;
- Review opportunities to manage pathways and signpost patients to the most appropriate service, linking in with community pathways and acute frailty offering;
- Review the Getting it Right First Time (GIRFT) review of acute medicine and define the future model of delivery for the acute medicine team;
- Roll out implementation of optimal patient flow models via the Acute Medical Units;
- Explore options for extending SDEC in to virtual ward management.

Care of the elderly services priority actions will focus on frailty models spanning acute and community settings:

- Review acute frailty services to ensure equitable access across all three acute sites to a geriatrician at the front door for presentations related to acute frailty;
- Develop an integrated model of frailty medicine, spanning the @home service, community hospital, acute frailty and inpatient wards.

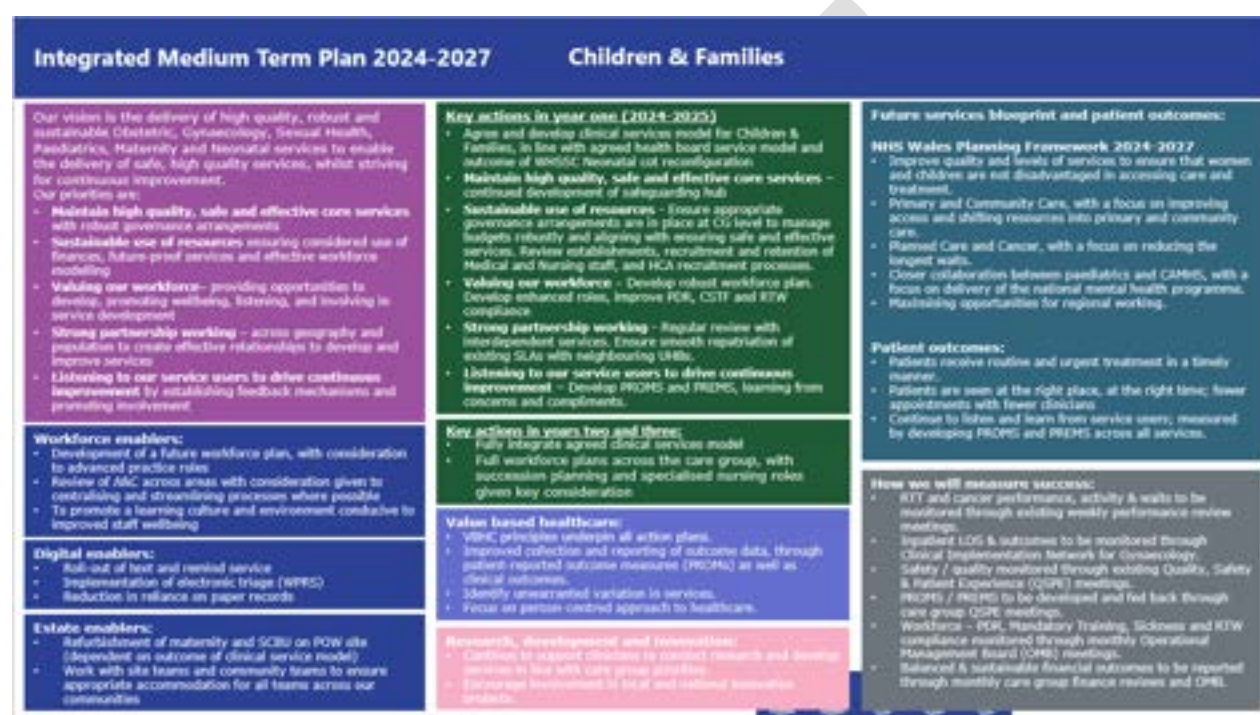
We will continue our work on stroke as set out in the Ageing Well Strategy Group section of this plan. This includes our collaborative work with South East Wales Health Boards, which is set out in the section on regional planning and commissioning.

All areas of specialist medicine will undertake improvement plans, with a focus on delivery against quality statements. Neurology services will be subject to a full service review in collaboration with the provider of commissioned services for our population. This work commenced in quarter four of 2023-2024 and will result in an agreed model of service for the future.

CHILDREN AND FAMILIES



The Children and Families Care Group incorporates services to children and young people, maternity and women's health plus sexual health and comprises both directly provided and commissioned services. The plan on a page sets out our plans for the next three years.



Our vision is that our population will

- Be able to access services in the most appropriate place through a focus on shifting resources into primary and community care where possible;
- Have integrated physical and mental health services;
- Be able to inform the development of our services through engagement activities and the use of patient reported outcome and evaluation measures (PROMS and PREMS).

Key priorities for 2024-25 are set out below.

We will undertake review of our community services in alignment with our clinical services plan development. Services will be reviewed with a view to ensuring equity of access across the CTM geography whilst meeting the needs of specific areas.

- Health visiting services are focused on supporting family resilience. The review will commence with scoping of the health visiting service models in place in collaboration with local authority partners and stakeholders and will comprise:
 - Workforce review and development of a model based on a skill mix aligned to service needs.

- Workforce planning aligned with demand and capacity assessment, to incorporate consideration of new housing developments to ensure the workforce planning is aligned to expected population growth;
- School health services will be reviewed in collaboration with education partners and stakeholders. Workforce review has commenced during 2023-24 and work will continue to ensure optimal allocation of service resources to meet need.
 - The delivery of services to support children and young people to achieve a healthy weight, as set out in the Growing Well section of this plan will be incorporated into the service planning.
- Our acute services improvement plans seek to ensure effective links with community services and to align the service capacity across a range of speciality areas to meet demand.
- Service specific priorities include the development of a health board wide paediatric diabetes service;

Maternity and Neonatal Services

Further to the work undertaken during recent years to improve maternity services, as set out in the governance section of the plan, the 2024-27 plan maintains our focus on maintenance of high quality maternity services and continuous improvement. During 2024-25 we will:

- Continue to implement phase two of the Neonatal Safety Programme introduced in April 2024;
- Implement digital patient records in line with the ministerial priority development Digital Maternity Cymru, as part of the Maternity and Neonatal Safety Programme;
- Undertake a review of the maternity workforce to ensure that the service is be Birthrate + compliant.
- Participate in the review and reconfiguration of neonatal cot services which is being facilitated by WHSSC.

WOMEN'S SERVICES

In line with our acute clinical services planning work, a key priority for 2024-25 will be to review the delivery of Obstetric and Gynaecology services to include urgent and emergency care, inpatient, outpatient and community services across all sites. The outcome of this review will be a future service model.

During 2024, we will further develop the Gynaecology Hub at Royal Glamorgan Hospital to increase access to ambulatory Gynaecology services, outpatient services, rapid access clinic, rapid access diagnostics, early pregnancy services and outpatient procedures.

During 2023-24, the service commenced a review of hysteroscopy and colposcopy services across the health board (to include services for Bridgend patients currently provided at Neath Port Talbot Hospital). This review will be concluded during 2024 and will ensure that the future service model provides timely and accessible services which are compliant with cancer and planned care waiting time standards.

PLANNED CARE INCLUDING CANCER



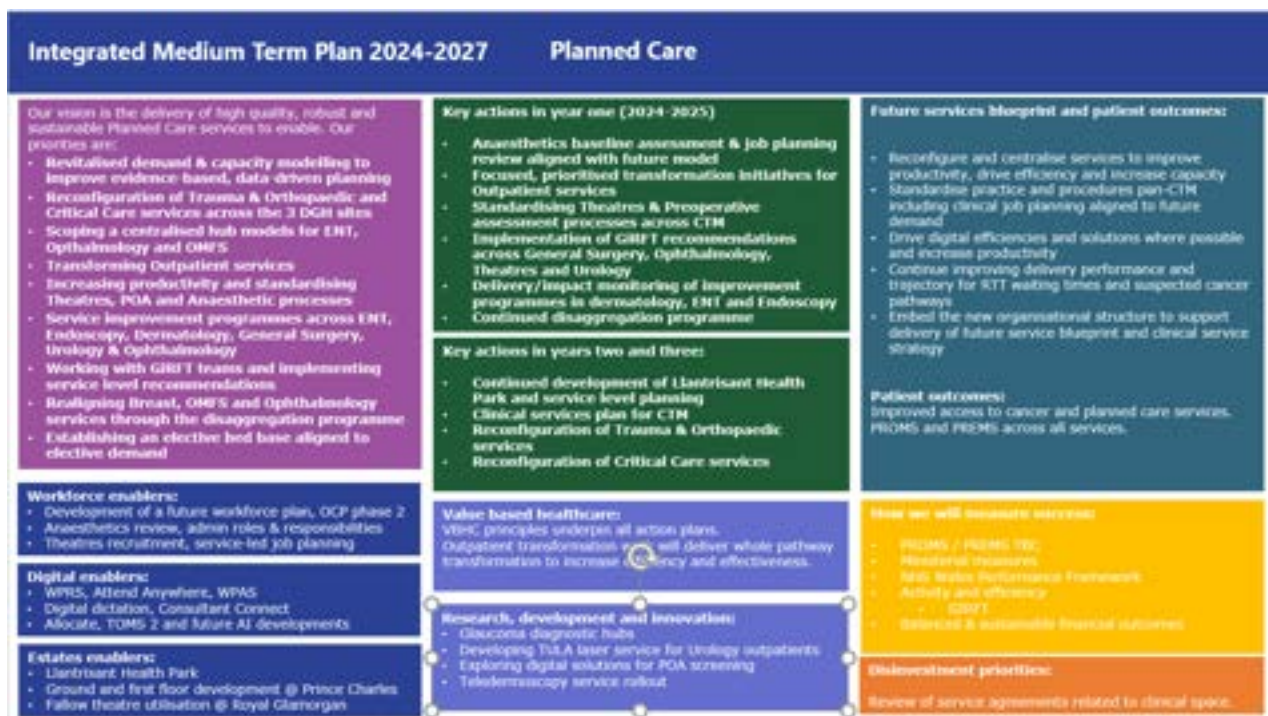
During 2023-2024, we further progressed planned care recovery and service improvements. Key developments included:

- Opening additional day surgery capacity on the Princess of Wales site to provide improved access for gynaecology, ENT and Urology surgery services.
- Progressing delivery of one-stop gynaecology services at Royal Glamorgan Hospital.
- Work with Cardiff and Vale and Aneurin Bevan UHBs to deliver ophthalmology services resulting a reduction in long waits for cataract surgery for our residents.
- We have worked with Swansea Bay UHB to disaggregate the historical service model for breast surgery to enable Bridgend residents to access the one-stop breast outpatient service at the Snowdrop Unit and breast surgery at Royal Glamorgan Hospital, providing equity of access for all residents.
- Increased glaucoma capacity through outsourcing, delivering an additional seven hundred and twenty cases
- Improvements to endoscopy performance with significantly increased utilisation and subsequently reductions to both the routine and urgent waiting list

Our aim remains to further progress the recovery of elective care and to move towards sustainable services. Our plans are founded on the national recovery principles for Wales:

- Caring for those with the greatest need first, providing equitable access to all
- Doing only what is needed and do no harm, transforming the way we provide care
- Reducing inappropriate variation through evidence based approaches, clinically-driven and quality pathway development

Our Planned Care Recovery and Improvement Programme is aligned to the national Five Goals for Planned Care and includes prioritising developments in areas of high-risk and of high impact, to ensure value driven improvements alongside work to maximise efficiency and effectiveness. Cancer services improvement is overseen by a Cancer Board and driven by a Cancer improvement plan. The plan on a page is set out below.



OUTPATIENT TRANSFORMATION

During 2023, we reviewed and re-designed our Outpatients programme. The programme is fully-aligned to the Five Goals for Planned Care and takes a whole pathway approach to improvement. Working with speciality areas to transform outpatient processes and care from referral management through to post treatment requirements, incorporating education for self-management and patient initiated follow up, the programme will ensure value is at the heart of all services and processes. The graphic below sets out the programme structure.



During 2023-24 the revised Outpatients programme has focused on Dermatology and Ear Nose and Throat (ENT) services. The development of a dashboard for Outpatient Services will enable the selection of future priority areas. It is likely that Urology will be the next priority area for this programme.

PLANNED CARE PRIORITIES

In line with our emerging Acute Clinical Services Plan (ACSP), a key focus of our work moving into 2024-25 is the redesign of our service to ensure they are fit for the future and drive optimised efficiency and effectiveness.

Key priorities for service review and improvement during 2024-25 are:

- **Anaesthetics** – we will undertake a full baseline assessment of services with a view to standardisation across sites and delivering a realigned service to deliver on the requirements of our future service model as confirmed by the ACSP.
- **Pre-Assessment** – moving toward standardised service pan-CTM with availability aligned to waiting times reducing the risk of expiration of POA prior to procedure
- **Critical Care** – review of critical care services was included in our 2023-24 plan and a programme structure was initiated. Due to the interface with the ACSP, this programme work was paused and will recommence during 2024-24. This will comprise:
 - Review of service structure requirements as designated by the ACSP
 - Assessment of the required infrastructure (estates/ equipment) and workforce requirements
 - Development of an agreed new service model (with appropriate engagement and consultation included)
 - Implementation plan and timescales will be subject to business case approval.
- Elective bed capacity - Establish an elective bed base to meet demand
- **Endoscopy** – following significant improvements in endoscopy service access during 2023, through the delivery of an internal improvement programme and the continued use of additional insourced capacity pending completion of regional work under the auspices of the **South East Wales Regional Diagnostic Programme**, we will:
 - Continue our work with partners to delivery regional endoscopy solutions with the completion of the procurement process by the end of Quarter 1 2024-25.
 - Centralise decontamination unit at Princess of Wales Hospital
 - Continue our JAG accreditation process for Prince Charles Hospital and Royal Glamorgan Hospital sites
 - Open the third endoscopy unit at Prince Charles Hospital
 - Scope options for accessing capacity at Powys Teaching Health Board's Brecon unit.
 - Extend the mobile unit for a further six months.
- **General Surgery**
 - We will continue to progress the CMR implementation programme and staff training (Colorectal/UGI/Gynae)
 - Continue work with provider organisations to ensure equitable access for Cwm Taf Morgannwg residents.
 - Continued implementation of GiRFT recommendations through clinically-led transformation group
- **Head and Neck Services** – we will
 - Scope development of primary care audiology support
 - Develop plan to centralise urgent and emergency Head & Neck services at RGH with an enhanced care area and merged on-call rota
 - Review our service arrangements with other health boards (following work initiated during 2023).
- **Trauma and Orthopaedics Service Redesign** – further to our joint work with Swansea Bay University Health Board to disaggregate the former service arrangements at Neath Port Talbot Hospital during 2024, we will continue our work to redesign trauma and orthopaedics services. This has interconnections and interdependencies with:
 - **The South East Wales Regional Orthopaedic Programme** (please refer to the section in this plan on regional planning and commissioning).
 - **The Llantrisant Health Park Programme** to develop a regional diagnostic and treatment centre.

- **Theatres** - Continue recruitment drive to align with agreed workforce principles, maximising opportunities for day-case/LA procedures and increasing productivity and utilisation through improved start/finish/turnaround time
- **Ophthalmology services** – further to our work with the South East Wales Ophthalmology programme during 2023 and our internal work to develop and implement an improvement programme based on Getting it Right First Time (GiRFT) and the formal re-establishment of our Eye Care Collaborative Group (ECCG), we will:
 - Undertake continued performance monitoring and service improvement initiatives through the GiRFT group and our ECCG.
 - Work with colleagues in the SE Wales Regional Ophthalmology programme to develop the phase two business case for sustainable cataract services and undertake collective work for glaucoma service improvement.
 - Assessing the potential for a glaucoma diagnostic centre. A business case is in development. This potential development will align to regional work.
 - Review emergency eye care services to identify a future model of service.
 - Review jointly provided services with Swansea Bay University Health Board to identify the optimal future service delivery model for all residents.
 - Continued implementation of GiRFT recommendations through clinically-led transformation group
 - Full workforce review to scope nurse-led clinic opportunities.
- **Urology Services** – we will further progress work commenced in 2023 for the provision of Local Anaesthetic transperineal prostate biopsy (LAPB) with the delivery of a final business case. We will also:
 - Undertake a review of service rotas and implement changes to deliver a 1:8 rota.
 - Develop a plan for a Tula laser service for less invasive outpatient procedures.

DELIVERY EXPECTATIONS/ MINISTERIAL MEASURES

During 2023-24, we made significant improvements in the numbers of patients waiting in excess of 104 weeks for definitive treatment (under referral to treatment guidance and requirements) with our quarter one and two performance exceeding the planned trajectory. However, during quarter three the delivery was below plan due to a number of factors including some service changes being paused during 2023 pending further work with interdependencies (e.g. trauma and orthopaedics review and reconfiguration), impacts of emergency pressures, industrial action and ongoing financial constraints. The specialities underpinning the challenge with achieving waits consistently below 104 weeks are ENT, Gynaecology, Ophthalmology, Orthopaedics, and Urology. Improvement plans for these areas are described above and are key priorities for this 2024-2027 plan

Pending formal confirmation of Welsh Government expectations for planned care improvement for 2024-25 for both cancer services and referral to treatment time waits for non-cancer services, we have tested a number of improvement scenarios which are being assessed against other organisational priorities. This assessment is informed by risk, quality and value principles and supported by baseline assessment of all services to support the development of the ACSP and our integrated medium-term plan.

Cancer performance is gradually improving, we continue to work toward achieving the 75% SCP compliance in all areas. Planned Care recovery allocations will reset for 2024/25 allowing additional activity to commence. Services are supported on SCP performance at weekly focused sessions, and these will continue throughout 2024/25, with services working through their demand and capacity trajectories, identifying gaps and putting mitigation plans in place. Ongoing improvements works across Urology, Gynaecology and Endoscopy will be key to delivery, as well as increased capacity across diagnostic services.

DIAGNOSTICS THERAPIES PHARMACY AND SPECIALITIES



The Care Group comprises Radiology, Pathology, Therapies and Pharmacy and Medicines Management services and provides services across the health system and the life course.

The Care Group has an important contribution to a number of key programmes and ministerial objectives including: primary care access, urgent and emergency care, pathways of care, planned care and cancer improvement.

During 2023-24 the Care Group made progress in a number of areas and has undertaken foundational work for the 2024-27 period.

MINISTERIAL MEASURES

A key aim of the Care Group will be to work towards the delivery of ministerial measures for diagnostics and therapies including:

- Diagnostic tests to be provided within eight weeks.
- Diagnostic tests to be accessible for ensuring the delivery of the single cancer pathway.
- Therapies services to be provided to patients (both children/ young people and adults) within fourteen weeks of referral.

Radiology

The radiology plan on a page is set out below.

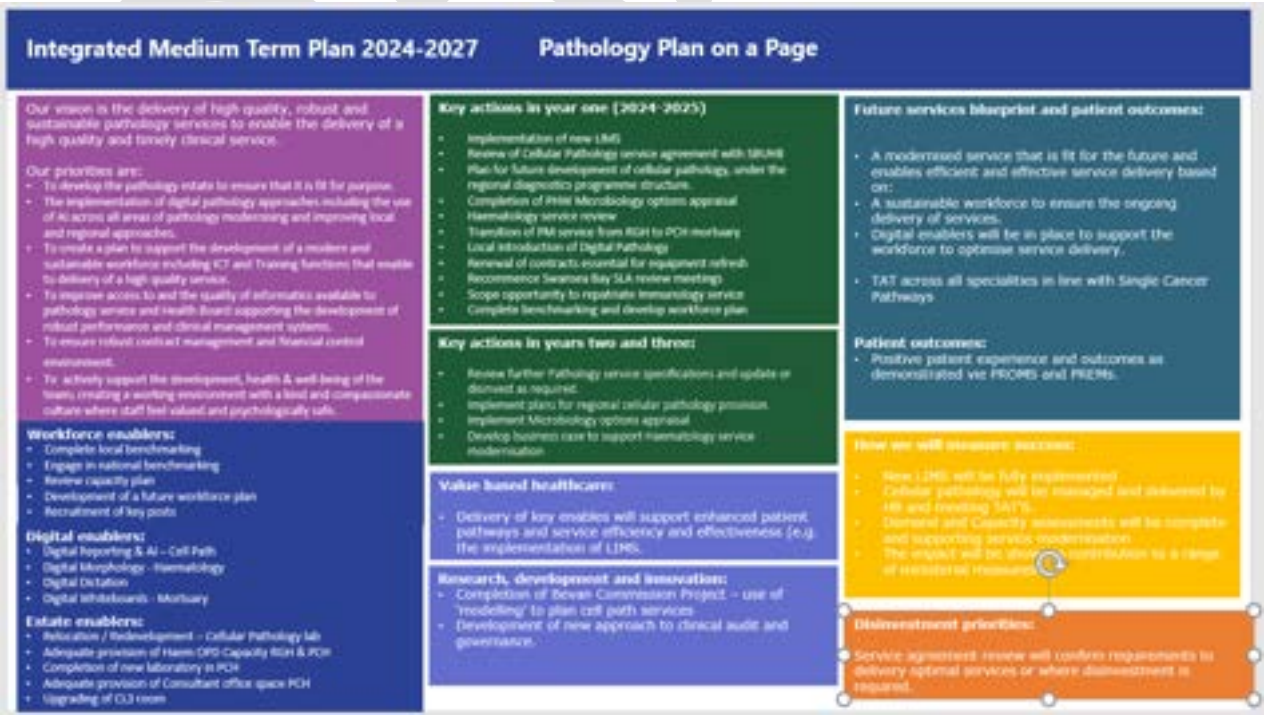
Integrated Medium Term Plan 2024-2027		DTPS: Radiology Plan on a Page
Our vision is the delivery of high quality, robust and sustainable Radiology services to enable the delivery of a high quality and timely clinical service. Our priorities are: - Delivering waiting times target of 8 weeks for all diagnostic modalities and reducing diagnostic wait within the 10P 62 day target. - Responsive diagnosis to investigations to support the urgent and emergency care pathways. - Rapid diagnostic investigations to deliver single Cancer Pathway target through development of optimal pathways - Accelerated Imaging and 'One Stop' Clinics. - Develop and support the sustainable delivery for diagnostic capacity across South East Wales. - To create a plan to support the development of a modern and sustainable workforce including training and education that enable delivery of a high quality service. - To ensure robust contract management and financial control environment. - Robust legislation with compliance [RMO/117 and 118/12]. - To actively support the development, health and well being of the team, creating a working environment with a kind and compassionate culture where staff feel valued and psychologically safe. Workforce enablers: - Review demand and capacity plan. - Development of a future workforce plan. - Recruitment and retention in key pools. - Flexible working and partial retirement. - Role extension and introduction of new roles to support the service. - Robust job planning to support the needs of the service and recognise the contribution of staff. Digital enablers: - Reviewing and utilising new digital technologies as they arise. - E-vetting and full roll out of electronic test requests.	Key actions in year one (2024-2025) - Full disaggregation of mammography services from SBCHH. - Review demand and capacity plans. - Develop workforce plan to meet demand including recruitment and retention plan. - Continue with preparatory work for IG/PAICS implementation. - Review management structure and governance arrangements. - Review of all service agreements to ensure they are fit for purpose. - Explore income generation opportunities and cost improvement initiatives. - Active engagement in the development of Usher Health Park. - Work with planned care team to convert TRUS biopsy into LA/9H. - Develop an agreement with Cardiff and Vale regarding 24/7 MRI for Cauda Equina. - Strengthen the nuclear medicine provision with our partners. Key actions in years two and three: - Plan further SA changes with other health boards. - Regional discussion around Usher Health Park provision. - Move to all Wales single Radiology Information System. - Develop MR reporting radiographers. - Ongoing work for the future workforce plans to ensure services will be sustainable. - Consider Radiology service in planning in conjunction with plans. Value based healthcare: - VHBC principles underpin all action plans. - Increasing our advanced reporting radiographer workforce. Research, development and innovation: - Ensure participation in review of new technology e.g. AI proposals linked to the Imaging Academy. Estate enablers: - Repurpose old mammography suite to increase staff accommodation for growing number of staff and trainees. - Redevelopment of BA site, Usher Health Park.	Future services blueprint and patient outcomes: Sustainable and appropriate services for patients. Maximise the capacity of all radiology assets with links to appropriate workforce planning. Close alignment to other care group plans to ensure the radiology service can support. Long term objectives identified in building the North Wales Imaging Workforce Model - Strategy for Developing a Radiology Workforce for Wales (2023). Need to consider 7 day working model to support the acute hospitals and patients needs 24/7. Patient outcomes: Patients receive routine and urgent diagnostics in a timely manner. Patients are seen at the right place, at the right time, fewer appointments with fewer clinicians (avoiding diagnostics where possible e.g. endoscopy to CT colon). Continue to listen and learn from service users, measured by developing PROMs and PREMs across all services. Will need better access to Cyma Mediade. Three year skill development commitment: - Current and capacity commitments will be complete and supporting service meet and exceed standards. - Reduced waiting times to live with Ministerial & single cancer pathway targets. - Patients experience and better outcomes with more timely diagnostics to aid treatment plans. - Retention in key pools. - Increased staff retention and successful recruitment. - Maintain financial control target. - Safety & quality monitored through existing Quality, Safety & Patient Experience (QSPE) meetings and robust regulatory documentation (audit). Disinvestment priorities: Potential for service refinement with the development of Community Diagnostic Hubs (any changes will be subject to formal consultation).

During 2024-25 we will:

- Continue our regional diagnostics work with our plans to develop a number of Community Diagnostic Hubs in the South East Wales region with the potential for the first phase to comprise the development of two hubs to be provided via a managed services contract.
 - Phase two will be the development of the longer-term service delivery mechanism and will require workforce development within the NHS. Plans will be developed and delivered in collaboration with Health Education and Improvement Wales and the National Imaging Academy.
- Building on work undertaken in 2023-24, we will provide interim solutions to create additional radiology capacity while phase one is in development. This will include the deployment of a mobile MRI scanner unit to be sited at Llantrisant Health Park.
- Review our service agreements with neighbouring health boards to ensure they are fit for purpose and in particular,
 - Develop an agreement with Cardiff and Vale regarding 24/7 MRI for Cauda Equine
 - Strengthen the nuclear medicine provision with our partners
- Review demand and capacity plans and develop a workforce plan to meet demand including recruitment and retention plan.
- Continue with preparatory work for RIS/PACS implementation
- Work with planned care team to convert TRUS biopsy into LATPB

Pathology

During 2024-25, we have made progress towards the development of regional cellular pathology services, worked with colleagues in Swansea Bay University Health Board to assess the current service provision between the health boards and to assess future service options. We have delivered additional capacity to deliver timely access. Across the four sub-speciality areas of Cellular Pathology, Clinical and Laboratory Haematology, Biochemistry and Microbiology, our plans are set out in the following plan on a page.



During 2024-25 we will:

- Continue our work within the regional diagnostics programme to develop regional Cellular Pathology Services and will deliver a finalised options appraisal in quarter one and a business case in quarter two.
- Work towards the delivery of digital cellular pathology. The national programme business case is expected to be available for assessment in quarter one of 2024-25.
- Continue our work with Swansea Bay University Health Board to review the jointly provided Pathology services to confirm the optimal future option for both health board populations.
- Undertake a review of Haematology services to develop a future model of service.

Therapies

During 2023-24, we have made progress across a number of areas.

Workforce

- The Therapies department adopted the HEIW workforce planning toolkit and completed the three-session training. The finalised Therapies workforce plan will be available in the first half of the 2023-24 financial year.
- We undertook a successful recruitment drive in summer 2023 via social media, face to face weekend and evening sessions and a lunchtime webinar.

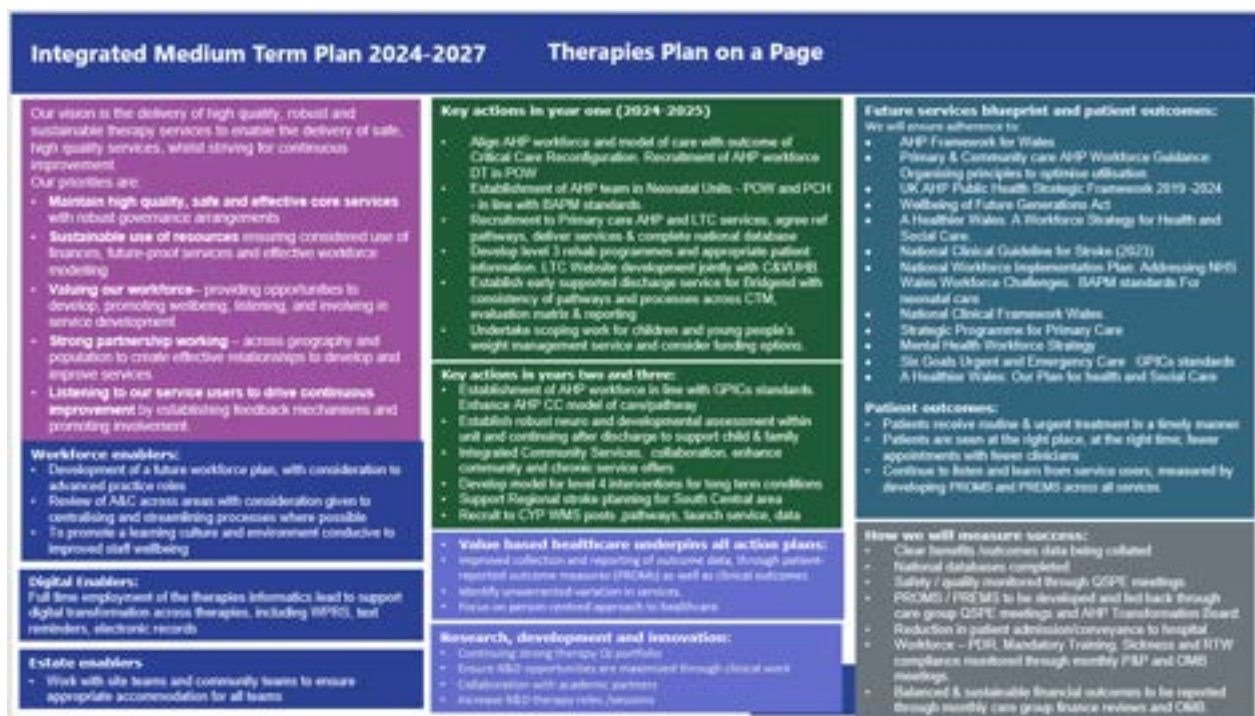
Service user education/ support and feedback mechanisms

- Collaboration with C&V UHB to allow CTM patients access to their 'Keeping Me Well' website and resources alongside the development of CTM specific pages.
- Therapies services are now able to access service user feedback via the Civica platform

Clinical Transformation

- Public health dietetics successful roll out of PIPYN which supports children and families with healthy nutrition advice. The service has been supported for expansion in 24/25.
- MDT support to repurpose nursing funds to fund specialist critical care SLT roles in each critical care unit in the HB to support the wider MDT and improve patient outcomes.
- We commenced the development of an Early Supported Discharge Service for stroke patients in Bridgend, which will provide equitable access to this service across the region.
- Development of a same day emergency care service for POW and PCH to turn patients around at the front door or reduce length of stay for those that need to be admitted thus reducing risk of deconditioning and healthcare acquired infections.
- Development work for a long term conditions offer to include support for cardiac and pulmonary rehabilitation, long COVID, ME, cancer pre-habilitation, and a neonates follow up service.
- Utilising Welsh Government funding of allied health professionals in primary care to:
 - Provide Occupational Therapy in the navigation hub to support patients in the community to stay in their own homes and avoid unnecessary admissions.
 - Develop a Physiotherapy-led falls service focusing on prevention
 - Hot clinic access to Speech and Language therapy, Podiatry and Dietetics resulting in reduced outpatient waiting times with patients being seen within 2-5 days of referral.

Our plans for 2024-2027 are set out in the plan on a page below.



Key areas for development in 2024-25 include:

- Align the allied health professional (AHP) workforce and model of care with the outcome of the Critical Care reconfiguration work being undertaken under our Acute Clinical Services Plan and described in the Planned Care chapter. Recruitment of dietetics workforce in Princess of Wales Hospital
- Aligned to the Neonatal services review described in the Children and Families chapter, we will review the establishment of the AHP team in Neonatal Units and Princess of Wales and Prince Charles Hospitals and develop a plan to provide workforce in line with the British Association of Perinatal Medicine (BAPM) standards.
- Develop the primary care allied health professional and long term conditions (LTC) services, including:
 - Agreeing referral pathways;
 - Delivery of the agreed service model and:
 - Complete national database
 - Develop long term conditions website in collaboration with Cardiff and Vale University Health Board.
 - Develop level three rehabilitation programmes and appropriate patient information.
- Establish early supported discharge service for Bridgend with consistency of pathways and processes across the health board region, supported by an evaluation matrix & reporting framework.
- Develop a business case for children and young people's weight management service.

Pharmacy/ Medicines Management

The Pharmacy and Medicines Management service comprises direct services in acute and community hospitals, a broad and developing service in General Practice which includes delivery of clinical pharmacy, prescription management and medicines safety and efficiency work, close working with community pharmacy colleagues to deliver public health initiatives including vaccination, specialist services, including support for patients who are treated

within services for interstitial lung disease, rheumatology, heart failure, pain, mental health, addictions and Your Medicines at Home.

During 2023-24, key developments included:

- Effective use of specialist prescribing pharmacists to support waiting list initiatives.
- Supporting accelerated cluster development to redesign primary care services.
- Continue collaboration with GP surgeries to improve prescribing quality and reduce unnecessary costs.
- Preparing for the implementation of electronic prescribing and medicines administration.



Key priorities for development in 2024-25 are:

- Review staffing levels to ensure clinical services prioritising according to highest risk.
- Establish networks between the Clinical Services team.
- Ensure all specialist clinical pharmacists are embedded in the MDT and contributing to all Quality and Safety, Planning and Performance and Operational meetings with each specialty to support safe, effective and cost effective use of medicines.
- CTMUHB Primary Care Antimicrobial Guideline updated in accordance with the 2022 AWMSC Primary Care Guidelines.
- Community Pharmacy IP training/mentorship/case review.
- Amalgamation of Cwm Taf and POWH/Bridgend Locality antimicrobial guidelines.
- Health Board wide analgesic stewardship group to be developed
- Produce acute / in-patient pain guidelines
- Develop a regular audit / review process for primary and secondary care
- Refocus services at YCR/YCC away from dispensing towards clinical service provision.
- Enhanced clinical service to the wards at YCR and YCC linking with cluster pharmacists in primary care to promote de-prescribing, decrease anticholinergic burden.
- Embed Your Medicines Your Health approach into all clinical pharmacy work on all sites

REGIONAL PLANNING AND COMMISSIONING

We recognise collectively that we must be even bolder and progress the development of a single South East Wales longer term plan that describes our collective ambitions as a region and a delivery roadmap to deliver high quality sustainable clinical services for the population of South East Wales. This collaboration is crucial if we are to deliver services that are equitable, improve outcomes and experience and attract and retain workforce where we are unable to do this individually.

We are in early discussions as a region on the approach to developing our collective plan. As an early indication we would look to develop the plan over 24/25 in the following tranches:

- Agree scope, timeline, approach & resources with our regional portfolio board - Q1
- Gather inputs and confirm planning assumptions - Q2
- Hold regional workshops to develop plan content and ensure stakeholder involvement - Q3
- Engage widely on our draft plan, finalisation and launch - Q4

We continue to recognise that many services across Wales can be enhanced and optimised when Health Boards collaborate and plan on a joint basis to maximise benefit to the wider population. Whilst not every service will lend itself to regional configuration, we see the potential of wider collaboration as a core element of this planning cycle and of our priority setting.

Through 2023/24 Aneurin Bevan UHB (ABUHB), Cardiff and Vale UHB (CAVUHB) and Cwm Taf Morgannwg (CTMUHB) were, and continue to be, part of formal collaborative planning arrangements that saw four programmes of work progressed. Each of these programmes (below) is assigned a Health Board 'host' and operates under the umbrella of a single portfolio to ensure consistency of approach and direct Executive level line of sight to delivery.

- **Ophthalmology**, hosted by ABUHB.
- **Orthopaedics**, hosted by CAVUHB,
- **Diagnostics**, hosted by CTMUHB.
- **Stroke**, hosted by CAVUHB

Significant progress during the last twelve months has been made in many areas and some the key 'highlights' are shown below.

- ✓ Regionally agreed regional business case to support the in-year recovery of cataract services. That led to;
- ✓ A regional service operating a shared PTL going live and subsequently eliminating all >3 years waits across the whole region.
- ✓ Developed a draft Orthopaedic Clinical Specification for the Llantrisant Health Park
- ✓ Completed baseline stroke position assessment, exploring clinical outcomes, operational efficiency, workforce and pathways, identifying priority areas for focus.
- ✓ Finalised a regional radiology business case in regards to procuring community diagnostic hubs for the region.

2023/24 also saw Velindre NHST formally welcomed into the regions joint planning arrangements. This saw the dissolution with the historic cancer care leadership Group (CCLG) and a commitment to instead constitute a regional cancer programme, hosted by ABUHB, with the aim of reinvigorating existing South East Wales regional cancer planning.

The progression of the Llantrisant Health Park (LHP) Programme continued to be a key wider strategic development for the region in 23/24 as it will be as we move forward into 24/25. The programme is CTMUHB 'owned' and therefore outside of the formal governance of the South East Wales regional planning arrangements but nevertheless is well recognised as being a key

enabler for many of the regions programmes of work. There will have to be continued close alignment between the LHP programme and the regions Orthopaedic, diagnostic and potentially Ophthalmology programmes.

Working collaboratively across organisational boundaries is not easy and whilst much has been achieved in the last twelve months this time has equally taught us what could make for even more effective regional planning and collaboration. All four organisations held a workshop in December 2023 to reflect, in a forward looking way, on how we can best take learning from the past twelve months into what the region does next and whether what we do moving forward has to be different. Collectively there was clear consensus that;

- **We need to even more effectively tell the story of why regional working is so important and why it's a priority for the region- not only to staff only up and down individual organisations but also across organisations ensuring there is a single consistent message.**

As a result **by Qtr 1** we planned to recruit a Head of regional communications and engagement to work across organisational boundaries and with local communications and engagement teams to put in place and implement more robust mechanisms for how we talk and listen to our staff, stakeholders and local populations. **By Qtr 2** we will have developed and be implementing a single regional communications and engagement strategy which will support the co-production of the plans being developed and implemented.

- **We need to review of existing governance arrangements. Whilst 'hosting' arrangements was initially an effective mechanism to gain traction and supported us in making some good progress it is clear that our governance must further mature.**

As a result **by the end of Qtr 1** we aim to have collectively reviewed our governance arrangements and agreed a revised approach which better supports collective decision making and seamless implementation of changes which have been agreed.

- We must be even bolder and progress the development of a single South East Wales longer term plan.

This must describe our collective ambitions as a region and a delivery roadmap that achieves high quality sustainable clinical services for the population of South East Wales. This collaboration is crucial if we are to deliver services that are equitable, improve outcomes and experience and attract and retain workforce where we are unable to do this individually.

We are in early discussions as a region on the approach to developing our collective plan. As an early indication we would look to develop the plan through 24/25 by:

By end of Q1	Agree scope, timeline, approach & resources with our regional portfolio board
Through Q2	Gather inputs and confirm planning assumptions
Through Q3	old regional workshops to develop plan content and ensure stakeholder involvement
Through Q4	Engage widely on our draft plan, finalisation and launch

- **That there needs to be an absolute commitment to delivery of existing programmes.**

As a result we have rebaselined our diagnostic, ophthalmology, Orthopaedic, stroke and cancer programmes to ensure ongoing consensus agreement on objectives, approach, priorities, planning assumptions and timelines and confirmed;

(i) Ophthalmology

This programme's objective is to deliver sustainable Ophthalmic Services across the region by creating a Regional Centre of Excellence Network Model. The first phases of the programme are focusing on development of a sustainable regional model for cataracts service delivery (which builds on the interim model put in place during 2023/24) and plans an approach for Glaucoma where working regionally will add value to the service.

In 2024/25 we will:

Within Q1	Finalised a business case for a long term regional cataract service
Within Q3	Begun implementation of a long term regional cataract service
By Q3	Scoped and developed regional plans for Glaucoma

(ii) Orthopaedics

The programme objective is to deliver high quality, equitable care and interventions with the best outcomes and experience for patients, whilst balancing orthopaedic demand, capacity, productivity and efficiency, in a sustainable way. In its first phase the programme will drive three core objectives; i. Additional Orthopaedic capacity project ii. Adopting best practice project iii. Exploit underutilised capacity project).

As a result in 2024/25 we will:

Within Q1	Have standardised Health Screen Questionnaire to achieve a consistent approach across the region and reduce unwarranted variation.
Within Q1	Have finalised an Orthopaedic Clinical Specification for the Llantrisant Health Park (LHP)
By Q3	Have finalised an Orthopaedic Clinical Service Model for the LHP that will include the defined pathways, workforce requirements and any associated operational requirements such as equipment and digital enablers
By Q3	Identified areas in which theatres can be further optimised to increase productivity based on national guidelines (National Theatre Optimisation Programme).

(iii) Diagnostics

Community Diagnostic Hubs

The project objective is to enact a collaborative regional approach to radiology and diagnostic care and provide additional regional capacity for patients requiring radiology treatment and improve access to such services in areas of social deprivation.

Over the last year of this project the focus has been on looking to address current waiting backlogs via development and implementation of a regional framework agreement with a managed service provider. This will see initially the deployment of two community diagnostic hubs (CDHs): one within the CTMUHB footprint, potentially to be sited at the proposed Llantrisant Health Park (subject to formal engagement) and one within the CAVUHB footprint (location to be determined and subject to consultation and engagement).

As this work continues we will progress the following key priorities in 2024/25;

Within Q1	Final Business case to be approved by all Health Boards
From Q2	Mobilisation of contract within the CTM and CAVUHB footprint

Endoscopy

The overarching objective of the project is to;

- Develop a single regional service model philosophy across a range of sites.
- Develop a single service team philosophy, with common roles, responsibilities, standard operating procedures, skill mix and staff rewards together with a philosophy of learning and sharing of best practice at all levels of the service
- Support professional JAG accreditation across all facilities (actual or equivalent)
- Support movement towards management of a shared PTL
- Develop a collaborative approach to training arrangements i.e. training academy
- Develop IM&T systems to enable the sharing of data, e-referral, reporting
- Develop enhanced shared understanding of D&C data, with common approaches & definitions.

Phase one of the project has, to date, seen a focus on agreeing the regional demand and capacity position with the support of the NEP. This phase of the project will be concluded in 24/25 with the finalisation of a business case to procure a managed service contract that will see additional capacity being made available for Cwm Taf Morgannwg University Health Board in phase one with a second phase to support the wider region.

Phase two of the project will commence in Q2 with the detailed scoping of a collaborative approach to training arrangements and the regional provision of endoscopy services.

Pathology

The project objective is the identification, development and implementation of regional pathology solutions in South East Wales to create a robust, sustainable, future proofed and patient focussed service. The first phase of the project focuses on cellular pathology. By the end of Q2 we will look to have completed all the necessary steps that will allow the region to consider a regional business case for cellular pathology.

As this work progresses we continue to note the key dependency regarding the progression of an All Wales microbiology I.T. system.

(iv) Stroke

This is a CAVUHB and CTMUHB only programme and its objective is to deliver a South Central Stroke Delivery Network (SCSDN) that provides a single stroke service for the populations of CAVUHB and CTMUHB, achieves compliance with the quality attributes of the WG Quality Statement for Stroke and has optimal pathways, service standards and specifications.

In 2024/25 we will:

By end of Q1	Identified a set of options for service delivery
Through Q1 & Q2	Continued our phase two stakeholder engagement to ensure developed options are co-produced
By end of Q2	Conducted an options appraisal to begin to identify our preferred option
During Q3	Undertaken a formal 12-week public consultation
By the end of Q4	Looked to have finalised a business case.

By Qtr 2 we will also have looked to have agreed and implemented across CAVUHB and CTMUHB interim regional on-call arrangements to ensure immediate service sustainability.

(v) Cancer

The commitment to create a regional cancer programme was agreed in September 2023 and a refreshed work programme building from the legacy forum of the CCLG began to emerge with a regional cancer workshop January 2024.

This workshop identified two key objectives for this new way of working;

- Improving cancer outcomes in Southeast Wales: a whole systems approach
- To set out an agreed programme of work, of realistic deliverable objectives for 24/25 to improve inequalities, and outcomes for patients diagnosed with cancer.

Key elements for further development from the workshop were identified as;

- An agreement to work towards a new model of delivery for regional cancer services to be developed for 2025/6
- A Commitment to focus on prioritised pathway improvements whilst developing the model – priority pathways to be identified based on evidence

With this in mind in 2024/25 we will:

	Alliance Work	Pathway Works
By end of Q1	Discovery phase- review models/resources and existing governance approaches	Establish Data T&F Group and agree priority pathways
By end of Q2	Workshop on potential future models	Pathway Workshops and establish work programmes
By end of Q3	Draft Model for consideration via local Governance	Pathway Development
By end of Q4	Finalise model and prepare for implementation	Pathway implementation

SWANSEA BAY AND CWM TAF MORGANNWG SERVICES

The Health Board has continued to work with SBUHB to disaggregate where appropriate, the contractual mechanisms including Long Term Agreements (LTA), Clinical Capacity service level agreements (SLA's) and individual medical staff, service and staff SLA's that were established to ensure the continuation of services for the Bridgend population post boundary change.

During 2023-24 the cessation of current arrangements for breast surgery, sexual health services and integrated autism services were completed. The structure of the work programme has been reviewed by the Joint Executive Group and a revised process approved for future service review. Work is underway to develop the work programme for 2024-25. This will ensure a focus on full benefits appraisal and option assessment to ensure that cross-boundary services can be retained and strengthened, as required, where this provides benefit to both health boards' patients alongside further disaggregation where most appropriate.

SPECIALISED SERVICES

The Health Board commissions specialist services for its population via the Welsh Health Specialised Services Committee (WHSSC), who work on behalf of all 7 Health

Boards to ensure equitable access to safe, effective and sustainable specialist services for the people of Wales. The Health Board is also host to WHSSC. From April 2024, WHSSC will be replaced by a new Joint Commissioning Committee which brings together the specialised services commissioning with EASC functions.

Through the established Management Group mechanism, the Health Board has been engaged in the processes for the development of the Specialist Services Integrated Commissioning Plan (ICP) which has been considered by the WHSSC Joint Committee (made up of the 7 HB Chief Executives). To date the plan remains under consideration and is subject to further iteration.

EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) AND WELSH AMBULANCE SERVICES TRUST (WAST)

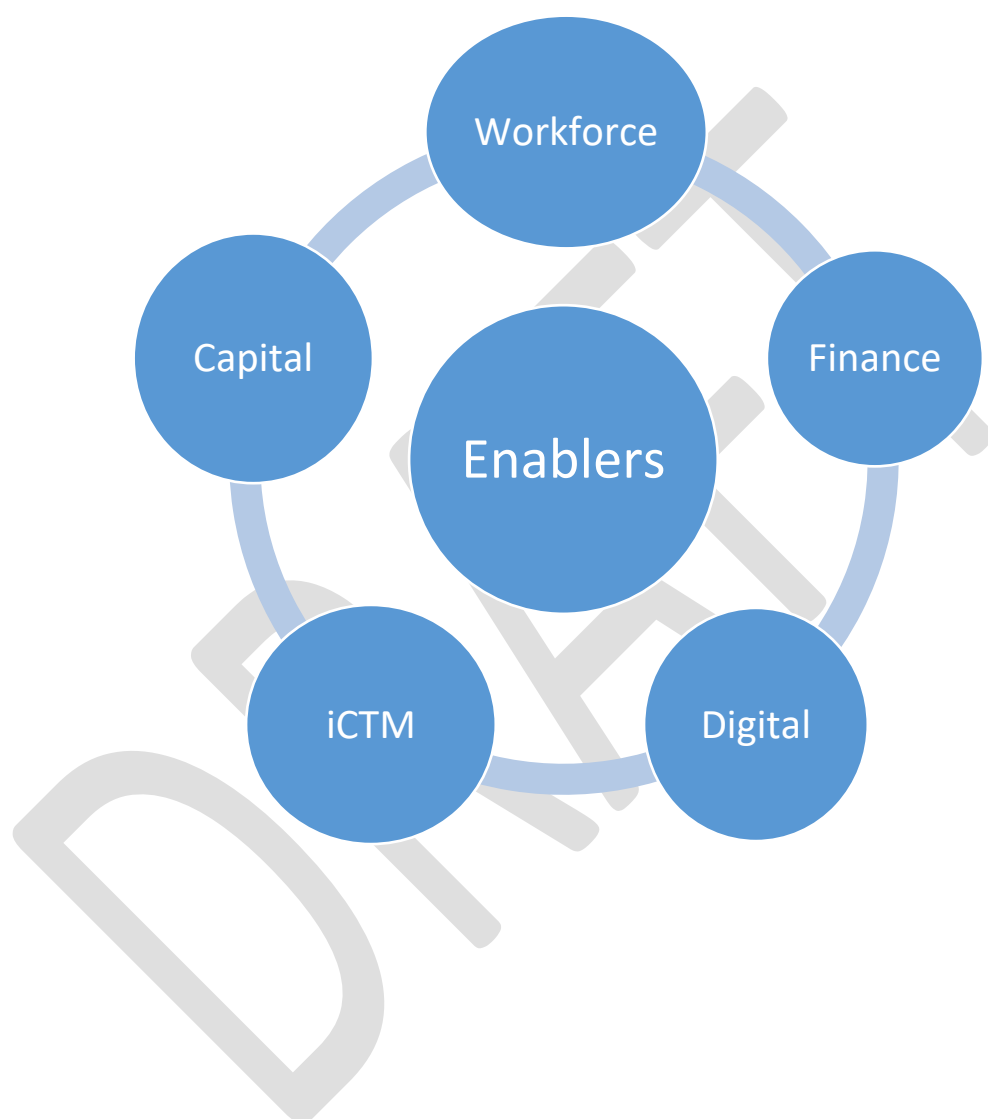
Noting that this is a transition year to the new Joint Commissioning Committee arrangements, the EASC IMTP for 2024-27 is founded on the following assumptions.

- The plan will assume a financial framework consistent with Health Board planning assumptions.
- The plan will aim to strike a balance between prioritising the delivery of improvements to the core services commissioned by the committee whilst also progressing with elements of service transformation, within expected financial constraints
- With the responsibility for commissioning of 111 and 111 Press 2 services to the new Joint Commissioning Committee the plan will also attempt to explore the opportunities for these services.

Noting that there will be ongoing engagement and review between commissioned services and commissioners to enable refinement of the detail of each intention, as required, EASC has set out that the commissioning intentions will:

- be at the strategic level and will be extant for a minimum of 3 years
- focus on outcomes, value, quality and safety of service delivery
- support the delivery of the quadruple aims
- have annually agreed aim(s), product(s) and indicator(s) that will provide an outline of what will be provided within each intention
- ensure reasonable expectations for the improvement of Commissioned Services
- recognise the challenges of the current environment and the opportunities to fast track service transformation

Intentions will not replace or override extant requirements within the commissioning framework or statutory targets or requirements



PEOPLE



CTM continues to recognise both the commitment of our workforce, and the ongoing challenges that we face. In the past 12 months, we have continued to respond to the health needs of our population whilst experiencing wide ranging organisational pressures that have included: a pan-CTM organisational restructure, ever increasing demand on our services, system-wide workforce shortages, industrial action, and economic / financial challenge on both an organisational and a social level. Throughout this, the CTM workforce has continued to adapt to new working models and service changes, all the while ensuring that patients and their families continue to receive high-quality care. As we move into 2024-25, we will continue to develop our people plan, centred on our ten people priorities, to drive improvements and deliver on our ambitions. Our work on creating a culture where everyone can thrive continues to be a key priority to support our CTM 2030 goals. Service change, workforce transformation, employee experience, attraction, retention, wellbeing and Welsh language all remain key priorities; alongside ensuring we embrace inclusive thinking and practice to support addressing structural inequities. This we will do through our work on culture, which also includes the importance of being visible, inspiring leadership and creating the conditions where everyone can thrive, which aligns to our values (We Listen, Learn and Improve; Treat Everyone with Respect; and all work together as One Team).

CTM continues to face both immediate and longer-term challenges to ensure appropriately resourced services – ensuring the right workforce (numbers, skills, values, behaviours, cost) and in the right place, at the right time, within the context of UK / international skills shortages and increasing financial cost pressures. The workforce, both now and in the future must be attracted, recruited, trained, developed, deployed and retained to best effect. This will enable the delivery of ambitious plans across our services within a challenging financial envelope, while always providing high quality care based on outcomes that matter to the person.

Our approach to this will be focussed on stabilising current services while building a platform to move from transactional to transformational: encompassing multidisciplinary team and multi-agency working, role redesign, new role development, expansion of alternative workforce models (including advanced and extended skills) and a focus on enabling people to develop their careers and work at the top of their license. There is significant opportunity to consider strategic workforce planning solutions through partnerships across Health and Social Care with Local Authorities and Third Sector and regional working across health to support more sustainable and affordable services which meet the needs of our population. This must be balanced against current pressures and demands on services, however putting things in place to develop a longer term and integrated approach to move from the here and now will enable a better planned approach to our workforce. CTM will continue to engage closely with HEIW (Health Education and Improvement Wales) to achieve the ambitions and delivery of *A Healthier Wales* and to benefit from national research and evidence-based practice, workforce planning approaches and tools to develop the future workforce. It will also ensure that our plans reflect and are congruent with Welsh Government and HEIW strategies and plans, including *National Workforce Implementation Plan Addressing NHS Wales Workforce*

Challenges (Welsh Government, 2023) and *Retaining and Valuing Nurses within the NHS in Wales A Nurse Retention Plan* (HEIW, 2023).

CURRENT WORKFORCE DEMOGRAPHIC

CTM currently employs 11,201.27 whole-time equivalent (WTE) staff as of 31 January 2024, with a headcount of 12,824. 77% of our workforce live within the Health Board’s footprint with a gender split of 81.35% female: 18.65% male. 40% of our workforce works part-time. Out of the total female workforce, 46% work part time compared with 17% of the male workforce. Workforce demographics are used to inform our workforce planning and workforce demand, capacity and capability and will inform key organisational workforce risks.

Census

The Census 2021 has provided some rich data which is informing our service and workforce planning. It has highlighted an ongoing expected increase in demand on services and for patient care. Figure 1 below shows a 2.2% increase in the population of CTM since the last census in 2011. The main increases are in Bridgend (4.5%) and RCT (1.4%), with Merthyr remaining relatively the same.

Population Changes

Fig 1.

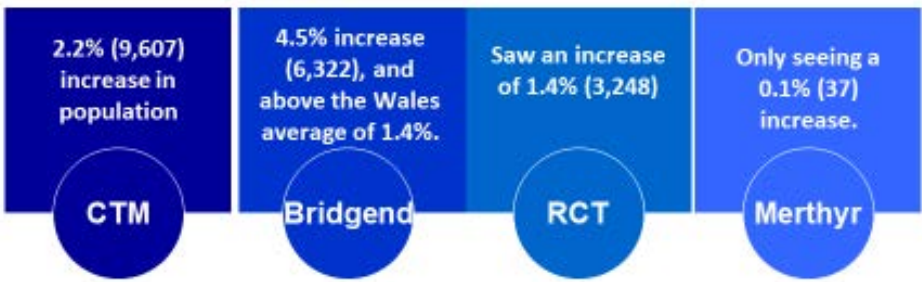


Figure 2 below shows the population of CTM by age and gender.

Fig 2.

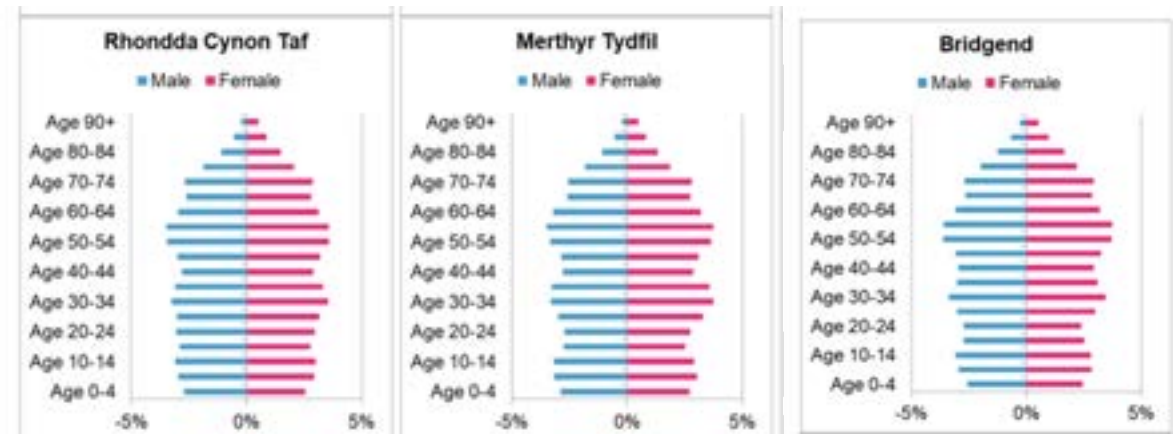
Gender Split/Age Profile



The CTM population gender split is almost 50:50 male to female which is similar to the all-Wales results. The age profile also mirrors the all-Wales position, with a bulge in the ages 50-74 years with the number at 75+ reducing and 0-49 years even smaller. However, the age profile for CTM shows more males from 0-24 years with a higher number of females from 25 to 90+.

Figure 3 shows the population split by Local Authority, with the position looking mainly the same although Merthyr also has a bulge in the lower ages from 0-14 years and again at 30 plus but reducing at 40-50 years. Bridgend is similar but not as distinct.

Fig 3.



CTM is the most deprived (index 87.4) in Wales, with only 76.6% of our population reporting very good or good health, at the time of the Census, which is lower than the Wales position of 78.6%. 4.9% are long-term sick or disabled, with 6.1% of our population economically inactive due to long term sickness. This creates an increasing ongoing and demand on services and the workforce.

From an education perspective, 19.4% have no qualifications (above Welsh average). 22.5% have a degree or higher qualification. This is the lowest across Wales, and against a Welsh average of 26%. Figure 4 below shows CTM as a comparator to the Wales averages.

Fig 4



Census Population Forecasting

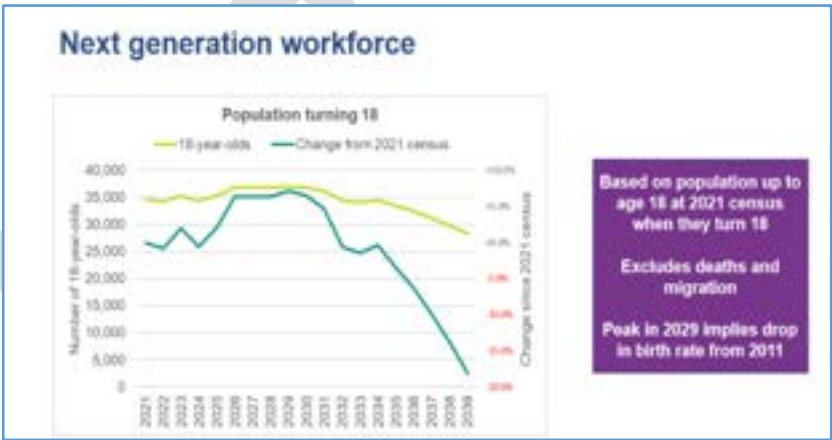
The projections for Wales from 2020 to 2050, show the most significant growth in the over 80s, with a fall in under 30s shown in the table in Figure 5 below).

There is a significant increase in the age 65+ age band until 2038, when the population bulge from the baby-boom years begins to decline. The number of 18- year-olds shows an increase of 7.1% (+2,465) by 2029, followed by a sharp fall of 18.1% (- 6,250) by 2050 (shown in Figure 6). The apparent reduction in the younger population (under 16 and 16-24) suggests a concern for the future workforce in the long term.

Fig 5.

Age Band	Change from 2020 to 2050
All ages	+5.9%
Age 0-9	-12.5%
Age 10-19	-10.4%
Age 20-29	-12.4%
Age 30-39	+8.9%
Age 40-49	+15.9%
Age 50-59	+2.3%
Age 60-69	+9.3%
Age 70-79	+8.4%
Age 80-89	+80.8%
Age 90+	+121.4%

Fig.6



WORKFORCE AVAILABILITY RISKS AND MITIGATIONS

Workforce risks	Mitigations
Turnover & Retention Turnover is at 11.66% (January-24) and 1,419 staff left CTM within the past 12 months. The number of leavers over the last 12 months to 31 January 24 has decreased slightly from 1,440 to 1,419. Voluntary resignations account for 58.56% of all leavers from CTM. The remaining leavers in this period, were retirements (ill health/age/early) at 26.78%, with the rest mixed reasons such	Retention, Employee Experience and Wellbeing remain key priority areas with developed plans and delivery / oversight mechanisms. These plans include a focus on flexibility recognising the age profile of our workforce and the context of societal pressures around caring responsibilities and childcare).

as dismissal/end of fixed term contracts/org transfer and death in service (14.66%).	
Aging Workforce 35.83% of our workforce is aged over 51, with 763 aged over the average retirement age (62.7). From February 23 to January 24 to, 380 people retired from CTM. Within our Nursing & HCSW workforce the average retirement ages are as follows, which are below the average retirement age: HCSW = 62.8 years Nursing and Midwifery = 60.8 years This is a helpful indicator for potential turnover, to plan initiatives, and or opportunities to maximise retire and returns to retain skills and experience. Increased retirements resulting in a loss of specialist clinical skills and leadership skills that are hard to recruit or replace. It is also about recognising that at workforce will have different needs and experiences during different stages of their careers.	As above, including a focus on retention & promotion of flexible working to keep expertise and offer different opportunities which support different needs at different points in career pathways, pension flexibilities and use of retire and return. Looking at opportunities for knowledge and expertise to be harnessed and how this is used to develop other staff, sharing experiences such as through mentoring and shadowing. Progress against our Talent and Succession Planning, Leadership Development Programmes and Attraction & Resourcing Plans.
National shortages and hard to recruit to posts in key professions including: Medical and Dental: Consultants and middle grades in Medicine Consultants and Juniors in Critical Care or Anaesthetics Consultants particularly Stroke Junior Drs Urology Psychiatrists Ophthalmologists and Optometrists Consultants in Upper GI and Gastro Radiologists Pathologists Haematologists Nursing: Nurses – across services including RMNs and RNLDs Neonatal Nurses (Band 5) AHPs Dietetics, SALT and OT (Band 6)	Detailed strategic multidisciplinary workforce planning, including: - education commissioning of advance and extended skills - the expansion of roles such as ANPs to support alternative workforce models; - grow our own initiatives; and - promotion of flexible routes to becoming Registrants. A refined Attraction & Resourcing Strategy and Delivery Plan.

Pharmacists (Band 7) and Technicians (Band 5) Sonographers	
Hotspot areas with significant recruitment and retention issues including acute services, community service and primary care.	Early identification of areas of risk with plans to mitigate. Including development of workforce plans, linked to recruitment and retention strategies with targeted interventions for high-risk groups. Implementation of all Wales strategic workforce plans including within Mental Health, Pharmacy and Primary Care.
Continued expenditure on temporary workforce	- Improved rostering - Recruitment to vacancies - Reduced turnover - Multidisciplinary workforce planning - Maintain HCSW & admin agency ban - Maintain non-consultant ADH rate card - Introduce consultant ADH rate card - Improved workforce data to support better decision making - Links to improvement in management skills and the culture/ employee experience work.
Challenging labour market for domiciliary care posts to support health and social care packages attributed to the local labour market and local shortages which directly impacts on hospital discharge capacity.	Development of recruitment pathways and roles that span Health and Social Care. Working together on improving terms and conditions that supports whole system working.
Workforce availability associated with new clinical models e.g. Llantrisant Health Park and the Acute Clinical Services Model.	Early engagement with developing plans to look at our Acute Clinical Services plan & IMTP. This includes workforce transformation, redesign and digital opportunities. Focussed strategic workforce planning to support emerging models of care and link to culture change and education commissioning requirements.

Continued high sickness rates (7.34% December 2023). This is decreasing steadily from December 2022 (8.33%) but remains high and has an ongoing significant impact on workforce availability.	An area of ongoing focus for the UHB to improve the health of our workforce, supported by the People Services Team. This is alongside continued development of wellbeing offering to support and promote a health and wellbeing focus, which is embedded by leaders and managers into the organisation as part of the culture

WORKFORCE PLANNING ASSUMPTIONS

- The demand for workforce and availability challenges will continue so new ways of working will increasingly be a key priority.
- The workforce (alongside our population) will continue to age, and we will need to ensure we have the right offer to our workforce through different stages of their lives to retain their skills and expertise.
- Our workforce data will be key to improving better decision making around our people. We will continue to work with NWSSP and other Health Boards on ESR 2 and to standardise our systems, recognising the gaps in our current ability to report vacancies. Working closely with HIEW and other partnerships to the improving the quality and availability of our data will remain a key priority. This will enable us to enhance reporting and embed prescriptive and predictive data.
- We will continue to strengthen our supply through improved attraction, recruitment and retention. This will include improved branding, employee value proposition and a modernised approach to how and where we advertise with the aim of attracting from a wider pool of talent & improving entry from more diverse groups.
- We will continue to expand our range of workforce supply pipelines for both now and the longer term e.g. the continued use of international recruitment as part of wider recruitment plans, alongside developing the workforce and new roles.
- A key focus will be in our leadership development to creating the right conditions for our workforce to thrive, and driving transformation and delivery of CTM 2030, alongside the National Workforce Implementation Plan. There will also be a requirement to develop the skills of our workforce and building career pathways to retain the workforce we have.
- Education, commissioning and student streamlining processes for Nursing, Midwifery and Physician Associates and AHPs will continue to be a key supply pipeline and we will continue to build a more sophisticated and engaged approach to these.
- Continued focused work through the Value and Efficiency Programme, with Medical Productivity and Nurse Productivity work-streams continuing to drive the reduction of temporary workforce spend and seek to maximise efficiency through improved data accuracy, use of analytics and rostering.

- The future clinical and service ambitions of CTM 2030 will require a transformation of our workforce. Plans for change will be developed in an integrated way via an equal partnership with specialist input from services, People, Planning & Finance.
- All workforce planning approaches will be for a diverse and inclusive workforce that reflects all aspects of the community it serves and recognises its place as a major employer in Wales.
- The Health Board will continue to influence and engage with national programmes of work e.g. to operationalise the strategic Mental Health Workforce, Pharmacy and Primary Care plans.
- That spend to save opportunities may be required to enable workforce change.
- Digital opportunities will continue to be explored to support more efficient working as well as supporting different ways of working to reach our population.

WORKFORCE SUPPLY

We recognise the impact of the changing workforce demographic and profession specific challenges, as well as the potential constraints these have on service delivery. Progress has been made within the last year regarding the expansion of workforce planning expertise within the People Team, and the completion of the Strategic Workforce Planning Project. As such the following areas will form the basis of our workforce planning:

- Workforce planning across professional boundaries to address skills shortages and build sustainable workforce models. This will encompass further diversification of our workforce to ensure we are fully utilising different models and roles (e.g. Physicians Associates) to enable, our workforce to specialise and work at the top of their licence.
- The development of emerging new workforce models and key areas of workforce planning priority, linked to programmes of change and aligned to strategic priorities e.g.:
 - Acute Clinical Services Plan
 - Llantrisant Health Park
 - Patient Centered Contact
 - SDEC (Same Day Emergency Care)
 - Stroke
 - Critical Care
 - The Community Hospital Programme
 - Cluster Development
 - Transformation of Health Visiting Services and the review of School Nursing
 - National Neonatal Workforce plan
 - Mental Health Implementation of the Strategic Workforce Plan
 - Regional working: Ophthalmology, Orthopaedics, Endoscopy etc
 - Acute Frailty
 - Virtual Ward linked to the 6 Goals
 - Medically Fit Patients – D2RA (Discharge to recover then assess).
 - Facilities Transformation
- Ongoing plans to identify and mitigate risk e.g. long-term vacancies with clear plans to address either via attraction/ recruit strategies, alternative pathways or alternative

roles. International recruitment for nursing, doctors and AHPs are likely to continue until alternative supply pipelines are developed.

- Development of roles including:
 - Advanced Clinical practitioners (ACPs) skills across acute / primary & community pathways and to address skills gaps across professions and to enable care closer to home. An ACP Framework has been developed in the last 12 months and initially only nursing is being assessed against the Framework with 4 signed off in October 2023. It is anticipated that these skills will support the medical workforce gaps, but we recognise there may be issues around pay and terms and conditions.
 - Clinical Associate in Applied Psychology (CAAPs) – development of a CAAPs workforce (3 in post from national cohort 1, 3 joining from national cohort 2)
 - Assistant Practitioners Band 4 – to fast-track international educated nurses in the local area through a band 4 pathway to OSCE to register with the NMC and become a registered nurse. Alternatively, to develop the HCSW to level 4 education to support the team around the patient, to release some activities from the registered nurse and provide a potential pathway to becoming a registrant.
- The need to review and agree baseline establishment e.g. in the context of new service models or RCN recommendations.
- Requirement for robust attraction, recruitment, succession and talent planning aligned to workforce plans and career pathways to ensure adequate pipeline of staff and specialist skills to meet current and future needs.
- Continued focus on our retention strategy, aligned to HEIW's approach and action plan. Significant work has been achieved in 2023/24 with the development of a group to support the delivery against the CTM action plan and deliverables. A Retention Lead role will support this work to progress in 2024/25.
- Ongoing review of our age profile / retirement planning across services to understand our workforce risks and actions to mitigate those risks. We also remain focused on the employment offering to our older and younger workforce, to improve recruitment and retention.
- Close partnership working with local authority and social care organisations, including engagement for opportunities to develop or expand integrated workforce models.
- Develop our digital offering with consideration of the key role of technology as an enabler.
- Provide a clear range of pathways to employment facilitated by a developed apprenticeship offering and provision of opportunities through Jobs Growth Wales +, Network 75, Project Search / Supported Internships, Work Experience and more.
- Develop closer links and opportunities to work in partnership with Further Education Colleges and Universities to generate different employment opportunities e.g. Project Search, degree apprenticeships and work placements.
- Ongoing development of staff across all areas.

Our People Priorities

For CTM, the people agenda has never been more significant as the organisation is concluding a large-scale organisational change and continues towards our strategic ambitions and direction in CTM2030: Our Health Our Future. As a major employer in the area, CTM can make a real difference to our population through recruiting, developing, retaining and enabling our people to be at their best. Our people priorities will be refined into a new People Plan for CTM, articulating the vision and supporting actions necessary to achieve our People and organisational ambitions. Robust and fully integrated service, finance and workforce plans will be essential. Change and ambition are key themes across our ten people priorities, as we look to build upon the progress we have made as an organisation and our aspirations to be "best in class".

CTM will not be able to deliver its ambitions in isolation and the continued effective partnership working with our workforce, trade union / professional bodies, primary care, local authority, independent contractors, third sector and the voluntary and independent sector will be key - alongside continuing to work with HEIW, Shared Services, other health boards and NHS bodies for local and all Wales approaches and solutions.

Strong partnership working with Trade Unions and professional bodies is as important now as it has ever been, and we remain committed to partnership working as a key priority as we move forward. We believe that a continued strengthening of these relationships are critical to our future success and we look forward to further developing our ways of working together, to achieve our shared ambitions for our workforce and the Health Board and moving forward.

Key areas of focus within our 10 People Priorities in 2024 / 25 are set out below:

CTM is committed to supporting **staff wellbeing** and ensuring that their experience in the workplace is positive. The CTM wellbeing offering is ambitious and far reaching as it looks after the psychological and physical health of the workforce and emphasises a preventative, as well as interventive approach.

It comprises a combination of services provided in-house by the Wellbeing Service, alongside public (Canopi) and private sector (Vivup Employee Assistance Programme, Rescape Innovation Ltd) services. The Wellbeing service also signposts to voluntary sector providers on a need specific basis. The service provides emotional wellbeing initiatives that support self-care, peer support and upskill managers to support their staff. Its physical wellbeing services include Healthy Lifestyles, Barriers to Exercise, Sleeping Well courses and a range of services for people impacted by the Menopause. Given the economic challenges experienced by our workforce and their families, the service provides a financial well-being offering, including referral to Food Banks, to ensure staff feel supported in all elements of their lives.

The **employee experience** team continue to listen to our people through regular surveys, roadshows, induction talks, website information, social media, and day to day conversations to understand what works well, what does not and what actions will make CTM a great place to work. We will continue our focus on the health and wellbeing of our staff who, from the Wellbeing Survey, do not undertake the government recommended exercise or eat the recommended fruit and vegetables in their diet. To counteract this, we will repeat our Big Team Challenge physical wellbeing initiative in February 2024, to encourage staff to take part in exercise. Of the 396 staff who took part in a similar event in May 2023, 75% increased their activity levels, 73% overcame barriers to exercise and 85% reported a positive impact on their

wellbeing. Our pilot fruit and vegetable stall proved challenging, so work is underway for the Catering Service to sell healthy food including bagged fruit and vegetables to our staff, patients, and visitors in the staff restaurants, to support the wider population health agenda. The success of our hydration audit work across all DGH ward areas which increased staff access to drinking water during the working day will be replicated on community sites.

Following an extensive review of the wellbeing and employee experience literature 8 key requirements have been identified which provide a theoretical basis of our Culture Plan to drive the improvement agenda across CTM. These include: 1. Access to Excellent Health and Wellbeing Services, 2. Great Leadership, 3. Ability to Develop in Work, 4. Having Great Work, 5. Feeling Safe in work, 6. Feeling Included and Respected in Work, 7. Excellent Relationships at Work, 8. Great Culture. This will ensure that the organisation understands the barriers and obstacles to great work experience and, by design, makes the employee's work experience better, ensuring that they feel valued and thereby supporting the retention of key skills and expertise.

Our new **Equality, Diversity and Inclusion** objectives are set out in the Strategic Equality Plan (SEP) 2023 to 2027, which underpins our work over the next four years. The SEP objectives are aligned with our overarching CTM 2030 Our Health, Our Future Strategic Goals and our on-going work on Culture, together with the requirements of key national strategic drivers in addition to the recommendations made in our Annual Equality and Gender Pay Gap Reports. An associated Action Plan has also been developed to support the delivery of the Strategic Equality Plan and provides timeframes and metrics to support in the evaluation of progress and impact.

The adoption of new equality objectives will form part of a wider piece of work being undertaken by the Health Board to improve its Equality, Diversity, and Inclusion (ED&I) practices and understanding. Our ambition is to cultivate a truly inclusive culture across CTM, where difference is welcomed and embraced. Within this culture everyone can bring their authentic self to work and feel that they belong and where inequity is firmly addressed.

The Health Board has made strides in its approach to creating a thriving Welsh culture over the last two years. One crucial step forward is the strategic approach to **Welsh language** development via our 5 Themes. Core achievements to date under these themes can be seen below, along with priorities for the medium term. Further information can also be found in our most recent annual report under the Welsh Language Standards (ctmuhb.nhs.wales/services/welsh-language/key-documents/ctm-uhb-wl-standards-annual-report-2022-23-pdf/)

The Welsh language is a priority for CTM, and we are committed, via our People Plan, to being a leading organisation for Welsh where our language is embraced and thrives. Against our 5 themes: 1) Communication and Engagement; 2) Action Planning and Monitoring; 3) Employee Experience and our Bilingual Workplace; 4) Governance and Accountability; 5) Recruitment and Workforce Planning, good progress is being made and will remain the focus for continuous development and improvement.

The development of a **compassionate, inclusive and just culture** will be built on the foundations established by CTM's values and behaviours. While some progress at embedding CTM's values and behaviours have been made, there is more to do to ensure that these are role modelled and visible within the organisation and experienced by both our patient and service users, as well as our people. Our vision to create the conditions where everyone can thrive within a compassionate, inclusive and just culture will be delivered through the

implementation of our on-going work on culture; recognising that culture needs to be owned and driven by all.

Our work continues in introducing Restorative, Just and Learning (RJL) principles to support our culture with work on respect and civility being key. This programme will be introduced in phases, putting equal emphasis on the cultural and behavioural change required that will provide a more robust foundation upon which the Restorative, Just and Learning process can be built. The impact of moving towards a compassionate, inclusive and just culture will be measured by utilising the Values Based Healthcare evaluation model.

Through our **Leadership Development Programme**, we aim to provide leaders with the skills and tools to be at their best, in turn creating the conditions where everyone can thrive. An ambitious programme continues to support leaders to develop the core skills to be a great manager; to lead a team with impact and influence, and; to empower senior leaders to lead across complex healthcare systems. Using the established programmes as a foundation, an emerging wider offer of complimentary programmes and initiatives is being developed to create visible, inspiring and compassionate leadership at all levels. Delivered via Health Education and Improvements Wales' Gwella Portal, CTM staff will now have access to a library of programmes and development opportunities, stretching into all areas of the culture portfolio – including Organisational Development and Inclusion and Wellbeing,

Given the plans for transformational service change across the UHB the availability of skilled leaders who embrace change and can achieve it with their teams is crucial if CTM is to grow and deliver differently for its population. Our role as an **anchor institution** is a driver to implementing care and services in a way that supports individuals and communities. With a workforce of 12,824 we are one of the largest employers in the area and around 77% of our workforce live within these communities. As such we have a real opportunity to make a difference to the lives of its population by opening improved opportunities and **employment pathways** that enable people to gain experience of work and understand the full range of opportunities at CTM. This will include development of the apprenticeship offering; careers discussions with local schools; internships; and partnerships with local Universities and Colleges that make a difference to the communities we serve.

As a real living wage employer, we will continue to support our staff in responding to the cost-of-living crisis and build on our successful introduction of Wagestream in December 2022, to expand opportunities for more colleagues to benefit to early access to additional payments earned. Wagestream has been successfully promoted across our sites and the feedback from staff has been extremely positive regarding using the facility not only to draw down their earnings but to take advantage of the free financial support available on the app and having the option of setting up a savings account. As an example, in February 2024, employees chose to transfer £266,069 of their earned wages ahead of payday with an average stream of £166 and deposited £23,114 into their Wagestream Build accounts. Our adoption rate has doubled in 14 months from 9% to 18% against an eligible headcount of 15,045.

Ensuring that we have the right people, in the right place, doing the right work, with the right skills and at the right cost has never been as important as now given the demands on the health and social care system together with societal and demographic changes impacting on the availability of a skilled workforce. We are continuing our ambitious transformation journey regarding **Strategic Workforce Planning** to deliver CTM 2030. The development local, operational workforce plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised remains key. Our refreshed approach to workforce planning will encompass all elements from establishment control and

improved workforce analytics to ensure we understand what people resource CTM has and who it needs, to improved attraction and resourcing approaches to employ the best people from the widest possible pool. In an increasingly challenging labour market, we will need to be creative and forward thinking, with a defined and powerful brand. Improving retention is a further key pillar to this work, with a continued focus on our nursing workforce.

A longer-term perspective is required to ensure that we are developing the right skills to meet current and future person-centred health care. Strategic workforce planning will enable action plans to be developed that take account of workforce trends, horizon scanning and scenario planning to inform possible futures and an understanding of the skills, capabilities and education required to deliver the future health needs of the CTM population. This strategic lens to workforce planning will enable CTM to explore and understand the workforce complexities and opportunities for **system wide workforce planning** working across the health and care system, working in collaboration with local authorities and other partners.

The need to balance the ambition of our service plans with the need for affordable financial plans means an ongoing focus on **workforce efficiency and productivity**. This will ensure we have optimal processes in place to drive the quantity and quality of the workforce contribution. Key elements within the Nursing and Medical Productivity agendas include improving roster management; reviewing the use of bank and agency; expanding overseas recruitment, the use of pan-CTM Medical ADH rate cards and reviewing medical job planning.

Delivery of our strategic aims is dependent on our ability to have **high quality, accessible data** to inform decision making for both now and the future. There is a recognised and urgent need to continue to build on the improvements that have been made to the accessibility and quality of our workforce data, and the analytics skills within the organisation. Continuing to develop our People data architecture to unlock the accessibility and the ability to harness intelligence and insights through dashboards & forecasting models. Maximising the full potential of our systems and redesigning processes using AI and robotics will be crucial to driving quality and efficiency improvements through our Productivity work programmes.

In considering the future workforce required to deliver CTM2030 multidisciplinary workforce models are key. Transformational change will require culture change and opportunities to introduce new roles and ways of working, as well as redesigning and reshaping current roles to be fit for the future, supporting the workforce to work at the top of their license, within prudent healthcare principles. Our refreshed strategic approach will drive consideration of the shape of the workforce, through seamless workforce models that are multi professional and multi-agency, person-centred care, around the person, and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace. Technology and digital innovation are both enablers in unlocking the potential and capacity of our current and future workforce & the potential for alternative workforce models.

Data sources:

- Demographic data taken from the ESR Staff in Post – 31-Jan-24.
- Absence data taken from the ESR Absence Dashboard Report – December-23 (last full month of data due to the 6-week delay of transfer from Healthroster to ESR).
- Turnover data taken from ESR Staff Movements Report – January-24.
- Date of ESR Reports run 06-Mar-24

DRAFT

FINANCE

1. FINANCIAL PLAN

1.1 STATUTORY FINANCIAL DUTY

Cwm Taf Morgannwg University Health Board (CTMUHB) has a statutory duty to achieve break even over a period of 3 financial years. This applies to revenue and capital expenditure. Performance against the 3-year rolling duty for revenue is summarised below:

Revenue:	Actual 2020/21	Actual 2021/22	Actual 2022/23	Forecast 2023/24
	£k	£k	£k	£k
Surplus /(deficit)	88	172	(24,481)	0
Rolling 3 years	971	1,143	(24,221)	(24,309)

The Health Board is forecasting to achieve a break even position in 2023/24 but will not achieve the 3-year breakeven duty due to the significant deficit reported in 2022/23. This position will also apply in 2024/25.

1.2 FINANCIAL PERFORMANCE IN 2023/24

CTMUHB has recently submitted its M11 Monitoring Return to Welsh Government (WG). This showed a forecast break-even position for 2023/24 and a forecast carry forward financial challenge at the end of 2023/24 of £19.4m. The movement between the break-even forecast and the £19.4m carry forward financial challenge is illustrated below:

	£m
Forecast position 23/24B'fwd Financial challenge 1 April 2023	0
Non Recurrent inflation funding	11.4
Accountancy gains	5.0
Non Recurrent Llantrisant Health Park income	1.8
Non Recurrent benefits Rates and VAT	1.2
Other Non-Recurrent items	0
Forecast C'fwd Financial challenge 31 March 2024	19.4

The movement between the financial challenge at the start of the year and the carry forward challenge at the end of 2023/24 is summarised below:

	£m
B'fwd Financial challenge 1 April 2023	70.9
Assumed WG funding – conditional upon achieving break even in 23/24	(51.1)
Net other movements	(0.4)
Forecast C'fwd Financial challenge 31 March 2024	19.4

1.3 FINANCIAL STRATEGY

The key underlying financial strategy objectives remain as in previous years, as follows:-

- To achieve breakeven in each financial year, and to gradually reduce the level of recurrent deficit to achieve recurrent breakeven over a reasonable timeframe.
- To achieve year on year reductions in premium workforce costs and premium planned care costs (waiting list initiatives and outsourcing).
- To achieve year on year improvements in efficiency, quality and value (outcomes relative to cost), including through population health management initiatives.
- To utilise financial improvement to re-invest in improving service quality and outcomes wherever possible.
- To achieve closer alignment over time between the needs based formula funding allocations from WG, and our actual use of resources, and so improve equity of resource use.

1.4 FINANCIAL PLAN FOR 2024/25 (YEAR 1)

The financial plan for 2024/25 builds on the current financial plan and is based on the funding confirmed in the 2024/25 Allocation letter. The key assumptions driving the financial plan for 2024/25 are summarised below:

- A brought forward financial challenge from 23/24 of £19.4m, which is the starting point for the 2024/25 plan.
- Additional recurring allocations from WG for 2024/25 is £50.4m. This includes £40.4m of un-earmarked growth funding (excluding funding for pay wards and contractor professions, which are assumed to be fully funded by WG) plus £10.2m of recurrent funding for Health protection, PPE, Long Covid, Further Faster and Optometry.
- The plan also assumes a net non-recurring WG allocation reduction in 2024/25 of £0.6m.
- Provision for recurring inflation, cost and service pressures of £42.1m. This includes £21.3m for inflationary costs (excluding pay awards and contractor professions) plus £20.8m for other service and demand pressures.
- The plan includes £10.2m for earmarked investment in Health protection, PPE, Long COVID, Further Faster and Optometry.
- The plan also includes a £2.3m provision for local service improvement schemes.
- Provision for non- recurring investments and cost pressures of £1.2m.
- Recurring savings of £26.3m are planned in 2024/25. This is circa 2.4% of an estimated controllable budget for CTM of circa £1,100m.
- Full delivery of the financial plan for 2024/25 would deliver an In year surplus of £19.5m. This would cover the £19.4m brought forward challenge from 23/24 and deliver a break-even position. Full delivery of the plan would also deliver a small recurrent surplus going into 2025/26.
- The plan includes a number of risks and uncertainties (**see Section 1.10**). These risks and cost estimates will continue to be refined and updated during 2024/25.

The financial plan is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers. Further information is provided in Annex A.

R = recurring NR = non recurring	Financial Plan 2024/25		
	R	NR	Total
	£m	£m	£m
B'Fwd Core Plan deficit	19.4	0.0	19.4
Brought forward financial challenge at 1 April 2023	19.4	0.0	19.4
Income changes			
Confirmed funding:			
Core Discretionary	-36.6	0.0	-36.6
Core MH Funding	-3.8	0.0	-3.8
Health protection and PPE	-6.0	0.0	-6.0
Long Covid	-1.1	0.0	-1.1
Further Faster	-1.8	0.0	-1.8
Optometry	-1.3	0.0	-1.3
Sterile Medicines top slice	0.2	0.0	0.2
Assumed funding:			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	tbc
RLW 24/25	0.0	0.0	0.0
Invest to Save repayments	0.0	1.0	1.0
Robot	0.0	-0.4	-0.4
Sub total income changes	-50.4	0.6	-49.8
Cost pressures and investments			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	21.3	0.0	21.3
Service and demand pressures	20.8	0.0	20.8
Service improvement - locally determined	2.3	0.0	2.3
Service improvement - Health Protection and PPE	6.0	0.0	6.0
Service improvement - Long Covid	1.1	0.0	1.1
Service improvement - Further Faster	1.8	0.0	1.8
Service improvement - Optometry	1.3	0.0	1.3
Other Non-recurring costs	0.0	1.2	1.2
Contingency	0.8	0.0	0.8
Sub total cost pressures and investments	55.4	1.2	56.6
Savings and overspend reduction targets :			
New savings targets	-26.3	0.0	-26.3
Sub total	-26.3	0.0	-26.3
Total change on previous year	-21.3	1.8	-19.5
Revised surplus/deficit	-1.8	1.8	-0.1

1.5 INDICATIVE FINANCIAL PLAN FOR YEARS 2 AND 3

The key assumptions driving Year 2 and Year 3 of the 3 Year financial plan are summarised below:

- A brought forward surplus from 24/25 of £(1.8)m, which is the starting point for the Year 2 plan.
- Additional recurring allocations from WG for Year 2 and Year 3 of 2.0% per annum. This compares to the 3.67% confirmed funding in Year 1.
- Pay awards and contractor professions settlements will continue to be fully funded by WG in years 2 & 3.
- Provision for recurring inflation, cost and service pressures of £29.2m for Year 2 and £29.8m for Year 3. This compares to £42.1m for Year 1.
- The plan includes increased provision for local service improvement schemes, Year 1: £2.3m , Year 2: £6m and Year 3: £6m
- Recurring savings of £17.5m (1.6%) per annum are planned for Year 2 and Year 3. This compares to £26.3m (2.4%) in Year 1.
- Full delivery of the 3 year financial plan would deliver an in-year surplus each year and a small recurrent surplus at the end of Year 3.

Full delivery of the recurrent financial plan in Year 1 (2024/25) should therefore present opportunities for lower savings targets and higher levels of local discretionary investment in Year 2 and Year 3.

The indicative financial plan for Years 2 and 3 is shown in Appendix 2.

2. CAPITAL AND ESTATES

As stated in previous plans the UHB recognises the importance of ensuring that strategic links are made between significant service change plans and capital investment. The capital programme is therefore developed in alignment with service planning but is reliant on the completion of the clinical services strategy to enable a clear prioritisation of schemes.

The ongoing restrictions on the availability of both discretionary and strategic capital funding continues to pose a significant risk for the Health Board however business cases will continue to be developed and regular discussions are held with the Welsh Government capital team on the Health Board priority schemes.

Discretionary Capital Programme

In 2022/23, due to reductions imposed centrally in Welsh Government on the NHS Wales Capital Programme, discretionary capital was cut for all organisation by 20% which equated to a reduction of £2.44m for CTM. In 2023/24, 50% of this was reinstated and for 2024/25 WG have indicated that they intend to reinstate discretionary funding back up to 2021/22 levels. This has not yet been confirmed but this would bring the opening funding position (before any adjustments) up to £10.23m.

The Health Board have already committed £1.9m of this as a 30% contribution to the approved programme of essential infrastructure upgrades (EFAB) hence the opening position before adjusting for other commitments rolling forward from 2023/24 is £8.331m

2024/25 Capital Resource Limit (CRL)	2024/25 £m
ANTICIPATED DISCRETIONARY CAPITAL FUNDING	10.230
EFAB Contribution 30%	- 1.899
ADJUSTED DISCRETIONARY CAPITAL FUNDING	8.331

Whilst this return to previous funding levels is welcome there is no allowance for inflation within this and hence the discretionary position remains a significant challenge. The requirements in backlog maintenance, ongoing statutory compliance, equipment replacements as well as the growing digital replacement demands far exceed the current allocation. In addition to this there are requirements to support service improvements in several key areas, a number of which are linked to planned care recovery and patient flow.

The internal IMTP process together with organisational risk registers will determine how the funding is utilised to ensure service continuity, compliance and to address smaller scale service change requirements. In addition to the above the UHB will continue to develop a programme to utilise any additional funding opportunities available as well as any mid-year or late year WG slippage.

Approved Welsh Government Capital Programme

The table below illustrates the potential capital funding for 24/25 on approved WG projects. At this time the figures are estimated as profiles are yet to be confirmed but all allocations below are within already approved funding limits. This will be reviewed and discussed with WG before a formal Capital Resource Limit is issued.

2024/25 Capital Resource Limit (CRL)	2024/25 £m
CAPITAL PROJECTS WITH APPROVED FUNDING	
Prince Charles Hospital Refurbishment - Phase 2	35.000
Prince Charles Hospital Refurbishment - Phase 3	1.187
Primary Care - Sunnyside	11.481
National Programmes EFAB– Infrastructure	4.036
National Programmes EFAB– Decarbonisation	1.325
National Programmes EFAB – Fire	0.970
Llantrisant Health Park – PBC Fees	1.400
Maesteg Health and Wellbeing Park - Fees	0.376
CAPITAL PROJECTS WITH APPROVED FUNDING	55.775

The following approved schemes have allocations in 2024/25 and will continue or complete within this IMTP planning cycle:

1. **Prince Charles Hospital Refurbishment** – This refurbishment programme was developed to address the statutory requirement to address underlying modern standard fire stopping deficiencies associated with a live Fire Enforcement Notice. Approval of the £220m Full Business Case for Phase 2 was received in October 2020 and work commenced in November 2020. Phase 2 is broken into 6 sections (some of which overlap) and is due to complete in August 2026. Over this period the scheme will deliver new Theatres, ITU, Radiology, Pathology and a combination of ambulatory care service accommodation housing Outpatients, Max Facs, Endoscopy, Transfusion

as well as some support accommodation.

The Programme is now over halfway through the construction period with 3 sections completed to date. 2023/24 saw one of the main phases of the scheme hit the peak of activity on site and key areas such as Theatres and Endoscopy and due to handover early in 2024/25.

Phase 3 is the further and final phase to deliver the remaining accommodation improvements and lift the Fire Enforcement Notice. Funding to develop the business case for this phase was approved during 22/23 with plans for the business case to be delivered in 24/25. The Phase 3 works covers CSSD, R&D and other "back of house" and support functions and are programmed to overlap as much as possible with the later phase 2 elements so as to shorten the overall programme.

2. **Primary Care – Sunnyside** - The Bridgend Health and Wellbeing Centre was part of the first phase of the Welsh Government funded primary care pipeline. In 20/21 the UHB developed the FBC in partnership with Linc Cymru with the business case for £10.7m being approved in September 2020. A formal partnership agreement was signed with Linc Cymru and site works commenced in early 2021. Unfortunately, due to the original contractor going into administration works halted in July 2021 and there was a requirement to appoint a new contractor. There was considerable delay with this as the first tender process failed to identify a suitable contractor. A second tender process was successful however the original approved funding level of £10.7m fell significantly short of the revised funding requirement. An addendum to the original FBC was submitted to WG in September 2023 requesting £17.2m of funding in addition to the £2m already drawn down to date. As the primary care pipeline funding stream is no longer available the funding was requested from the Integration and Rebalancing Capital Fund and following a presentation to their scrutiny panel this was approved by the Minister in November 2023. Some further design work is required before works can recommence, but it is estimated the scheme will be back on site by March 2024, completing in early 2026.
3. **National Programmes EFAB** - In 22/23 WG announced that it would be running a 2-year programme of essential infrastructure upgrades (EFAB) following the success of the 1-year programme in 2021/22. Health Boards were invited to bid for schemes under Infrastructure, Decarbonisation and Fire headings. The scheme requires the UHB to provide 30% of the funding with WG funding 70% of the forecast cost with approved schemes. The Health Board was successful in securing over £7.7m of WG funding over the 2 years across the 3 headings, with a £3.3m discretionary investment required to support this. The level of investment enables schemes that are high risk but unaffordable with discretionary funding alone to be completed as well as the opportunity to take forward some schemes under the decarbonisation agenda.
4. **Llantrisant Health Park** - On 8th February 2023 CTM purchased the former BA site in Llantrisant using WG strategic capital funding to enable the development of an elective care centre for the South East Wales Region. At the time of purchase the site was under lease to British Airways as sitting tenants who had 13 months left to run on the lease. An early exit from the lease has been negotiated to support works to enable patients to be seen on site by the end of the 2023/24 financial year. Initial plans are for this care to be provided via a mobile MR facility. Alongside this workstream, significant work has commenced on developing specifications and designs to support the creation of up to 5-6 orthopaedic theatres and 4-day surgery theatres alongside an inpatient bedded unit. The theatres will be provided from an existing building with the wards to be provided via a modular build on the remaining developable plot on the site. It is expected that 48 beds can be provided to support the orthopaedic theatres. Alongside this a regional procurement exercise is being undertaken to procure a commercial

partner for the fit out of at least 2 community diagnostic hubs in the South East Wales region, one of these is proposed to be on the now named Llantrisant Health Park (LHP) site. This will not only provide a fully managed service for imaging: to include MR, CT, ultrasound and plain film but also endoscopy services, including a possible endoscopy academy.

The use of the 3rd building on site is still being considered but part will likely be required to provide a range of support services for the clinical services being provided on the site. The remainder will be used for a further regional service provision in line with Welsh Government funding requirements.

Funding of £3.091m was approved in 2022/23 to support the delivery of a Programme Business Case for LHP, the balance of which is in 2024/25 as shown above. It is proposed over the next 12 months that a Supply Chain Partner will be appointed under the Designed for Life Programme and there is an ambition to commence on site works by the end of 2024. This will be subject to expedited planning, business case approvals and design development processes, some of which sit outside of the UHB direct control. However, all parties are engaging on how to work quickly to develop increased capacity in the shortest time possible.

5. **Maesteg Health and Wellbeing Park** - In 2022/23 a significant community and stakeholder engagement exercise was undertaken to develop future plans for the Maesteg Community Hospital site. A funding application to the Regional Partnership Board (RPB) to secure fees funding from the Integration and Rebalancing Capital Fund was approved in 2023/24. Funding of £0.476m was approved to enable the development of a joint Strategic Outline Case and Outline Business Case for a Health and Wellbeing Park on the site. A Supply Chain Partner is expected to be appointed by March 2024 to facilitate this process.

Anticipated Welsh Government Allocations

There are a number of schemes under development where funding is required however not yet confirmed by WG, some of the key areas are detailed below:

1. **Fire Enforcement Works - Princess of Wales-** CTM has a fire enforcement notice in place for POWH theatres which has a current deadline of 31st December 2023, an extension is being requested from South Wales Fire and Rescue Service (SWFRS). Funding has been issued in previous years for the development of a business case, initial scoping focused on provision of a modular decant theatre block on the POWH site which would provide 6 permanent theatres. Once fully costed the above solution was estimated at c£52m (based on Q4 2021/22 figures), which was significantly more than had been originally estimated for this scheme. Given the significant capital restraints across NHS Wales and concerns over the value for money of this solution, the Welsh Government requested the Health Board fully investigate the opportunities for alternative ways of achieving the lifting of the FEN at lower cost. In addition, in this time there has been a change in strategic direction of planned and elective theatre care within CTM. This has further evolved with the purchase of the site for the proposed development of the Llantrisant Health Park (LHP) as detailed above and this now questions the long-term strategy and plans for the number of theatres on both POWH and RGH site. The option of LHP theatres potentially assisting with the required decant was considered however this solution will not be developed and operational on site within a timeframe that is likely to be acceptable to SWFRS. The Health Board has therefore identified a revised preferred option that is able to provide temporary decant accommodation while the works to lift the FEN are completed. The

preferred option is the most cost-efficient solution but requires a mix of capital and revenue funding. Given the Health Boards financial position an additional revenue spend of this scale would put the Board in the extremely difficult position of facing a significant reduction in theatre capacity if not able to fund. Welsh Government have therefore been asked to consider, given this is the most cost-effective solution overall, if a business case could be submitted with both a capital and revenue ask. If this is agreed additional fees will be required but the business case (combined OBC/FBC) will then be developed.

2. **Centralising Decontamination at Princess of Wales Hospital** - A business case for a centralised decontamination facility on the POWH site was developed during 22/23. Tendering was completed in March and a preferred supplier identified and informed as well as full planning permission approved. The Health Board has however paused the process to assess strategic options given the need to consider decontamination services for the Llantrisant Health Park. The initial driver for this scheme was to lift the limited JAG accreditation that was given to the POWH endoscopy unit in 2018 as well as address the infrastructure, capacity and sustainability issues within the current HSDU department.

The project developed aims to address both failing infrastructure in HSDU, JAG accreditation requirements for endoscopy and provide standardised auditable decontamination processes within POWH. This is in line with other facilities in the UHB. It is recognised that improvements are required, and discussions are ongoing internally regarding progressing this scheme. Discussion will also be initiated with other neighbouring Health Boards regarding the potential for regional facilities before the strategic case for this scheme can be confirmed.

3. **Decarbonisation** - Whilst some decarbonisation initiatives are being progressed using EFAB funding, the decarbonisation agenda within the Health Board needs to be accelerated to support delivery in line with the NHS Decarbonisation Strategic Delivery Plan. The Health Board have been working with Local Partnerships on tender documentation which will enable the appointment of a Partner from the Re:fit framework. Once appointed the Re:fit Partner will assist with the development of the strategy and produce a suggested programme of work. Some of the key elements and projects will be converting conventional lighting to LED, PV installations, optimising Building Management Systems, developing and implementing low carbon heat across the site and supporting and facilitating the move to electric vehicles. Alongside this the programme will also be looking to support and facilitate private wire connections with Solar farms for RGH and POWH. These schemes will be developed into business cases as required however other sources of funding outside WG Strategic Capital will also be considered
4. **Critical Care Reconfiguration** - The reconfiguration of Critical Care services within CTM UHB is essential to ensuring the CTM population have access to a service that meets their needs, provides high quality health care, and assures patient safety. There have been continued concerns around the sustainability of the workforce models and recruitment challenges within the CTMUHB Critical Care Services, which have been well documented and reported. In particular, the position in relation to medical staffing is complex and a review has identified that there are significant risks in terms of service sustainability. Following a series of workshops, the desired clinical model across CTM has been agreed. The Health Board are now starting to look at options for the accommodation required but significant work is required to provide a workable option with realistic costs, phasing and timescales. Initial high-level discussions have been held with WG, but a scoping session will be required shortly to discuss the scheme formally.

5. **Mental Health Inpatient Capacity** – a review of inpatient capacity across CTM is underway and there is a potential for a reconfigured provision across adult mental health services. Estate opportunities are being explored in relation to this which is potentially consolidation and addressing risks around the current inpatient units
6. **Primary Care**- In terms of primary care there are now 2 key pipeline schemes being explored however the focus for 2023/24 has been on securing funding for the Bridgend Health and Wellbeing Centre. The 2 schemes mentioned previously are the creation of a primary care and wellbeing hub at Llanilid and Llantrisant these will be explored further in 2024/25.
7. **Imaging Programme** -At the moment there has been no indication that there will be a National Imaging replacement programme in 2024/25. This will put pressure on Imaging equipment which is nearing the end of its economic life. These will be kept under close review and discussed with WG.
8. **Digital** - The UHB will continue to work with the WG digital team in the allocation of DPIF funding and the development of both national and local ICT initiatives. In 2023/24 the Health Board secured funding to improve cyber security by replacing a number of legacy devices and procured enabling infrastructure for the implementation of the new Radiology Informatics System Programme (RISP). The Health Board are however at the end of the programme for delivery of RISP and hence are not due to go live until 2026/27. In 23/24 a business case has been developed for a Hospital e-Prescribing and Medicines Administration (HePMA) system. If approved by the Board this will be submitted as an application for DPIF funding in 2024/25 and 2025/26

With ongoing pressures on WG capital funding over the next 3 years, the UHB will continue to take advantage of any other funding opportunities or routes which become available.

DIGITAL & DATA



The Health Board's Digital Health Vision sets out that: *the Health Board will aim to become a digital exemplar within NHS Wales, as an innovator and early adopter of digital technologies and approaches, to enhance care quality, better engage with patients and deliver sustainable services.*

This vision underpins the four strategic goals for the Health Board, and teams from across the Digital and Data Directorate have been actively supporting the delivery of core services, as well as supporting and shaping a narrative for the delivery of future service ambitions.

The development of our digital and data capabilities underpins our ambition to provide integrated care around the patient, improving our information and understanding as to the relative value of the interventions that we take and which in turn can identify those interventions that have the most impact on improving our health and wellbeing for the population of Cwm Taf Morgannwg.

The Health Board is focused on enabling the seamless working across hospital and community boundaries, with services integrated between health, social care, and other professionals. The flow of common and reliable information is at the heart of successfully implementing this approach. It is also a critical enabler to our ambition to improving our communities' health and wellbeing through preventative and predictive population health measures.

As the Health Board aligns its Digital and Data Strategy with the wider Clinical Strategy for CTM 2030, work has begun on mapping the path to achieving an Integrated Health Record and developing the vision and case for change to transform the way in which patients are engaged with our services. At the heart of these programmes is how the Health Board will deliver a core platform and suite of digital tools to enable an integrated pathway of care, deliver Clinical Workflow and redefine the management of Administration processes and workforce for all specialties. Simultaneously, streamlining the variation in processes and practices currently at play. This wholesale system development will form a cornerstone for digital maturity and inclusion across the Health Board.

While the Health Board has a track record of introducing electronic processes and digital systems, these have not been fully embraced by our workforce and the use of paper has continued to increase. In part this has been due to a focus on implementation of systems, as opposed to service change and role redesign.

As such the Health Board has designed a service transformation programme to fundamentally redesign our patient pathway and the supporting administrative processes. At the heart of this programme will be focus on reducing significant levels of variation and a redesign of our workforce. The diagram below identifies all of the touch points that can be transformed with the introduction of digital technologies:



Advancements in digital technologies and automation have created opportunities to replicate administrative tasks that will reduce the administrative burden on manual tasks, and create capacity within the current workforce to focus on higher value tasks for patients.

Ultimately this programme will enhance the patient experience and reduce costs. By providing these automation services, this improves patient experience and gives more time back to administrators and clinicians to spend more time focused on delivering patient care.

In the autumn of 2023, the Health Board coordinated a regional digital summit that brought together the digital and data leadership teams from across the South-East Wales and bordering organisations and is now facilitating the creation of a regional digital network to deliver the ambition.

It is acknowledged that there is still much to do to sure up our foundations. Investment is still required to remove our legacy infrastructure across the Health Board, and 2024 will see us further develop our narrative around understanding the gaps in our digital and data capabilities, including the development of a strategic delivery plan to deliver these gaps to meet our integrated care record.

During 2023/2024, the directorate has created a new leadership structure and is developing an ethos and series of principles based on the development on a professional and values driven service delivery. From here the directorate will undertake a detailed stakeholder analysis and the development of a consistent way to deliver digital and data products.

While a focus has been made on successfully recruiting to compliance roles for Cyber Security and Information Governance, additional roles will need to be created across the broad range of digital and data disciplines to deliver the longer-term ambition for the Health Board.

The Digital and Data strategic themes are as follows:

1	 Digital health board	Digitising the processes across the health board that support patients and employees across all care settings, removing manual effort, eliminating paper and capturing valuable, reusable data as standard
2	 Insights-driven healthcare	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3	 Single patient view	Managing a single, digital view of a patient's care and history across Primary, Community and Secondary services, improving patient centric care, reducing delays in information seeking and removing re-keying errors
4	 Intelligently integrated healthcare	Intelligently integrating processes and systems, providing two-way communications across silos and implementing smart workflow to automate key process interactions across care settings, removing manual effort and baking in zero-error processing
5	 Digital workforce	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6	 Adoption and exploitation	Providing the resources, structures and toolkits to properly manage identification, implementation and adoption of new solutions; and supporting staff in exploiting the systems they have access to
7	 Managing innovation	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8	 Digital enablers	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy

The Health Board has continued its delivery against its primary objective of Health Board Alignment and supported the development of national and all-wales programmes such as the procurement of new digital solutions for Laboratories Information Management and Radiology. As we come to the end of 2023, the Health Board has approved a Business Case to commence the rollout of e-Prescribing in Secondary Care under the Digital Medicines Programme from April 2024. This will be a significant development for the Health Board, which will further increase the digital and data capabilities for the Health Board.

The Welsh Community Care Information System programme has experienced difficulties in terms of gaining momentum and funding, against a backdrop of uncertainty over the future direction for the programme. Similarly, the Welsh Intensive Care Information System and the Welsh Emergency Department System programmes have also experienced challenges that have meant there has been no progress in implementing these systems during 2023/2024.

Improvements continue to be made on the delivery of our day-to-day support services and this has been evidenced by a significant increase in the number of positive feedback and responses from our service users.

The automation of our clinical coding activity has been a great success, and the Health Board is now seen as a leading light in this field, with approaches from many other Health Boards being made, who wish to adopt the approach CTM has taken.

Digital and Data literacy for both our workforce and wider community continues to be a challenge that the Health Board faces. Work has commenced on building relationships with academia to help support the development of our workforce and organisations such as Digital Communities Wales are part of our plans to help develop digital literacy in the community. Further work is planned on the training and development of our workforce, working alongside colleagues in Health Education and Improvement Wales.

The senior management team has started a programme of leadership development activities, with further training and alignment with the wider Health Board leadership programme planned in 2024.

Work has commenced on the development of a Digital Clinical Network under the leadership of our Chief Clinical Information Officer. Early successes have been made and a regular digital clinical development programme is underway.

The development of a new regional health park within the Llantrisant area provides a significant opportunity to develop our services, enabled by Digital and driven by Data on a regional basis for South-East Wales.

The directorate also plans to build on the initial work commenced under the population health agenda to ensure the Health Board can continue to develop its role as an anchor institution, working collaborative with partners from across the CTM region.

DRAFT

IMPROVEMENT, INNOVATION, VALUE BASED HEALTHCARE, RESEARCH & DEVELOPMENT AND UNIVERSITY HEALTH BOARD DESIGNATION STATUS



In 2021 CTMUHB created iCTM (Improvement and Innovation CTM) bringing together Quality Improvement, Innovation and Value Based Healthcare to ensure a focus on improvement activity across all parts of the Health Board. iCTM builds capacity for change across, co-ordinate improvement & innovation activity and engages with staff, patients, communities & partners in driving the adoption and spread of the most impactful improvement and innovation opportunities, underpinned by Prudent and Value Based Healthcare principles and co-creation.

An iCTM Business Plan for 2022-2025 was developed, setting out how iCTM will enable the organisation change capability and resilience; working with Workforce and Organisation Development colleagues and our Patient Safety and Experience teams. As well as nurturing and enabling, sustainable value improvements and innovation iCTM will develop and enhance the organisations ability to deliver and adapt to change laying the foundations needed to successfully deliver the CTM 2030: Our Health, Our Future strategy. iCTM sits under the Executive Director of Nursing and Midwifery / Deputy CEO along with the R&D department and Clinical Education, these teams work collectively together to continue development of our University Health Board Designation Status; making sure we have the highest possible positive impacts on our patients and communities along with making CTMUHB an attractive place to work; undertake research and impact work. These teams all support our delivery of a number of Welsh Government strategies such as Creating a Healthier Wales, The Well-Being of Future Generations Act and the recently launched Wales Innovates Strategy.

This section of our plan provides a specific overview of the department's focus, however the themes of Improvement, Innovation, R&D and Values Based Healthcare flow throughout this document and key activities are embedded and driven by individual care groups and specialities.

IMPROVEMENT

Over the past three years, we have made significant strides in transforming our organisation from an assessed Targeted Intervention level of 'Basic' maturity for quality improvement to an assessment of 'Maturity' in 2023, with many measures now in the 'Exemplar' rating.

Our strategy for 2024/2025 and beyond will be built on the following key principles:

- Work in partnership with internal and external teams (Improvement Cymru, Academia, Neighbouring HBs etc.) to continue to build a collaborative approach to quality improvement
- Continue to support the health board and MDT teams in need or specific intervention
- Embed QI methodology into the strategies and ways of working of the newly established care groups
- Modelling of QI by senior leadership and board – Board to Ward behaviours
- Build and support a cross organisation network of quality improvement champions
- Continue to enhance the capacity and capability of teams to deliver QI

To strengthen our organisations ability to deliver improvement, we will offer the following capacity-building programme during 2024/2025 onwards.

- Foundations in improvement: An on-demand E-Learning package available to all staff
- Level 1 – An Introduction to Improvement: A basic QI methodology course delivered as part of team development sessions
- Level 2 – Fundamentals of Improvement: Focusing on diagnostic tools and data-driven measurement
- Level 3 – Improvement in Practice: For teams with defined improvement goals.
- Bespoke Improvement training tailored to specific needs
- '5-minute improvements' – a package of support to help teams with rapid improvements aimed at saving time and improving safety and working conditions

We will during 2024/2025:

- Continue to build on the success of the Staff Ideation Programme: this platform is open to all HB staff and is now accessible to academic colleagues in our HEI organisation to support on solutions and problem solving, leveraging their expertise, knowledge and resources. Targeting an increase in the number of staff using this platform and engaging with improvement.
- Support the development of a national approach to ideation and problem solving.
- Maintain our commitment to patient safety and quality improvement through initiatives like our Falls Collaborative, Community Acquired Pressure Damage Improvement Collaborative, and partnerships with organizations like the Welsh Wound Innovation Centre where we will further increase the impact of the improvement collaboratives.
- Continue to support teams participating in the national 'Safe Care Collaborative' & implement learning from the programme across CTMUHB. This will include:
- Implementation of the 'Call-for-Concern' scheme that supports patients who want to raise concerns about deteriorating patients.
- Support the newly introduced 'ward-accreditation scheme' with QI training and support in implementing the 'Time to Care' package aimed at saving staff time on the wards and empowering everyone in the organisation to make positive changes.
- Grow our Improvement Community of Practice, building on the success of our multidisciplinary improvement faculty; providing peer support, learning opportunities, and a platform for sharing best practices among those interested in quality improvement
- Respond in an agile way to requests for support from teams across CTM using the 'ABCDEF' model we developed in 2023 (see below) becoming more strategically aligned to the priorities of the care groups, continue with our ethos of helping all who we can.



Finally, we will continue to collaborate closely with the wider patient safety team and work towards the wider implementation of the Duty of Quality, ensuring that our support is directed to areas where issues are identified. The iCTM QI team remains committed to its mission of advancing quality improvement initiatives and fostering a culture of continuous improvement throughout the organisation

INNOVATION

As a University Health Board, Innovation is at the heart of our objectives and our role as a catalyst for transformation and accelerated improvement in health care delivery. CTMUHB has built a strong profile and close partnerships; this focus on continuous learning, quality improvement and strategic innovation will remain of high importance for the organisation in 2024/2025 and beyond. CTMUHB works closely with Welsh Government colleagues from both Health and Social Services Group and the Economy, Science and Natural Resources Department as well as the newly created Welsh NHS Executive function.

CTMUHB seeks to use the recently launched Wales Innovates Strategy to deliver impact and value by coordinating people, stakeholder organisations and funding bodies to maximize outcomes and investment from Welsh and UK sources. The Innovation team have a strong track record of accessing funding from multiple sources including Innovate UK, private industry and HEIs to support its work and we will continue to pursue this.

Innovation activities that will continue into 2024/25 and beyond include:

- Commercialisation, Industry Engagement and Revenue Generation
 - The *Wales Innovates* delivery plan provides a clear and unequivocal policy direction from WG to create an *innovation ecosystem that focuses its activity on translational research and commercial opportunities*. CTMUHB will seek to expand the amount of revenue from commercial activity through the commercialisation of products and IP.
 - Local industry focus to promote economic growth is a key pillar of CTMUHB's Anchor Institution Strategy which comes under our Resilient Communities. We have worked with the Life Sciences Hub Wales to identify the 44 companies within the CTM area that self-identify as being in the Med Tech and Life Sciences sector and we intend to build stronger relationships with this community, LSH and NWSSP.
- Housing and Health Innovation
 - In 2023 CTMUHB appointed the only Healthy Housing Innovation Manager in Wales; co-funded with local registered social landlords. This novel role boundary spanning health and housing organisations has driven the CTM Healthy Housing Alliance that will support communities to thrive by fostering connection and opportunity; and work together to improve homes - making them warm, safe and places of wellness.
- Rapid Manufacturing and Prototyping
 - Continue to provide computer aided design (CAD) training opportunities for UHBs, LAs and third sector colleagues expanding the reach of the Advanced Digital and Physical Engineering hub with CTMUHB to provide rapid design and prototyping facilities. We will work with the Cardiff Capital Region team as they develop their Med Tech Cluster to access funding, support and industrial engagement.
- CTM Respiratory Innovation
 - Development of a CTM Respiratory Innovation Ecosystem that will drive the improvement of chronic conditions management through collaborative working between the NHS, Industry and Academia, which will enable those living in CTM with a chronic respiratory condition to live full and productive lives through the exploration and application of innovative approaches to service delivery, pharmaceutical, medical devices, data and sustainability.

- Innovation Adoption
 - Another principle of the Wales Innovates strategy is exploiting new and existing innovation through rapid assessment and adoption. We have created processes within the HB to face off to the wider Wales and UK innovation ecosystem and during 2024/2025 will assess this process for innovation assessment and adoption within the HB. This will link with the WG HSSG team and the development of the Health and Social Care action plan to support delivery of the Wales Innovates strategy.

VALUE BASED HEALTH CARE (VBHC)

The health board's VBHC strategic delivery plan forms part of the iCTM business plan and key priorities will continue to be progressed during 2024/2025; with a whole systems approach taken aligned to the National VBHC Strategy for Wales, in: Heart Failure, Palliative Care, a whole systems approach to Diabetes, Lymphoedema, Cellulitis, Alcohol Liaison Services, Arterial Fibrillation and Hypertension

In addition to the national priority areas where the HB will continue focus and delivery a number of locally prioritised needs will be focused on during 2024/2025 and beyond with the support and guidance from the inter-disciplinary VBHC team, including:

- Trauma and Orthopaedics
- Maternity
- Therapies
- Pharmacy
- Primary Care
- Breast Cancer
- 3Ps
- Health Pathways
- Navigation Hub
- Respiratory and COPD

During 2022/2023 the Health Board supported the national procurement exercise for a VBHC PROMS measures provider. This will enable implementation and roll-out of a digitally enabled system, to collect, analyse and utilise VBHC data in personalised delivery of care and service review and enable evaluation of VBHC projects. We will continue to roll out and align use of PREMs data using the CIVICA platform, until the contract ends in December 2024, after which we will migrate to the new VBHC measures software system. We have developed and are testing the use of a new measure, WREMs, workforce reported experience measures, which will help us to understand how the use of VBHC data is impacting on clinical perspective of shared decision making, and clinical/patient relationship and outcomes.

During 2024/2025 we will continue embedding VBHC principles, skills, data flows and action, with our workforce, patients and partners, including the new Valuing People's Experience Strategy in partnership with our patient experience and safety leads - embedding VBHC into our CTM leadership training and education.

We will continue to support CTMUHB with increasing skills related to the Social Health values pillar, to increase the identification of sustainable value measurement, and are supporting the wider health ecosystem with a National lead for Sustainability and Value.

A key focus for delivery in 2024/2025 will be a VBHC Communities of Practice, with the development of a range of engagement and learning opportunities for staff and patients including

Intranet/Internet pages, how-to Guides, Workshops and information guides. This wider community of practice will feed into and support the HBs academic research into VBHC which currently includes 2 doctoral studies and during 2024/2025 widening this into a number of master study research areas.

RESEARCH AND DEVELOPMENT

CTMUHB's R&D Department supports the set up and delivery on a broad range of high-quality collaborative commercial and non-commercial research studies and continues to meet and collaborate with its academic partners to optimise research opportunities that will have impact, both for the NHS and academic institutions. Collaborative working has also supported the submission of high-quality funding applications, providing a source of income that can help build capacity to support the research studies. In the last 3 years, CTM UHB has supported successful collaborative research grant applications amounting to £8,470,724 in the fields of Intensive Care, Stroke, Mental Health, Public Health and Social Care.

CTMUHB's R&D Department undertook a joint research funding initiative in partnership with Cardiff Metropolitan University in January 2022, providing matched funding to develop collaborative projects between both organisations. 2 research projects were funded in the fields of Sexual Health and laboratory sciences/ICU (long COVID). Following confirmation from the UHB to provide £15k of development funding per annum, CTMUHB's R&D Department released a funding call for joint NHS/Academic research projects to promote collaborative working in January 2023. 9 projects were funded with Cardiff University, Cardiff Metropolitan University and Swansea University in the fields of Physiotherapy, laboratory Sciences / ICU (long COVID), Respiratory medicine and neurodevelopment (paediatrics). This year's call has recently closed and applications are currently being reviewed.

We have been approached by the Welsh Wound Innovation Centre (WWIC) as they are currently undergoing review of their estates following their withdrawal from their centre at Llantrisant and are currently exploring the options to provide clinical space to continue to support the recruitment of CTM patients into wound related research.

CTMUHB's R&D Department and W&OD are currently working with a local life sciences company to progress, sponsor and support a research study investigating the impact of a nutritional probiotic on the physical and psychological wellbeing of healthcare staff. This study is also being undertaken in collaboration with the Welsh Ambulance Service (WAST).

Presentations have been made at the CTMUHB Board Development session, Cardiff Metropolitan University Research and Innovation Symposium, University of South Wales Faculty of Life Sciences and Education Research and Innovation Committee, Swansea Bay UHB AHP and Healthcare Scientist Event, Stroke Hub Wales and Cardiff Metropolitan University Stroke Research, Innovation, Education and Care Symposium, Allied Health Professionals and most recently at the Healthcare Scientists - All Wales Conference and the CTMUHB Allied Health Professional and Health Care Scientist Delivery Plan launch. Presentations are also provided to nursing forums and junior doctors with further plans in place to include a R&D session as part of CTMUHB's nurse induction programme and for a dedicated research placement to be offered to nursing trainees undertaking their nursing degree at the University of South Wales. The R&D Department recently hosted a trainee clinical scientist as part of their elective for the scientific training programme, providing an opportunity for the individual to experience all aspects of set up and delivery of research, including the processing of research samples in the clinical laboratory.

Research and Development

CTMUHB's R&D Strategy is in the process of being updated, following the release of key national documents published by Health and Care Research Wales (Research matters: our plan for improving health and care research in Wales 2022-25, the NHS R&D Framework 2023). The

strategy will align and incorporate key national policy and strategic documents to include, A Healthier Wales: Our Plan for Health and Social Care, The Future of UK Clinical Research Delivery: Saving and Improving Lives and the ABPI, Clinical research: An opportunity for growth Autumn 2021). The strategy will link to the four key pillars of the CTM 2030 Building Healthier Communities Together Strategy: Sustaining Our Future, Inspiring People, Improving Care and Creating Health and will include the key national indicators for research performance.

CTMUHB's R&D Department continues to monitor recruitment to time and target for studies on the UK Clinical Research Portfolio (CRP) and commercial studies, a key national metric from Health and Care Research Wales. During study set up discussions between the study sponsor, Principal Investigator (PI) and R&D set up and delivery team, set targets predicated on the potential participant population and the delivery capacity available. Once a project is open, recruitment is monitored on an ongoing basis to ensure that recruitment to time and target is on track, with the option of further discussion between the sponsor, PI and delivery team to update targets as appropriate. During 2022/23, recruitment to time and target metric (80%) for studies open at CTMUHB was 88% of closed non-commercial studies and 67% of closed commercial studies. 2023/24's recruitment to time and target is currently 100% for closed CRP studies and 100% for commercial studies.

The Clinical Research Centre was opened at the Royal Glamorgan Hospital site in February 2021, which includes a reception area and 3 clinic rooms for clinical research activity and office space for the R&D team and researchers to use, along with hot desking facilities for NHS, academic and industry partners. Administrative offices are also located at the Princess of Wales Hospital, Prince Charles Hospital and Keir Hardie University Health Park to ensure that equitable research support is provided across CTMUHB. Further clinical/office space is currently being explored at Prince Charles Hospital and Princess of Wales Hospital. Having designated research space makes the Health Board be more attractive to commercial and academic partners, providing further opportunity for our population to take part in high quality research and gain access to new therapies, treatments and technologies.

Therefore building on the current R&D clinical and office space, at PCH and PoW is a key strategic objective of the CTM R&D IMTP submission. This will also facilitate equitable access to patients across the CTM geography.

The R&D Department continues to prioritise the strategic objective of increasing commercial activity, whereby research studies are sponsored by pharmaceutical and medical device companies, who pay all necessary costs for the study to be undertaken, including overheads and capacity building costs that can be re-invested into research, in accordance with the All-Wales R&D Finance Policy. Such opportunities allow for further development of the available research capacity, enabling more research to be undertaken, with the associated benefits to the workforce and patients. There is also the potential for cost avoidance / savings as a result of commercial companies providing medications for clinical trials. Ensuring that CTMUHB and the R&D department is ready to undertake more commercial research will be key to attracting more external investment and pharmaceutical companies to place their studies at CTMUHB.

The R&D Department circulate the details of potential studies across primary, secondary and community care, providing support to clinicians in completing feasibility questionnaires, attending site selection visits and the subsequent set up and delivery of the study. The Assistant Director for R&D is a member of the Wales Vaccine Research Delivery Management Group to facilitate a One Wales approach to attracting commercial research from major commercial research companies, notably Moderna and BionTech. As part of the new 5-year voluntary scheme for branded medicines pricing, access and growth (VPAG) recently agreed by Government, NHS England and the Association of the British Pharmaceutical Industry, the pharmaceutical industry will invest £400 million over 5 years to improve clinical research, manufacturing and the value

assessment of new medicines across the 4 nations. This will include investment to develop the NHS's capacity to deliver commercial clinical research. Discussions are underway amongst Welsh Government, Health and Care Research Wales and the NHS R&D Directors to develop a Wales plan of investment.

Population health is a key national and local priority and a dedicated member of the R&D team has been appointed to support the set up and delivery of Public Health research. Successful grant funding (NIHR £5m) has been awarded to a collaboration between Rhondda Cynon Taf County Borough Council, Cardiff University and CTMUHB to address the wider determinants of health. This also provides an opportunity for closer collaborative approach to Health, Integrated and Social care research. CTM R&D in collaboration with the University of South Wales, have also been successful in attracting research funding (£97K) from the Burdett Nursing Trust to co-produce and test a behaviourally-informed intervention to empower nurses to address smoking & promote smoking cessation with hospital patients in Wales. Smoking cessation still remains a key population health objective of Welsh Government, Public Health Wales and CTMUHB.

Another key national and local research priority is to increase research activity in the field of mental health. CTM R&D department is supporting a number of mental health studies to include a Feasibility randomised controlled trial of remotely delivered EMDR versus Face to Face EMDR for post-traumatic stress disorder (PTSD) in Military Veterans and a randomised controlled trial of tailored acceptance and commitment therapy for older people with treatment resistant Generalised Anxiety Disorder. The R&D Department works with the National Centre for Mental Health and the Assistant Director for R&D meets regularly with a clinical academic in CAHMS at Cardiff University to discuss potential CAHMS opportunities that can be facilitated by the R&D Department. A CAHMS study is currently open for recruitment to trial a group Cognitive Behavioural Therapy programme with parent treatment optimisation for the prevention of depression in high-risk adolescents. Grant funding has been awarded from the UKRI Economic and Social Research Council to undertake a study in collaboration with Balsamme Ltd and Cardiff Metropolitan University to develop developing a fully integrated secure mobile application that facilitates continuous care and enables remote support and treatment of CAMHS patients.

The continuing review of the R&D infrastructure has led to the addition of 1 x Band 6 Research Nurse, 1 x Research midwife and 0.5 x Band 7 Research Physiotherapist, with the appointment of an additional Band 7 Clinical Research Specialist Officer in process. The successful award of external grant funding has also enabled the appointment of a fixed term Band 6 Research Nurse and Band 5 Research Officer.

Following the successful award of third sector (Moondance) funding for 0.2 wte Research Champion (x2 Consultant sessions) and 1.0 Band 6 Senior Clinical Research Specialist Officer at CTMUHB from October 1st 2021 to March 31st 2023 the Health Board has continued to fund 0.2 wte Research Champion to continue this work. Working in close partnership with CTMUHB's R&D team, the purpose of the role is to bring studies into the organisation and support the studies to further develop and increase colorectal/endoscopy related research.

We are also exploring how the health board can meet its equality and diversity objectives through research. To this end the R&D department are exploring research related to prisons, now that the Health Board has HMP Parc prison within its foot print of responsibility.

The annual Research and Development Conference provides an opportunity to showcase the multi-disciplinary and multi-professional research being hosted and undertaken within the Health Board. The event enables research outputs to be shared with a wide range of delegates from academia, NHS, Welsh Government, Clinical Research Organisations, Industry and patient representatives and provides a networking opportunity to encourage further collaborative research. The last R&D conference took place on 22nd November 2023.

University Health Board Designation Status

During 2022/2023 the HB has refreshed its approach to and governance around our University Health Board Designation status, ensuring the right focus on this status and its ability to drive cross organisation and regional improvements to individual and population health outcomes as well as providing a basis to attracting and retaining the best workforce aligned to our HBs values. The aiming being to ensure the whole is greater than the sum of the parts of R&D, Innovation, Improvement and Education.

In early 2023 the HB held its first UHB Designation Summit with its academic, third sector and life science partners, aimed at understanding shared visions, cross organisation opportunities and identification of mutually beneficial areas of work and focus. The event was a success with universally positive feedback received, a number of specific activities instigated and new partnerships / connections made.



Following on from the successful multi-agency summit a follow-up event was held, hosted by USW, with CTMUHB in June 2023 to further explore the potential of collaborative activity between our respective organisations. A world café format was utilised to enable generative conversations around the themes of

- Education and training
- Research
- Innovation
- Digital
- Leadership

A Collaborative Steering Group has been formed, and the outputs of the summit have been further refined into business as usual and transformational actions and now form an action plan for the work of the Collaborative Steering group over 2024/2025 and beyond as the two organisations seek to further strengthen their partnership.

Specifically addressing the UHB Designation Status principles for assessment:

Principle 1 – Priorities

- Existing work within CTMUHB supports alignment of priorities and ensures a focus on our populations needs within CTM. All activity is linked back to '**CTM: 2030 Building Healthier Communities Together**' strategy and aligned to one of the four strategic goals supported by our organisational values.



- The HB ensures existing strategic work on population segmentation, the RPB population health needs analysis and decarbonisation action plans help inform priority areas driven by the HBs strategy groups.

Principle 2 – Leadership

- CTMUHB has allocated Executive oversight for UHB Designation Status to the Director of Nursing and Midwifery and Deputy CEO and has a designated independent member.
- The Director of Improvement & Innovation has day to day responsibility for further developing the health boards maturity in designation status ensuring an action plan is in place and evidence provided to WG as required.
- Board oversight is provided via the Population Health & Partnerships Committee (a sub-committee of Board), which is incorporated into its terms of reference and receives a twice-yearly update on UHB Designation Status for assurance. Annually a report then goes from this committee to full CTM Board.
- CTMUHB have recently approved a secondment of 2 days a week for CTMUHB Head of Innovation with the University South Wales, the purpose of the secondment is to recognise and build on the shared objectives of both organisations and to promote innovation that is beneficial to the business of both organisations and the wider community.

Principle 3 – Planning

- Delivery monitoring will form part of the normal IMTP review and assurance process with overall UHB Designation Status assured through the PHP Committee.
- A joint USW and CTMUHB action plan is in place with associated governance to monitor and assure its delivery.

Principle 4 – Delivery

- Delivery of key activity is aligned to and built into existing governance and monitoring frameworks. These include CTM's Executive led strategic transformation portfolio and operational Improving Care Boards.
- CTMUHB have recently updated their declaration of interest form and process to now collect information on members of staff who may hold honorary contracts, joint roles and or academic titles with academic partners to enable the organisation to better understand the current depth of relationships it has with other institutions and enable it to explore how it can further exploit these relationships for the benefits of CTM and the population it serves.
- A Collaborative Steering Group has been established with membership from USW and CTM. Output from the June 2023 event will inform their work-plan.
- CTM and Cardiff Met University have created for the second year in a row a joint innovation fund where individuals or teams can bid for small funding to prove innovation aligned to CTM: 2030 strategy.

Principle 5 - Skills and Capacity

- The People Team in partnership with USW, we are continuing to offer an ever-expanding range of qualifications in order to upskill our workforce for the future. This also includes

the accreditation of in-house programmes through the university. More specifically a new bespoke Coaching Skills pathway has been developed in order to support the transition from a transactional HR function to a more sustainable and forward-thinking People Services function. Through the upskilling and adoption of coaching approaches, staff are empowered to take ownership of their teams with the structured and sustainable support of our People Coaches.

- Digital team are exploring opportunities for student placements/digital degree apprenticeships, opportunities to access capacity for specific skillsets (for example data analytics) to support key strategic programmes, for example Maesteg Hospital and Digital and Non-Digital teams are enrolled in digital leadership courses and MSc programmes.
- The HB are continuing to work with universities to understand how we can leverage current best practice and technological advancements to enhance learning within CTM. For example, we are exploring the possibilities of experiential learning opportunities and simulation technologies (for example Hydra) to upskill our workforce and provide safe spaces for engaging in alternative, improved working methods. As a result of this learning, we would hope to see improved working methods and ultimately better patient outcomes.

Principle 6 – Assurance

- Annual Population Health and Partnerships Committee (PHP) and full board UHB Designation Status reports have been scheduled and regular updates will be provided through executive team and PHP Committee.

Principle 7 - Strategic Review

- As set out earlier in our plan, we have a number of strategy groups based on a 'life course' approach of people in our communities to ensure a strategic approach to pathway development and a focus on improvement of outcomes & services for our communities:
- Annual Committee and full board reports have been scheduled and regular updates will be provided to the executive team and PHP Committee

VALUE BASED HEALTH CARE – NATIONAL

In April 2021, CTMUHB was formally requested by WG to host the Value in Health programme, its director and core staff. The CEO of CTMUHB is also Chair of the Value in Health Strategy Board. In November 2021 the programme updated its strategy and identity, becoming the Welsh Value in Health Centre, located at Ysbyty'r Seren before moving to its latest location alongside the Innovation team at iCTM Hub, Pontyclun.

By providing leadership, support, expertise and the strategic direction for embedding VBHC across NHS Wales, the Welsh Value in Health Centre is seeking to drive better outcomes for patients in a way that is sustainable for the long-term.

The work programme for the next year will include the implementation of a suite of information products (including atlases of variation in healthcare and visualisations in the clinical portal); a review of clinical pathways, for instance in heart failure; the implementation of PROMs data standards across Wales; academic research; evaluations on clinical analysis; delivery of innovations in partnership with industry; storytelling the impact of projects; hosting a series of webinars and engagement sessions; and the delivery of an All Wales Outcomes Collection Framework. In addition, a key focus for 23-24 will be supporting the NHS Executives Value and Sustainability Group on 5 key clinical priorities, namely MSK Hip and Knee Arthroplasty, MSK Bone Health, Diabetes and Heart Failure. This work will result in Optimum Pathways developed for

each area, and a baseline assessment of these 5 conditions across all Health Boards and Trust. Measuring the benefit and opportunities for these pathways will be supported by clear value metrics incorporated into the new Integrated Performance Framework.

All Health Boards and Trusts in Wales have set up dedicated teams to focus on VBHC. Under the stewardship of the Welsh Value in Health Centre's National Leads for Planning and Delivery Group, these teams will be delivering initiatives throughout the healthcare pathway that improve the outcomes that matter most for patients, staff and the wider population.

DRAFT

GLOSSARY

WHSSC	Welsh Health Specialised Services Committee
CTMUHB	Cwm Taf Morgannwg University Health Board
RCT	Rhonda Cynon Taf
ABUHB	Aneurin Bevan University Health Board
FYE	Financial Year Ending
VBHC	Value Based Health Care
BCBC	Bridgend County Council Borough
SOC	Strategic Outline Case
UNCRC	United Nations Convention on the Rights of the Child
ND	Neurodevelopment
PROMS	Patient Reported Outcome Measure
PREMS	Patient Reported Experience Measures
WREMS	Workforce Reported Experience Measures
MECC	Making Every Contact Count
PHW	Public Health Wales
PHM	Population health management
CAVUHB	Cardiff and Vale University Health Board
WG	Welsh Government
RPB	Regional Partnership Board
MAS	Memory Assessment Service
VIPS	Values, Individuals, Perspectives Social
NCIG	Neurological Conditions Implemented Group
TI	Targeted Intervention
EM	Enhanced Monitoring
IMSOP	Independent Maternity Service Oversight Panel
RIF	Regional Integrated Fund
MAMMS	Models of Access for Maternal Smoking Cessation Services
IMR	Infant Mortality Rate
LBW	Low Birth Weight
DAP	Decarbonisation Action Plan
NWSSP	NHS Wales Shared Services Partnership
JVCI	Joint Committee on Vaccination and Immunisation
AHP	Allied Health Professionals
MDT	Multi-disciplinary Team
AMD	Age Related Macular Degeneration
CAMH	Child and Adolescent Mental Health
SLA's	Service Level Agreement
LTA	Long term Agreement
DES	Directed Enhance Services
SDEC	Same Day Emergency Care Service
ED	Emergency Department
MD's	Minimum Dataset
GIRFT	Getting It Right First Time
HEIW	Health Education and Improvement Wales
CDC	Community Diagnostic Centres
NEP	National Endoscopy Programme
ICP	Integrated Commissioning Plan
EASC	Emergency Ambulance Service Committee
WAST	Welsh Ambulance NHS Trust
ED&I	Equality, Diversity and Inclusion
PDR	Personal Development Review

HIW	Healthcare Inspectorate Wales
RLW	Real Living Wage
RIC	Regional Innovation Coordination
WIDI	Wales Institute of Digital Information
EQIA	Equality, Impact Assessment
PFI Scheme	Private Finance initiative
CSSD	Central Sterile Services Department
R&D	Research and Development
FBC	Full business case
DGH	Distract General Hospital
EFAB	Estates Funding Advisory Board
LPHT	Local Public Health Team
PSRS	A population health management tool
ANP	Advanced Nurse Practitioner
SOP	Standard Operating Procedure
WISE	Wellness improvement Service
JAG	Joint Advisory Group
HSDU	Hospital Sterilization and Disinfectant Unit
HCSW	Healthcare Support Worker
INNUS	Intervention not normally undertaken
BAPM	British Association of Perinatal Medicine
D2RA	Discharge to Reassess
BSW	Bowel Screening Wales
ACSP	Acute Clinical Services Plan
DCM	Dementia Care Mapping

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- ⁱ Hiam L, Dorling D, McKee M. (2023) Falling down the global ranks: life expectancy in the UK, 1952–2021. *Journal of the Royal Society of Medicine* doi:[10.1177/01410768231155637](https://doi.org/10.1177/01410768231155637)
- ⁱⁱ [Household income inequality, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peoplepopulationandcommunity/inequality/datasets/household-income-inequality-uk)
- ⁱⁱⁱ [Life Expectancy and Mortality in Wales \(2020\) - Public Health Wales \(nhs.wales\)](https://nhs.uk/publications/life-expectancy-and-mortality-in-wales-2020)
- ^{iv} CTM DPH report, 2022
- ^v [the-marmot-review-10-years-on-executive-summary.pdf \(instituteofhealthequity.org\)](https://instituteofhealthequity.org/the-marmot-review-10-years-on-executive-summary.pdf)
- ^{vi} Institute of Health Equity (2022) *Fuel Poverty, Cold Homes and Health Inequalities in the UK* [LINK](#)

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

National Survey for Wales – adult lifestyle by local authority and health board, 2021-22 & 2022-23, <https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-healthboard-from-202021>

Appendix A: Cwm Taf Morgannwg University Health Board Financial Plan 2024-25

1. FINANCE

This Finance section includes information on the following areas:

	Section
Statutory Financial Duty	1.1
Financial Performance in 2023/24	1.2
Financial Strategy	1.3
Financial Plan for 2024/25 (Year 1)	1.4
- Income Changes	1.5
- Inflationary, Service Demand and Cost Pressures	1.6
- Investment in Service Improvement	1.7
- Other Non-Recurring Costs and Benefits	1.8
- Savings Plans	1.9
- Key Risks to the 2024/25 Plan	1.10
Indicative Financial Plan for Years 2 and 3	1.11

1.1 STATUTORY FINANCIAL DUTY

Cwm Taf Morgannwg University Health Board (CTMUHB) has a statutory duty to achieve break even over a period of 3 financial years. This applies to revenue and capital expenditure. Performance against the 3-year rolling duty for revenue is summarised below:

Revenue:	Actual 2020/21	Actual 2021/22	Actual 2022/23	Forecast 2023/24
	£k	£k	£k	£k
Surplus /(deficit)	88	172	(24,481)	0
Rolling 3 years	971	1,143	(24,221)	(24,309)

The Health Board is forecasting to achieve a break even position in 2023/24 but will not achieve the 3-year breakeven duty due to the significant deficit reported in 2022/23. This position will also apply in 2024/25.

1.2 FINANCIAL PERFORMANCE IN 2023/24

CTMUHB has recently submitted its M11 Monitoring Return to Welsh Government (WG). This showed a forecast break-even position for 2023/24 and a forecast carry forward financial challenge at the end of 2023/24 of £19.4m. The movement between the break-even forecast and the £19.4m carry forward financial challenge is illustrated below:

	£m
Forecast position 23/24B'fwd Financial challenge 1 April 2023	0
Non Recurrent inflation funding	11.4
Accountancy gains	5.0
Non Recurrent Llantrisant Health Park income	1.8
Non Recurrent benefits Rates and VAT	1.2
Other Non Recurrent items	0
Forecast C'fwd Financial challenge 31 March 2024	19.4

The movement between the financial challenge at the start of the year and the carry forward challenge at the end of 2023/24 is summarised below:

	£m
B'fwd Financial challenge 1 April 2023	70.9
Assumed WG funding – conditional upon achieving break even in 23/24	(51.1)
Net other movements	(0.4)
Forecast C'fwd Financial challenge 31 March 2024	19.4

1.3 FINANCIAL STRATEGY

The key underlying financial strategy objectives remain as in previous years, as follows:-

- To achieve breakeven in each financial year, and to gradually reduce the level of recurrent deficit to achieve recurrent breakeven over a reasonable timeframe.
- To achieve year on year reductions in premium workforce costs and premium planned care costs (waiting list initiatives and outsourcing).
- To achieve year on year improvements in efficiency, quality and value (outcomes relative to cost), including through population health management initiatives.
- To utilise financial improvement to re-invest in improving service quality and outcomes wherever possible.
- To achieve closer alignment over time between the needs based formula funding allocations from WG, and our actual use of resources, and so improve equity of resource use.

1.4 FINANCIAL PLAN FOR 2024/25 (YEAR 1)

The financial plan for 2024/25 builds on the current financial plan and is based on the funding confirmed in the 2024/25 Allocation letter. The key assumptions driving the financial plan for 2024/25 are summarised below:

- A brought forward financial challenge from 23/24 of £19.4m, which is the starting point for the 2024/25 plan.
- Additional recurring allocations from WG for 2024/25 is £50.4m. This includes £40.4m of un-earmarked growth funding (excluding funding for pay awards and contractor professions, which are assumed to be fully funded by WG) plus £10.2m of recurrent funding for Health protection, PPE, Long Covid, Further Faster and Optometry.
- The plan also assumes a net non-recurring WG allocation reduction in 2024/25 of £0.6m.
- Provision for recurring inflation, cost and service pressures of £42.1m. This includes £21.3m for inflationary costs (excluding pay awards and contractor professions) plus £20.8m for other service and demand pressures.

- The plan includes £10.2m for earmarked investment in Health protection, PPE, Long Covid, Further Faster and Optometry.
- The plan also includes a £2.3m provision for local service improvement schemes.
- Provision for non- recurring investments and cost pressures of £1.2m.
- Recurring savings of £26.3m are planned in 2024/25. This is circa 2.4% of an estimated controllable budget for CTM of circa £1,100m.
- Full delivery of the financial plan for 2024/25 would deliver an In year surplus of £19.5m. This would cover the £19.4m brought forward challenge from 23/24 and deliver a break-even position. Full delivery of the plan would also deliver a small recurrent surplus going into 2025/26.
- The plan includes a number of risks and uncertainties (**see Section 1.10**). These risks and cost estimates will continue to be refined and updated during 2024/25.

The financial plan is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

R = recurring NR = non recurring	Financial Plan 2024/25		
	R	NR	Total
	£m	£m	£m
B'Fwd Core Plan deficit	19.4	0.0	19.4
Brought forward financial challenge at 1 April 2023	19.4	0.0	19.4
Income changes			
Confirmed funding:			
Core Discretionary	-36.6	0.0	-36.6
Core MH Funding	-3.8	0.0	-3.8
Health protection and PPE	-6.0	0.0	-6.0
Long Covid	-1.1	0.0	-1.1
Further Faster	-1.8	0.0	-1.8
Optometry	-1.3	0.0	-1.3
Sterile Medicines top slice	0.2	0.0	0.2
Assumed funding:			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	tbc
RLW 24/25	0.0	0.0	0.0
Invest to Save repayments	0.0	1.0	1.0
Robot	0.0	-0.4	-0.4
Sub total income changes	-50.4	0.6	-49.8
Cost pressures and investments			
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	tbc
Other inflationary costs (Excluding pay awards and contractor professions)	21.3	0.0	21.3
Service and demand pressures	20.8	0.0	20.8
Service improvement - locally determined	2.3	0.0	2.3
Service improvement - Health Protection and PPE	6.0	0.0	6.0
Service improvement - Long Covid	1.1	0.0	1.1
Service improvement - Further Faster	1.8	0.0	1.8
Service improvement - Optometry	1.3	0.0	1.3
Other Non-recurring costs	0.0	1.2	1.2
Contingency	0.8	0.0	0.8
Sub total cost pressures and investments	55.4	1.2	56.6
Savings and overspend reduction targets :			
New savings targets	-26.3	0.0	-26.3
Sub total	-26.3	0.0	-26.3
Total change on previous year	-21.3	1.8	-19.5
Revised surplus/deficit	-1.8	1.8	-0.1

The key elements of the 24/25 Financial Plan are explained in the following sections:

1.5 INCOME CHANGES FOR 2024/25

A summary of the assumed new allocations from WG for 2023/24 is shown in the table below:

	24/25 £m
Recurrent:	
Core un-earmarked – share of £245m funding	(36.6)
Core un-earmarked- share of £25.8m Mental Health funding	(3.8)
NHS pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc
Earmarked funding – Health protection	(5.6)
Earmarked funding – PPE	(0.4)
Earmarked funding – Long Covid	(1.1)
Earmarked funding – Further Faster	(1.8)
Earmarked funding – Optometry	(1.3)
Assumed funding for impact of RLW in 24/25	0
Sterile Medicines top slice	0.2
Total Recurrent	(50.4)
Non Recurrent:	
Earmarked funding – Robotic surgery	(0.4)
Invest to Save repayments	1.0
Total Non Recurrent	0.6

The key points to highlight are as follows:

1.5.1 Core un-earmarked funding

The Health Board has received a 3.67% uplift for 2024/25 which equates to £36.6m plus a further £3.8m for Mental Health services.

1.5.2 Earmarked funding

The Health Board has received specific ear-marked funding for the following areas, which have corresponding expenditure budgets within the financial plan (See Section 1.7):

- Health Protection
- PPE
- Long Covid
- Further Faster
- Optometry

Elle – you may wish to cross ref to relevant Sections of the plan

1.5.3 Other funding assumptions

As indicated in the Ministers letter to Chairs dated 21st December 2023, funding is being retained by WG to support national recruitment approaches for hard to fill posts and also to support digital investment which delivers increased virtual capacity and improvements in administrative processes. This financial plan does not currently include any assumed funding from these funding sources pending agreement on the funding needed for the following programmes:

- Overseas Nurse recruitment
- Patient Centred Contact Centre

1.6 INFLATIONARY, SERVICE DEMAND AND COST PRESSURES FOR 2024/25

The table below shows the projected inflationary, demand and other cost pressures for 24/25.

	24/25 £m
Inflationary costs (excluding pay awards and contractor professions)	
CHC inflation	3.8
NHSFNC inflation	0.3
Non-pay inflation	4.3
Primary care prescribing inflation	4.0
LTA uplifts (inflation and demand pressures)	6.2
Agency inflation	2.5
Consultant commitment awards	0.3
Subtotal	21.3
Service and demand pressures	
CHC growth	1.4
Primary care prescribing- volume growth	1.0
NICE- internal	2.0
NICE- external	2.5
Claims Welsh Risk Pool (WRP)	0.6
WHSCC demand and cost pressures	2.5
EASC and NCCU demand and cost pressures	0.0
Non pay cost pressures due to increased Planned care activity	2.0
Reduction in WG funding for Real Living Wage	2.4
Cessation of Covid recovery LTA arrangements from 1 April 2024	3.4
Swansea Bay repatriation (Year 1 impact)	1.0
Other Internal cost/demand/service pressures	2.0
Subtotal	20.8
Total	42.1

The basis for the above estimates is outlined below:

1.6.1 Continuing Health Care (CHC) and NHS Funded Nursing Care (FNC)

The Health Board currently spends circa £61m per annum on external CHC placements. The anticipated cost increases for 2024/25 have been based on average price inflation of circa 6.3% per annum (£3.8m) and volume growth of circa 2.3% per annum (£1.4m). The plan also includes £0.3m for NHSFNC price inflation, which is 4.0% on a base spend of circa £7.4m. Although Consumer Price Inflation (CPI) has reduced from 2023-24, the impact of inflation upon CHC fee rates remains high due to the above inflation increase of the Real Living Wage (RLW).

1.6.2 Non Pay Inflation

The plan includes £4.3m for non-pay inflation on a base spend of £130m. This is based on the All Wales estimate of 3.3% for 2024/25.

1.6.3 LTA uplifts (inflation and demand pressures)

Provision has been made for a 3.67% tariff increase on all income and expenditure LTAs at a net cost of £6.2m for 2024/25. This includes an estimate for non pay inflation of £1.9m plus other unavoidable demand pressures of £4.3m.

1.6.4 Primary Care Prescribing

The financial plan includes provision for the following cost pressures in 24/25 based on a forecast out-turn in 23/24 of £103.5m. This is the starting point for the 24/25 Plan, which includes:

- Price inflation of 3.9% = £4.0m
- Volume growth 0.9% = £1.5m

Any NCSO movements in 24/25 will represent a risk or opportunity to the Plan.

1.6.5 NICE and New High Cost Drugs

The cost of NICE technical appraisals and nationally adopted high cost drugs has been a significant cost pressure in recent years. The latest planning assumption is an annual increase of £4.5m for 2024/25. This includes:

- Internal NICE growth within CTM (£2.0m)
- Anticipated financial impact of growth in NICE and other high cost drugs for CTM residents at Velindre Trust and other Health Boards (£2.5m).

1.6.6 Welsh Risk Pool (WRP)

The cost of clinical negligence and other claims previously met by the Welsh Risk Pool have been met by Health Boards since 2015/16. A risk sharing arrangement has been put in place such that all costs are shared between LHBs proportionate to their shares of the devolved budget. The latest information from NWSSP is indicating an additional charge to CTM in 2024/25 of a further £0.6m (2023/24: £0.2m).

1.6.7 WHSSC Demand and Cost Pressures

The financial plan includes a sum of £2.5m for WHSSC demand and cost pressures in 2024/25. The latest plans from WHSSC, agreed at the Joint Committee, require additional investment of £4.0m which is £1.5m higher than the CTM financial planning assumption. This is in addition to the 3.67% funding for LTA inflation of £3.67m.

1.6.8 EASC Demand and Cost Pressures

The financial plan does not assume any additional funding for EASC and NCCU demand and cost pressures in 2024/25. The CTM financial planning assumption is that any cost pressures would be covered by the 3.67% uplift for LTA baselines.

1.6.1 Non pay cost pressures due to increased Planned care activity

A £2.0m provision has been made in the financial plan for 2024/25 to cover the additional non pay costs which are forecast to result from increased planned care activity.

1.6.2 Reduction in WG funding for RLW

Following clarification from WG on the funding principles to support Real Living Wage costs for Social Care Staff, the anticipated allocation for 24/25 is expected to reduce by £2.4m, from £4.8m in 23/24 to £2.4m in 24/25. Since there will not be any corresponding reduction in the fee rates paid to providers, this will result in a cost pressure of £2.4m.

1.6.3 Cessation of Covid recovery LTA arrangements

Since 2020/21, there has been an All Wales agreement to support NHS organisations as services recover and activity levels return back to pre-pandemic levels. This 'protection arrangement' will cease in 2024/25 and our LTAs with other Health boards and Trusts will return to pre-pandemic arrangements. The estimated impact of ceasing this 'protection arrangement' is a deterioration in our provider income of £5.8m offset by an improvement in the commissioning expenditure of £2.4m leaving a net cost pressure of £3.4m.

1.6.4 Swansea bay repatriation (Year 1 impact)

Agreement has been reached between CTMUHB and SBUUHB to reflect the under-performance of both the provider and commissioner LTAs over a 3 year period commencing in 24/25 through to 26/27. This agreement will reduce the income received from SBU and payments CTM make to SBU. The net impact in 24/25 will be a cost pressure of £1.0m.

1.6.5 Local Cost, Demand and Service Pressures

A £2.0m provision has been made in the financial plan for 2024/25 to cover local cost, demand and service pressures.

1.7 INVESTMENT IN SERVICE IMPROVEMENT IN 2024/25

The following table sets out the planned investments for 2024/25:

Service improvement	24/25
Earmarked Recurring investment:	£m
Earmarked funding – Health protection (See Section 1.5)	5.6
Earmarked funding – PPE (See Section 1.5)	0.4
Earmarked funding – Long Covid (See Section 1.5)	1.1
Earmarked funding – Further Faster (See Section 1.5)	1.8
Earmarked funding – Optometry (See Section 1.5)	1.3
Sub total	10.2
Local Recurring investment:	£m
Llantrisant Health Park infrastructure running costs	0.5
Digital investment - DHCW	0.8
Robotic surgery	0.5
Medical equipment maintenance costs arising from Capital Programme	0.5
Sub total	2.3
Total Recurring investment	12.5

1.8 OTHER NON RECURRING COSTS AND BENEFITS IN 2024/25

The following table set out the planned Non recurrent costs and benefits for 2024/25:

Non Recurring costs	2024/25 £m
Invest to Save schemes and other investments to support savings delivery	0.8
New retrospective CHC claims settled in year	0.2
Laboratory Information Network Cymru Programme (LINC) costs	0.1
Radiology Information system procurement (RISP)	0.1
Total	1.2

1.9 SAVINGS PLAN FOR 2024/25

Recurring savings of £26.3m are planned in 2024/25. This is circa 2.4% of an estimated controllable budget for CTM of circa £1,100m. Further information on the latest savings plans to meet this target in 2024/25 has been provided in a separate Annex and is summarised below:

	2024/25 £m
Recurring savings target for 2024/25	26.3
Forecast savings – Green and Amber schemes only	15.5
Further savings required	10.8

1.10 KEY RISKS TO THE 2024/25 FINANCIAL PLAN

The key risks to the 2024/25 financial plan are summarised in the following table: **Review and Update**

Risk Assessment of 2024/25 financial plan	Risk and opportunity assessment	£m
Risks:		
Outstanding WG recurrent allocations for 2023-24- Pay awards	M	2.6
Delegated overspends exceeding Control Total - due to shortfalls in savings delivery v £24.3m Delegated savings target and/or other cost overspends.	M	11.3
Delegated risk assessments- High risk (100%)	H	4.9
Delegated risk assessments – medium risk (50%)	M	2.6
Further deterioration in M11 and M12 to Delegated starting positions for 24/25.	M	1.5
Further industrial action in 24/25.	H	tbc
Investment decisions:		
Further Priority investments in addition to the £2.7m included in draft plan.	M	3.7
Opportunities:		
Plan contingency	H	(0.8)
Balance sheet opportunities.	H	(5.0)
Retrospective Microsoft vat recoveries.	M	(1.8)
Potential movement in Energy costs from 23/24 out-turn.	M	tbc
Total		19.0

1.11 INDICATIVE FINANCIAL PLAN FOR YEARS 2 AND 3

The key assumptions driving Year 2 and Year 3 of the 3 Year financial plan are summarised below:

- A brought forward surplus from 24/25 of £(1.8)m, which is the starting point for the Year 2 plan.
- Additional recurring allocations from WG for Year 2 and Year 3 of 2.0% per annum. This compares to the 3.67% confirmed funding in Year 1.
- Pay awards and contractor professions settlements will continue to be fully funded by WG in years 2 & 3.
- Provision for recurring inflation, cost and service pressures of £29.2m for Year 2 and £29.8m for Year 3. This compares to £42.1m for Year 1.
- The plan includes increased provision for local service improvement schemes, Year 1: £2.3m , Year 2: £6m and Year 3: £6m
- Recurring savings of £17.5m (1.6%) per annum are planned for Year 2 and Year 3. This compares to £26.3m (2.4%) in Year 1.
- Full delivery of the 3 year financial plan would deliver an In year surplus each year and a small recurrent surplus at the end of Year 3.

Full delivery of the recurrent financial plan in Year 1 (2024/25) should therefore present opportunities for lower savings targets and higher levels of local discretionary investment in Year 2 and Year 3.

The indicative financial plan for Years 2 and 3 is shown in the table below, with costs and deficits shown as positive numbers and income and surpluses as negative numbers.

	2024/25 - 2026/27 SUMMARY FINANCIAL PLAN									
	2024/25			2025/26			2026/27			Total
R = recurring NR = non recurring	R	NR	Total	R	NR	Total	R	NR	Total	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Brought forward recurring deficit/-surplus	19.4		19.4	-1.8		-1.8	-2.2		-2.2	
Income changes										
Confirmed funding:										
Core Discretionary	-36.6	0.0	-36.6	-19.9	0.0	-19.9	-20.3	0.0	-20.3	-76.9
Core MH Funding	-3.8	0.0	-3.8	-2.1	0.0	-2.1	-2.1	0.0	-2.1	-8.0
Health protection and PPE	-6.0	0.0	-6.0	0.0	0.0	0.0	0.0	0.0	0.0	-6.0
Long Covid	-1.1	0.0	-1.1	0.0	0.0	0.0	0.0	0.0	0.0	-1.1
Further Faster	-1.8	0.0	-1.8	0.0	0.0	0.0	0.0	0.0	0.0	-1.8
Optometry	-1.3	0.0	-1.3	0.0	0.0	0.0	0.0	0.0	0.0	-1.3
Sterile Medicines top slice	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Assumed funding:	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	tbc	tbc	0.0	tbc	tbc	0.0	tbc	0.0
RLW 24/25	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Invest to Save repayments	0.0	1.0	1.0	0.0	1.0	1.0	0.0	1.0	1.0	0.0
Robot	0.0	-0.4	-0.4	0.0	-0.3	-0.3	0.0	0.0	0.0	0.0
Sub total income changes	-50.4	0.6	-49.8	-22.0	0.7	-21.3	-22.5	1.0	-21.5	-95.1
Cost pressures and investments										
NHS Pay awards and GMS, Pharmacy and GDS contractor allocations for 24/25	tbc	0.0	0.0	tbc	0.0	0.0	tbc	0.0	0.0	0.0
Other inflationary costs (Excluding pay awards and contractor professions)	21.3	0.0	21.3	16.2	0.0	16.2	16.2	0.0	16.2	53.6
Service and demand pressures	20.8	0.0	20.8	13.0	0.0	13.0	13.6	0.0	13.6	47.4
Service improvement - locally determined	2.3	0.0	2.3	6.0	0.0	6.0	6.0	0.0	6.0	14.3
Service improvement - Health Protection and PPE	6.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0	6.0
Service improvement - Long Covid	1.1	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	1.1
Service improvement - Further Faster	1.8	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0	1.8
Service improvement - Optometry	1.3	0.0	1.3	0.0	0.0	0.0	0.0	0.0	0.0	1.3
Other Non-recurring costs	0.0	1.2	1.2	0.0	1.2	1.2	0.0	1.2	1.2	0.0
Contingency	0.8	0.0	0.8	4.0	0.0	4.0	4.0	0.0	4.0	8.8
Sub total cost pressures and investments	55.4	1.2	56.6	39.2	1.2	40.3	39.8	1.2	40.9	134.3
Savings and overspend reduction targets :										
New savings targets	-26.3	0.0	-26.3	-17.5	0.0	-17.5	-17.5	0.0	-17.5	-61.4
Sub total	-26.3	0.0	-26.3	-17.5	0.0	-17.5	-17.5	0.0	-17.5	-61.4
Total change on previous year	-21.3	1.8	-19.5	-0.4	1.9	1.5	-0.2	2.2	2.0	-22.1
Revised surplus/deficit	-1.8	1.8	-0.1	-2.2	1.9	-0.4	-2.5	2.2	-0.3	-0.7

The table below shows the projected inflationary, demand and other cost pressures over the 3 years of the plan and explains the key changes from Year 1.

	24/25 £m	25/26 £m	26/27 £m	Assumptions for Year 2 and 3
Inflationary costs (excluding pay awards and contractor professions)				
CHC inflation	3.8	2.9	2.9	6.3% Yr1, reducing to 5% in Years 2 and 3
NHSFNC inflation	0.3	0.3	0.3	4.0% Yr1, reducing to 3% in Years 2 and 3
Non-pay inflation	4.3	3.9	3.9	3.3% Yr1, reducing to 3% in Years 2 and 3
Primary care prescribing inflation	4.0	3.0	3.0	3.9% Yr1, reducing to 3% in Years 2 and 3
LTA uplifts (inflation & demand pressures)	6.2	3.4	3.4	3.67% Yr1, reducing to 2%% in Years 2 and 3. Linked to assumed reduction in WG funding uplift
Agency inflation	2.5	2.4	2.4	
Consultant commitment awards	0.3	0.3	0.3	
Subtotal	21.3	16.2	16.2	
Service and demand pressures				
CHC growth	1.4	1.4	1.4	
Primary care prescribing- volume growth	1.0	1.0	1.0	
NICE- internal	2.0	2.0	2.0	
NICE- external	2.5	2.5	2.5	
Claims Welsh Risk Pool (WRP)	0.6	0.6	0.6	
WHSCC demand and cost pressures	2.5	2.5	2.5	
EASC and NCCU demand and cost pressures	0	0	0	
Non pay cost pressures due to increased Planned care activity	2.0	0	0	Investment in Year 2 and 3 to be considered as part of local investment choices.
Reduction in WG funding for Real Living Wage	2.4	0	0	One off impact in Year 1
Cessation of Covid recovery LTA arrangements from 1 April 2024	3.4	0	0	One off impact in Year 1
Swansea Bay repatriation (Year 1 impact)	1.0	1.0	1.6	
Other Internal cost/demand/service pressures	2.0	2.0	2.0	
Subtotal	20.8	13.0	13.6	
Total	42.1	29.2	29.8	



Agenda Item

7.2

CTM Health Board

Update on Acute Clinical Services Plan

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Vicki Wallace Deputy Director of Strategy & Partnerships Simon Blackburn Director of Communications, Engagement and Fundraising
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Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
ABUHB	Aneurin Bevan University Health Board
ACSP	Acute Clinical Services Plan
BAPM	British Association of Perinatal Medicine
CTM	Cwm Taf Morgannwg
CTMUHB	Cwm Taf Morgannwg University Health Board
C&VUHB	Cardiff and Vale University Health Board
ELG	Executive Leadership Group
IMTP	Integrated Medium Term Plan
WHSSC	Welsh Health Specialised Services Committee

1. Situation /Background

- 1.1 CTM 2030: Our Health, Our Future was launched in 2021. Since that date, work has been underway to further understand our population health needs and engage with our communities and our staff, to better articulate what this will mean for the population of CTM.
- 1.2 There are three key strategic themes to CTM2030:
- Building healthier communities
 - Integrated community services
 - Acute clinical services plan
- 1.3 These strands are underpinned by quality, governance, digital, public health, finance, workforce, communication and engagement and value based healthcare plans.
- 1.4 This report specifically refers to the development of the ACSP.

2. Specific Matters for Consideration

- 2.1 The Board was presented with an update at the January Board meeting. This update set out the baselining activity which was underway and the decision to align maternity and neonates work to the wider WHSSC strategic planning programme. It also outlined that CTMUHB had commissioned the Consultation Institute to risk assess our approach to the development of the ACSP as well as developing a hyperlocal approach to engagement.
- 2.2 Since the January Board meeting the following progress has been made:
- Baselining activity – the first draft of this work, which includes a focus on workforce, quality standards, transformation plans and any national standards the service should meet has been discussed by the all relevant groups within the ACSP governance structure. It was agreed that this capture needs further refinement by the care groups, but it provides a clear picture of all relevant services which will form part of the ACSP.
- Care group workshops – these have continued with support from the strategy teams. The outputs of these discussions will inform the next draft of the baseline but the main aim is to objectively identify priorities for change and explore future options for service delivery. These discussions are being captured and have informed the development of the IMTP as well as the ACSP.
- 2.3 Outcomes – Following a conversation at the ACSP Senior Leaders Group, it became apparent that further work needed to be done to understand the

scope and impact of the quality standards which services are expected to maintain. As we strive to meet all quality standards over the longer term, some may be more critical to focus on as they impact most highly on the outcomes for our patients and therefore the initial focus should be on these. Therefore, it was agreed that further work needed to be taken to understand the impact on outcomes where a quality criterion/standard is currently being compromised. This work will then influence the phasing/staged approach to the delivery of the ACSP as the Health Board focuses on delivery against key issues that add value to patient experience, staff wellbeing and quality of service provision.

Consultation Institute – A workshop has been planned for the afternoon of the 17th April to take forward the work around risk assessment and hyperlocal engagement approaches. All Independent Members of the Board have been invited to attend.

2.4 The next steps for the development of the ACSP include:

- Next draft of the baseline, including specific work on priorities, outcomes and standards
- Continuation of care group workshops
- Regional clinical summit planned for 5th June 2024
- Identification of resource for data/intelligence support to work
- Undertake workshop with The Consultation Institute on 17th April 2024.
- Undertake session with volunteers from CTM2030 Leaders' Network on appropriate and accessible language when engaging communities.

3. Key Risks / Matters for Escalation

3.1 There is a key risk around how the development and delivery of the ACSP is articulated to staff, the public and our partners. Experience has highlighted that plans have to be evidence based and clear as otherwise misinformation can circulate and gain traction. The communication and engagement of the ACSP moving forward must be transparent and decision making understood.

3.2 There is a key risk that the resources needed to deliver the ACSP in full will not be available. This relates to finance (capital and revenue), workforce (frontline and support), engagement, estate and digital resources, realistic resourcing plans will be set out within the ACSP, but experience to date has shown that these may not always be delivered due to internal and external influences.

4. Assessment

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

Link to CTMUHB Strategic Goal(s)	Sustaining our future Inspiring People
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well If more than one applies please list below: Growing Well Living Well Ageing Well Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales If more than one applies please list below: A Prosperous Wales A Resilient Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies please list below: Person Centred Efficient Equitable Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Will be considered as part of the development of the options
Cydraddoldeb	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Outcome:	If no, please include rationale below: Will be considered as part of the development of the options
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below) There may be a negative reputational impact on the HB if the delivery of the ACSP is not successful	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) There will be resource implications to the delivery of the ACSP. The options appraisal process will include resource implications.	

5. Recommendation

5.1 The Board is asked to note and discuss the contents of this paper.

6. Next Steps

6.1 The next steps for the development of the ACSP include:

- Next draft of the baseline, including specific work on outcomes and standards
- Continuation of care group workshops
- Regional clinical summit planned for 5th June 2024
- Identification of resource for data/intelligence support to work
- Undertake workshop with The Consultation Institute on 17th April 2024
- Undertake session with volunteers from CTM2030 Leaders' Network on appropriate and accessible language when engaging communities.

Minutes of the Meeting of Cwm Taf Morgannwg University Health Board (CTMUHB) held on Thursday 25 January 2024 as an In Person meeting at Yr Hwb, Royal Glamorgan Hospital Site, Llantrisant (also Broadcast Live via Microsoft Teams)

Members Present:

Jonathan Morgan	Chair
Paul Mears	Chief Executive
Kath Palmer	Vice Chair
Patsy Roseblade	Independent Member
Mel Jehu	Independent Member
Geraint Hopkins	Independent Member (observing via the live link)
Carolyn Donoghue	Independent Member
Ian Wells	Independent Member
Lynda Thomas	Independent Member (Virtual attendee)
Linda Prosser	Executive Director of Strategy & Transformation (In part)
Dom Hurford	Executive Medical Director
Lauren Edwards	Executive Director of Therapies & Health Science
Sally May	Executive Director of Finance
Philip Daniels	Executive Director of Public Health
Gethin Hughes	Chief Operating Officer
Hywel Daniel	Executive Director for People
Lisa Curtis-Jones	Associate Member (Attending virtually)

In Attendance:

Stuart Morris	Director of Digital
Matthew Butt	Chief of Staff
Gareth Watts	Director of Corporate Governance / Board Secretary
Richard Hughes	Deputy Director of Nursing
Ceri Bear	Llais Cymru Representative
Sue Wooller	Principal Pharmacist
Sara Utey	Audit Wales (Attending Virtually)
Darren Griffiths	Audit Wales (Attending Virtually - In part)
Mark Jones	Audit Wales (Attending Virtually - In part)
Owen James	Head of Corporate Finance (Attending Virtually - in part))
Emma Walters	Head of Corporate Governance & Board Business (Secretariat)

1 PRELIMINARY MATTERS

1.1 Welcome & Introductions

The Chair **welcomed** everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings were also **noted** by the Chair.

The Chair advised Members that Agenda Item 7.6 would be received immediately following the Listening & Learning Story at agenda item 3.1.

1.2 Apologies for Absence

Apologies for absence had been received from:

- Dilys Jouvenat, Independent Member;
- Helen Lentle, Independent Member;
- Nicola Milligan, Independent Member;
- Anne Morris, Associate Member;
- Greg Dix, Deputy Chief Executive/Executive Director of Nursing;
- Simon Blackburn, Director of Communications, Engagement and Fundraising
- Sally Bolt, Associate Member.

1.3 Declarations of Interest

No Declarations of Interest were noted prior to or during the meeting.

2. CONSENT AGENDA BUSINESS

The Chair asked members if there were any items from the consent agenda that Board Members wished to bring forward to the main agenda for discussion. There were none.

3. SHARED LISTENING AND LEARNING

3.1 Listening & Learning Story

S Wooller presented the listening & learning story which related to Anticoagulation and the benefits of the self-testing scheme.

D Hurford extended his thanks to S Wooller for sharing the presentation and for the amount of time and dedication S Wooller had placed on this wonderful project and service. D Hurford sought clarity as to what progress had been made in ensuring there was a consistent service in place across the whole Health Board. S Wooller advised that a recent re-organisation within Pharmacy had created the opportunity for the service to have a wider Health Board remit, with the service being extended to Prince Charles Hospital and steps being taken to hopefully extend the service into the Princess of Wales Hospital.

I Wells welcomed the presentation which he felt was positive and highlighted the efficiencies that could be made within the health service with patients self-managing their conditions and showcased the digital technologies that were available. In response to a question raised by I Wells as to the reasons why alternative medicines were not being prescribed to all patients, S Wooller advised that there were some conditions that could not be treated by the newer agents, particularly patients with high risk conditions who were more difficult to manage, and would still need to continue to be treated with Warfarin.

P Mears made reference to the savings that were being made within Primary Care as a result of this service and sought clarity as to what contributions were being made by Primary Care towards progressing the service. S Wooller confirmed that a tripartite arrangement was in place, with collaborative input being received from Medicines Management, Pathology and Primary Care and added that whilst the majority of patients were being managed within Primary Care who, patients with complex needs were being supported within secondary care.

M Jehu welcomed the presentation and sought clarity as to whether this initiative was developed by the Health Board or had been adopted from another organisation. M Jehu added that if the initiative had been adopted, had any lessons been learnt from their experience. S Wooller advised that pockets of self-testing had been undertaken in other areas and lessons had been learnt from their experiences, and added that evidence was being captured in regards to the initiative with plans in place to present the findings of the benefits of self-testing to the National Thrombosis Conference. Members noted that the Team had recently won an award for the contribution they had made to patient experience.

In response to a question raised by C Donoghue as to the costs associated for the self-testing machines, S Wooller advised that whilst the cost of the machines was £299.00 plus VAT, the service had received the machines at no cost as part of the research project and as a result of previous engagement with industry engagement during the Covid pandemic. Members noted that consideration was being given to establishing a managed contract which would hopefully realise some benefits in relation to costs and renewables from a service perspective.

The Chair extended his thanks to S Wooller for sharing the Listening & Learning story.

Resolution: The Listening & Learning Story was **NOTED**.

7.6 Charitable Funds Annual Report and Accounts

S May and M Jones presented the report and highlighted key updates to Board Members. Members noted the Charitable Funds Annual Report and Accounts were being presented to the Board, who were Trustees of the Charitable Funds, for approval. S May advised that an independent examination of the accounts had been undertaken by Audit Wales and highlighted that there was one trivial

uncorrected mis-statement, as highlighted within the Audit Wales report, which related to the valuation of investments held with CCLA.

M Jones advised the report being presented discharges the responsibility for Audit Wales to report to Board prior to the Board considering whether to formally approve the audited annual report and accounts. Members noted that Audit Wales intended to issue an unqualified, positive opinion on the accounts which were found to be materially true and fair and noted that the Auditor General was due to certify the accounts on Monday 29 January 2024. M Jones advised that the report stated that the audit had been substantially completed and added that the audit would remain open until the point of certification. Members noted that the corrected mis-statements had been included within Appendix three and noted the four recommendations that had been accepted by management contained within appendix four. M Jones extended his thanks to officers for the support provided during the audit process.

K Palmer raised a general question which was not specifically related to the Annual Accounts and sought clarity as to whether the objectives of the funds could be utilised for the purchasing of self-testing machines which had been referred to within the Listening & Learning story. S May advised that the objective of the fund was for the provision of items/services which were over and above core services and any proposal submitted would need to be considered to ensure it met the objectives of the fund.

L Thomas advised that the Charitable Funds Committee would be considering the use of restricted funds over the course of the next year, with a renewed focus being placed on fundraising. S May added that the funds needed to be used for the purpose for which they had been granted and advised that processes would need to be refreshed to demonstrate this. The Chair welcomed the update provided in regards to the ambition of the Charitable Funds Committee.

The Chair extended his thanks to S May and M Jones for presenting the report.

Resolution: The Charitable Funds Annual Report and Accounts were **APPROVED**.

4. SETTING THE SCENE

4.1 Chairs Report

The Chair presented the report and highlighted the key matters for Members attention. The Chair extended his thanks to the Executive Team and all of the staff working within the Health Board for their hard work over recent weeks to overcome the challenges faced in relation to increased demand for urgent care, discharge and transfer delays and junior doctor strikes. The Chair recognised that staff had worked incredibly hard to respond to and mitigate the impacts of all the challenges that had been faced.

Resolution The Board **NOTED** the report and **Endorsed** the Affixing of the Common Seal and Chairs Urgent Action

4.1.1 **Action Log**

The Chair presented the action log.

Resolution The Action Log was **NOTED**.

4.2 **Chief Executives Report**

P Mears presented the report and highlighted the key matters for Members attention. Members noted that since the report was written, confirmation had been received from Welsh Government that the Health Board's escalation status would remain unchanged across all domains and noted that the position would be reviewed further in the coming months prior to the next formal tripartite meeting to determine whether Welsh Government planned to de-escalate.

Members noted the update provided within the report in relation to the progress that had been made in relation to Phase 2 of the Operating Model and noted the update provided by L Edwards that as a result of Operating Model changes, a new Clinical Director for Healthcare Science had been created and was the first post of its kind to be introduced in Wales.

Members noted the update provided in relation to the Long Service Recognition awards that had been held recently for colleagues who had worked over 40 years within the organisation. M Jehu advised that feedback from the event had been excellent and expressed the need to ensure that staff who were unable to attend the event would be equally recognised. P Mears advised that there had been challenges in identifying long service via ESR and provided assurance that all staff with long service would be invited to attend future events. The Chair also welcomed the event which he found to be excellent and recognised the significant amount of recognition being extended to staff, particularly through the Seren awards.

Resolution: The report was **NOTED**.

5. **DELIVERING OUR PLAN**

5.1 **Integrated Performance Report (Quality, People & Operational Performance)**

L Prosser and the wider Executive Directors presented the report and highlighted key updates to Board Members.

Members noted that the following questions were received prior to the meeting from G Gash, who was attending the meeting as an observer;

What is the Health Board's stance on Frailty and closing the gap between physical and mental health, considering we have an ever extending older population with people living longer with multiple comorbidities and further cognitive impairment and Dementia?

How is the Health Board going to prioritise Frailty / Care of the elderly ensuring a holistic care pathway where all the Individuals needs are met, physically, psychologically, socially, holistically?

D Hurford provided a response to the questions raised above and advised that steps were being taken by the Health Board to deliver care to the elderly in a more holistic way. Members noted that a model had been put into place at the Princess of Wales Hospital which aimed to help prevent frail elderly patients being admitted to hospital as it was felt it was better for these patients to be treated and managed within their own homes and communities. Members noted that both Princes Charles and Royal Glamorgan Hospitals would be adopting the model that had been introduced. D Hurford added that consideration was being given as to how community services and third sector could be better used within this model of care and made reference to the work being undertaken on one of the Care of the Elderly wards at Royal Glamorgan Hospital to improve patient experiences on the ward.

In relation to Dementia, D Hurford advised that Dementia Champions were in place within the organisation and there was a Dementia Training module on ESR which was mandatory for staff to complete.

C Donoghue advised that a presentation was recently received at the Quality & Safety Committee from a Care of the Elderly Consultant which highlighted a patient who had been admitted being subject to significant delayed discharge, where it was evident that the patient's needs were social rather than health related and illustrated the impact on the patient from being in the wrong place for an extended length of time, and suggested that this story needed to be heard by the full Board.

In response to a question raised by G Hopkins in relation to what was being done within the Health Board to address the low uptake of childhood vaccinations, which was also a national issue, P Daniels advised that a campaign was being undertaken in which areas of low uptake were being identified, with targeted focus being placed on targeting schools within those areas. Members noted that behavioural science work was also being undertaken to understand the reasons behind vaccine hesitancy in general.

R Hughes made reference to three incidents that had recently occurred within the Children and Families Care Group and invited C Donoghue to provide an update on the discussions held at the In Committee Quality & Safety Committee. C Donoghue advised that Quality & Safety Committee Members were provided with a detailed update on the three incidents and the subsequent actions that had been taken, which Members had taken assurance from. C Donoghue added that Committee Members had extended their sincere apologies to the families and relatives of those involved and had also noted the

impact these incidents had on the staff involved. The Chair advised that on behalf of the Board, he also wished to echo his condolences to families and also recognised the impact the incidents had on the staff within the Maternity and recognised how hard staff worked in providing an exceptional service.

P Roseblade made reference to performance in relation to Colonoscopy procedures and questioned whether any lessons could be learnt from Cardiff & Vale University Health Board who had significantly improved their position. G Hughes advised that this related to timeline compliance with Bowel Screening Wales patients, with issues being experienced at the start of the year in relation to the timeliness of patients being referred into the Health Board from Bowel Screening Wales. Members noted that issues had also been experienced in relation to resource and capacity. G Hughes advised that part of the issues being experienced would be addressed through the introduction of the Llantrisant Health Park, with a mobile unit being put into place at Royal Glamorgan Hospital as an interim measure, which was not accredited for Bowel Screening. Members noted that some additional insourcing capacity had been secured at weekends which should hopefully improve the waiting list position. Members noted that the opening of the third unit at Prince Charles Hospital would help to address the longer term position.

P Roseblade advised that whilst she was pleased to see the 100% performance being reported for red release, she had noted that the numbers had increased.

P Roseblade made reference to the Early Supported Discharge service and questioned what impact this had on the longer term health of patients and how it would change the recovery journey of a patient. L Edwards advised that this would result in shorter lengths of stay for patients and would enable patients to have ongoing care and recovery within their own homes, as a result of care being provided from a specialist team with targeted interventions. D Hurford added that patients could be mobilised much more effectively at home compared to being in a hospital setting.

I Wells made reference to childhood vaccination rates and sought clarity as to whether the recent press that had been reported on this matter had resulted in an increase in the number of people coming forward to get their child vaccinated. P Daniels advised that an increase had not been seen which was why a targeted campaign would be undertaken within areas of low uptake. Members noted that work was also being undertaken with Clinical Teams within the Health Board to ensure that staff were up to date with their vaccinations, to limit them being excluded from work following exposure in order to stop potential onward transmission.

I Wells welcomed the improvement in performance within Mental Health in relation to assessments and questioned the reasons as to why the therapeutic intervention performance had fallen during the same period. Members noted that focus had been placed on improving performance in relation to Assessment as a result of the significant backlog of patients waiting for referrals and that consideration was now being given to ensuring treatment

profiles and schedules were going to be able to cope with the influx of referrals within other pathway areas.

I Wells made reference to the recent walkabout he had undertaken with L Edwards on the Stroke Ward at Prince Charles Hospital and advised that he had been impressed with the staff working on the ward who were positive, but were working extremely hard within a difficult environment. I Wells advised that he would be interested in undertaking a walkabout of the Stroke Ward at the Princess of Wales Hospital to undertake a comparison as to how that wards operates. L Edwards advised that she would be happy to arrange a visit.

The Chair made reference to the percentage of children waiting less than 14 weeks for Speech and Language Therapy, which had been reported at 72.8% compared to 90.9% last year, and advised that other Health Boards were seeing an increase in demand for Speech and Language Therapy input for young children whose speech and language was not where it should be when they were on the verge of commencing in school. The Chair added that he would be interested to see the total demand and how this compared to other regions. L Edwards advised that she would be happy to include more detail on this matter within the next report.

Resolution: The report was **NOTED**.

Action: Update to be included in a future report on total demand for Speech and Language Therapy Services and how this compared to other regions.

5.2 Financial Performance Update

S May presented the report and highlighted key updates to Board Members.

K Palmer extended her thanks to S May for presenting the report which she found to be comprehensive and sought clarity as to why there had been a significant jump in the cash position from £4m to £6m between Month 8 and Month 9. S May advised that this was as a result of timing issues and confirmed that the aim was to not draw down any cash ahead of need and added that she would be happy to share the detail behind this with K Palmer outside the meeting if required.

In response to a question raised by P Roseblade as to when the Health Board would likely hear from Welsh Government regarding financial allocations and the cash position, S May advised that it was anticipated that the Health Board would gain some certainty around this by the end of January. Members noted that work was also ongoing in relation to resolving the differential issues across Wales in relation to the Real Living Wage of £4.8m and it was hoped that clarity on this matter would be provided by Month 10, or Month 11 at the very latest.

P Roseblade extended her congratulations to the Team on achieving the Capital Resource Limit which she recognised was a difficult task to achieve.

M Jehu made reference to the work being undertaken by Tilbury Douglas and the Health Board on the Ground and First Floor Project at Prince Charles Hospital and the work that was being undertaken with communities. Members noted that 62 contacts had now been made with community organisations who were engaged with the work being undertaken at the site. S May added that this reflected that the Health Board was an anchor organisation that contributed to the foundational economy which was positive and would result in the Health Board having a hospital which was functional and met the modern standards to a much better degree than what had been in place previously. M Jehu advised that the work was being celebrated by the Community who had felt involved in the work that was being undertaken.

The Chair recognised the significant investment that was being made to bring the hospital into the 21st Century and also recognised the ambition being placed on other hospital sites over the next 12 months, which included the work being undertaken to repurpose and reimagine the Maesteg Community Hospital and the development of the Llantrisant Health Park. The Chair advised of the importance of engaging with members of the public to share the Health Board's ambition on developing the capital estate and what this would mean for patients and their families, whilst responding to the increase in demand for the services being provided.

The Chair advised that whilst the Health Board had significantly benefited from the allocation of additional expenditure from Welsh Government on a recurrent and non-recurrent basis, it needed to be recognised that Teams had been working incredibly hard to meet the savings target, whilst working to achieve significant improvements in relation to performance. The Chair added that Teams were trying to manage a range of challenges, including putting in place business continuity arrangements during periods of industrial action. S May added that it was important to recognise how hard teams had worked to increase savings delivery and efficiencies this year and made reference to the value and sustainability work that was starting to feed through. S May expressed the importance of having a balanced approach to performance, risk, safety and finance moving forwards and advised that Audit Wales would shortly be commencing a review on savings delivery which the Team were engaged with.

Resolution: The report was **NOTED**.

6. STRATEGIC PLANNING

6.1 Acute Clinical Services plan Update and wider CTM 2030 Communications and Engagement Strategy

L Prosser presented the report and updated Board Members on the progress being made in relation to the development of the Acute Clinical Services Plan and wider CTM 2030 Communications and Engagement Strategy.

K Palmer advised that she was pleased to see that accessible language was being considered to make it easier for members of the public to understand

and added that she was looking forward to attending the Leaders Network to learn more about the work being undertaken. K Palmer also added that she would welcome sight of the specification that had been developed for the Consultation Institute as this may be helpful in terms of providing some background information and added that she looked forward to seeing further data and the evidence for change as the programme moved forwards.

P Mears advised that a discussion had been held with Executive Directors in relation to the emerging clinical perspectives regarding the rationale for change, which would need to be underpinned by robust data analysis if services were being utilised in different ways. Members noted that consideration would need to be given as to whether there was sufficient bed capacity, physical capacity and people capacity before any changes were considered. P Mears advised that before engagement was undertaken with communities, clarity needed to be in place in relation to the clinical rationale for changes to services together with any consequential impacts. Members noted this piece of work was likely to take time to ensure accurate data was in place prior to engagement being undertaken.

In response to a query raised by P Roseblade as to why the Welsh Health Specialised Services Committee would be leading the work in relation to Maternity and Neonatal services as opposed to the Health Board, L Prosser confirmed that Cwm Taf Morgannwg Health Board would lead jointly with Cardiff & Vale and Aneurin Bevan Health Board's, with support being provided from Welsh Health Specialised Services from a commissioning perspective. In response to a further query raised by P Roseblade, L Prosser advised that flows from South Powys were a significant driver in relation to determining what the outcomes of the review may be.

I Wells expressed the importance of how the Health Board articulates this piece of work to key stakeholders and learn from previous experience where engagement had not worked as well. I Wells added that having data analysis in place would be important and also added that any information provided to Members of the public needed to be accessible to help them understand any changes being proposed.

The Chair expressed the need to ensure that clinical models were being tested in regards to robustness and how this then translated into the messaging that builds down to a public facing document. The Chair added that he would be happy for more flexibility to be given to this large piece of work to ensure models were robust alongside language and messaging.

C Bear sought reassurance that the patient voice would be included in the developing and storming stage so that there would be an expert patient in each clinical area. L Prosser advised that whilst this was the overall ambition, Teams were not at the stage yet to engage with patient experts as work was still being undertaken to fully understand the issues within each area which needed to be addressed to meet standards. C Bear advised that whilst the views of Clinical Staff were important in regards to identifying issues and problems, the patient voice was equally important at this stage also.

P Mears advised that it was important to note that the Health Board was currently at the internal consultation stage in regards to this piece of work, with Clinical Teams being brought together to share their views. P Mears advised that engagement with patients and communities would need to be undertaken at the appropriate stage and added that the right engagement would need to be undertaken with the right groups at the right time. Members noted that the work being undertaken with the Consultation Institute involved ensuring that a clear strategy and engagement plan was in place.

The Chair advised that it would be helpful to remind colleagues that this work was not being undertaken in isolation of the two other key themes within the CTM 2030 Strategy, which included the work being undertaken in relation to Building Healthier Communities and Integrated Community Services. Members noted that consideration was being given to the future vision for Primary Care and Community Services and what services were currently being provided within a Hospital environment that could be better provided in an alternative setting. L Prosser expressed the importance of being able to inspire people as to what alternatives were available in relation to shifting care out of hospitals into other environments.

Resolution: The report was **NOTED**.

6.2 Integrated Medium Term Plan Update

L Prosser presented the report and highlighted the key points to Board Members. Members noted that further discussions would be held with the Board in relation to the IMTP submission at a Board Briefing being held on 7 February 2024 and at the Planning, Performance & Finance Committee scheduled to take place on 13 March 2024 prior to the IMTP being presented to Board for Approval on the 28 March 2024.

K Palmer sought clarity as to what the intentions were in relation to the 2025/2026 and 2026/2027 financial years given that the report had not commented on these two years, and added that it would be helpful, in future sessions, to have a discussion as to what the intentions were for future years, understanding that a number of assumptions may need to be made. S May advised that noting the £51m of funding is conditionally recurrent, there would be a need to deliver a balanced plan for next year, whilst recognising the risks to manage this whilst continuing to make positive changes to performance trajectories. S May advised that for 2025/2026 and 2026/2027, the Health Board would be dependent on what the full UK position looked like and added that Welsh Government had strongly signalled that for next year, there would not be a repeat of this year in respect of the in-year financial allocations and it would be likely that financial disciplines would be enforced.

Resolution: The report was **NOTED**.

7. GOVERNANCE, RISK AND ASSURANCE

7.1 Escalation Status Update

Members noted that an update in relation to the Escalation Status had been included in the Chief Executives Report.

7.2 Board Assurance Framework (Principle/Strategic Risks)

G Watts presented the Board Assurance Framework and highlighted the key matters for Members attention.

Resolution: The Board Assurance Framework was **APPROVED**

7.3 Board Committee and Advisory Group Highlight Reports

Clinical Advisory Group

D Hurford presented the report and highlighted the matters that had been highlighted in the alert/escalate section.

Planning, Performance & Finance Committee

P Roseblade presented the report and highlighted the positive item for escalation that had been highlighted in the alert/escalate section. P Roseblade also highlighted the update included in the assure section of the report in relation to the update provided in relation to the Month 9 financial position.

Resolution: The Board Committee and Advisory Group Highlight reports were **NOTED**

7.4 Working in Partnership Reports

There was no business to report under this item on this occasion.

7.5 Audit Wales Structured Assessment 2023

S Utey, Audit Wales presented the report and highlighted key updates to the Board. Members noted that this was a positive Structured Assessment report and included six recommendations with agreed management responses in place. S Utey extended her thanks to the Health Board for their support and engagement in this piece of work, with particular thanks extended to the Corporate Governance Team.

P Roseblade confirmed that this report had been scrutinised at the Audit & Risk Committee.

In response to a query raised by the Chair, S Utey confirmed that planning for the 2024 Structured Assessment would be an ongoing process, with items for review being noted from this point onwards.

Resolution: The report was **NOTED**.

8.0 CONSENT AGENDA

8.1 FOR APPROVAL

8.1.1 Unconfirmed Minutes of the meetings held on 30 November 2023

Resolution The minutes were **APPROVED**.

8.1.2 Unconfirmed Minutes of the IN Committee meeting held on 30 November 2023

Resolution The minutes were **APPROVED**.

8.1.3 Board Annual Cycle of Business for 2024

Resolution The Board Annual Cycle of Business for 2024 was **APPROVED**.

8.1.4 Proposed Changes to the Scheme of Delegation

Resolution: The Proposed Changes to the Scheme of Delegation were **APPROVED**.

8.1.5 Safeguarding Annual Report

Resolution: The Safeguarding Annual Report was **APPROVED**.

8.1.6 Amendments to the Standing Orders – Terms of Reference Schedule 3.9

Resolution: The Terms of Reference were **APPROVED**

8.2 FOR NOTING

8.2.1. Board Forward Work Programme

Resolution The Forward Work Programme was **NOTED**

8.2.2. Board Committee and Advisory Group Highlight Reports

Resolution The report was **NOTED**.

9. CLOSE OUT BUSINESS

9.1 ANY OTHER BUSINESS

The Chair advised that he had not been notified of any other business.

9.2 HOW DID WE DO IN THIS MEETING?

The Chair invited members/colleagues to put forward any comments for improvement at this point or within two weeks of the meeting to provide feedback in respect of the issues that were covered and in the way in which the meeting had been run and how future meetings could be improved.

10. PRIVATE / IN COMMITTEE SESSION

There were no items requiring discussion at an In Committee session of the Board.

11. DATE & TIME OF NEXT MEETING

The next scheduled meeting of the Board held in public will take place on Thursday 28 March 2024, commencing at 10:00AM. Members were reminded of the Board Development Sessions taking place on 29 February 2024, 13 March 2024 and 25 April 2024.



Agenda Item

8.1.2

CTM Health Board

Decarbonisation Action Plan – Refresh for 2024-26

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Vicki Wallace Deputy Director of Strategy & Partnerships
Cyflwynydd yr Adroddiad / Report Presenter	Vicki Wallace Deputy Director of Strategy & Partnerships
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Environmental Sustainability Group	17/01/2024	Endorsed for Board Approval
Population Health and Partnerships Committee	07/03/2024	Endorsed for Board Approval

Acronyms / Glossary of Terms	
CAVUHB	Cardiff and Vale University Health Board
CTMUHB	Cwm Taf Morgannwg University Health Board
DAP	Decarbonisation Action Plan
WG	Welsh Government

1. Situation /Background

- 1.1 Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050. This target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030.
- 1.2 There is a significant opportunity for Wales' health and social care system to lead the way on reducing carbon emissions. Action is needed not only because NHS Wales is the biggest public sector emitter (with a carbon footprint of around 1.00 MtCO₂e which represents approximately 2.6% of Wales's total greenhouse gas emissions) but also because the health and social care system are at the forefront of responding to the impact of the climate and nature emergency on health outcomes. In response the Health and Social Care Climate Emergency National Programme has been established to support both National and Local action across the sector including the delivery of the *NHS Decarbonisation Strategic Delivery Plan 2021-2030*.
- 1.3 A key enabling action within the Delivery Plan is the requirement for NHS organisations to produce DAPs which form the basis of how organisations are implementing Delivery Plan initiatives and more generally demonstrate the organisation's contribution to the collective ambition and target.
- 1.4 CTMUHB produced an action plan for 2022-24 and have regularly reported against it. There is now an ask from WG that this plan is refreshed to cover the period 2022-2024.

2. Specific Matters for Consideration

- 2.1 Attached to Appendix 1 is the CTMUHB DAP for 2024-26. Much of the content remains the same as the 2022-24 DAP, as the actions remain relevant and are long term in nature.

A summary document has been produced of success to date against the 2022-24 DAP and key areas of focus moving forward and has been attached as Appendix 2.

- 2.2 Completed actions from the 2022-24 DAP have been removed and stored on another tab within Appendix 1. This allows us to be clear on achievements to date and progress made.
- 2.3 Adaption is a new area that has been added into the 2024-26 DAP – at this current time it has not been added as a separate WG initiative to meet, but is included as a CTMUHB action to take against a number of the WG initiatives.
- 2.4 Work done by CAVUHB has highlighted the gap between existing carbon reduction focused schemes and the stepped targets to meet the goal of the Public Sector to be collectively Net Zero by 2030. This position will be

the same for CTMUHB. Therefore, another key addition is about capturing the carbon impact of wider work undertaken by the health board, and not just those specifically initiated to reduce our carbon footprint.

3. Key Risks / Matters for Escalation

- 3.1 The same risks remain for the delivery of the 2024-26 plan as was in place for the 2022-24 plan. There remains a risk around staff capacity to engage or deliver initiatives beyond core duties and services. The financial position of CTMUHB impacts upon our ability to deliver the DAP, as many actions are dependent on financial resource to deliver.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below: Improving Care Inspiring People
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: Growing Well Living Well Ageing Well Dying Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Prosperous Wales
	If more than one applies please list below: A Healthier Wales A Resilient Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Efficient
	If more than one applies please list below: Person Centred Effective Equitable Timely Safe

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below: Reuse Refine Repurpose Recycle

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Will be considered as part of the each initiative
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Will be considered as part each initiative
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below) There may be a negative reputational impact on the HB if it is unable to meet the Net Zero targets	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) There will be resource implications to the delivery of the DAP. This includes, staff, time, finance and equipment.	

5. Recommendation

- 5.1 The Board is asked to note and discuss the contents of this paper and attached appendices 1 and 2.
- 5.2 The Board is asked to approve the DAP for submission to WG.

6. Next Steps

- 6.1 The next steps for the development of the DAP are:
- Any final changes to the DAP following the discussion today.
 - Submit to WG before the end of March 2024 following approval by the

CTM Board.

- To continue to report against the delivery of the DAP in 2024/25.



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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Cwm Taf Morgannwg Decarbonisation Action Plan Summary



Decarbonisation Action Plan 2023-24

The NHS Wales Decarbonisation Strategic Delivery Plan (2021-2030) was published in March 2021 and provides a detailed road map for NHS Wales, built around 46 initiatives each, which has been assessed for the potential to help facilitate or directly reduce carbon emissions. The Strategic Plan builds to help on the policy position developed within the well-being of Future Generations (Wales) Act 2015, Environmental (Wales) Act (2016), Prosperity for All: A Low Carbon Wales (2019) and net Zero Wales (2021).

One of the key actions set out within the NHS Wales Decarbonisation Strategic Delivery Plan is for each organisation to have their own Decarbonisation Action Plan (DAP). The decarbonisation and wider sustainability agenda have become a driver for positive change and promotes innovative ways of working and forward thinking. The Health Board needs to challenge "business as usual" ways of working and exploit existing and emerging technologies to change the way it delivers its services; and to operate its premises portfolio more efficiently.

CTMUHB DAP also aligns to other key strategies such as the Estates Strategy, Agile Working Strategy and is key to the delivery of CTM2030.

By reducing energy consumption and carbon emissions, the Health Board will be making a positive contribution to the Welsh Government's aspiration for a net-zero carbon public sector by 2030.

Climate change represents a significant risk to the health board and the health and population we support. If reductive action is not delivered across society, we will see increased demand on our services from extreme weather events, more regular adverse business continuity events and increased air pollution, with impacts on respiratory health in particular. Our infrastructure will require significant investment and adaptation to cope with warmer summer temperatures, milder wetter winters and more intense rainfall events. The action we take to address climate change will lead to many co-benefits to our population including cleaner air, a more physically active population and improved mental well-being.

This DAP builds upon our previous plans in 2021 and 2022. Through the delivery of our DAP we aim to become more mature and carbon literate as an organisation.

NHS Wales Target

- Against a 2018/19 baseline of 1,001,378 tCO₂e
- Reduce emissions by 16% on/before 2025
- Reduce emissions by 34% on/before 2030

Although CTMUHB is making great progress, due to changes in baseline and methods of data collection, as well as resourcing pressures, the 16% target is unlikely to be met by 2025. This is in line with all other health boards across Wales.

Decarbonisation Action Plan Key Achievements (2022-24)

The Health Board has led and delivered some exiting, innovating and transformational carbon reduction projects. All reducing our environmental impact and improving the health and wellbeing of staff, patients and out wider communities. These are a few of our key achievements:-

Facilities

In February and June 2023 - CTM Environmental Management System was subject to ISO-14001 Stage 1 and Stage 2 external audit. The audit took place across acute and community sites, the Laundry and CPU over an 11 day period. Certification was successful with no major or minor non-conformities reported. Certification is in place until June 2026 (subject to annual surveillance audits in 2024 and 2025).

The Facilities Team are also raising awareness with support from the Communication Team on initiative "Rethink, Recycle, Repurpose", to encourage staff to support the Waste Reforms and Segregation Compliance.

The Environment Waste and Fleet team have been busy across all Health Board sites promoting waste and fleet management and signposting staff and visiting patients to vital and useful information. The team have shared information on clinical patient home collections, recycling equipment and to support the Health Boards transition in to Welsh Governments April 2024 single source workplace segregation strategy and the wider 2050 Net Zero targets.

Corporate

The environmental profile is raising within CTMUHB with regular Green meetings being held producing new ideas for future initiatives. The Green CTM staff-working group actively engages in developing our responses to the Welsh Government NHS decarbonisation plan.

The Health Board were successful and received £60,000 of funding from the Health and Social Care Climate Emergency National Programme. Using this, the Health Board successfully delivered the Green Scholar Scheme supporting a cohort of "Sustainable Innovation Scholars" to develop their understanding of sustainable healthcare and carbon reporting for a 6-month period. One Innovative Scholar was successful in winning an award at the NHS Wales Awards 2023 in the category of Working seamlessly across the Public and Third Sector.

The Green space intranet site developed by staff supports us all to understand climate change as individuals within health care settings. We actively encourage nominations for Green Champions.

The Diploma in energy and carbon management level 3 apprenticeship is now available to all staff.

Work on the Healthy Travel Charter has been signed off by the Health Board and is being progressed through Public Services Board. The Public Services Board has been awarded funding to develop a climate adaption plan for the region; CTMUHB will be a key partner in this work.

Digital

The Digital Team continued to rollout replacement and additional digital devices to users. The replacement of legacy digital infrastructure (servers and networks) has progressed. The team are actively engaging with suppliers around mapping out the current demand for printing, in order to implement a managed print service, leading to a reduction in printers and printed documents, which will reduce our carbon footprint.

The CTM Digital Team have used Aternity to improve digital services, reducing environmental impact and plan for the future.

Aternity is a platform that helps the Digital Team monitor and improve the end-user experience of all applications and devices within Cwm Taf Morgannwg. It can measure the performance of any application, whether it is web-based, cloud-based or traditionally installed, and any device, whether it is a desktop, laptop, tablet or mobile. It can also identify the root cause of any delays or issues, whether they are related to the network, the device or the application itself. This enables our support staff to quickly diagnose and resolve problems, and optimise the productivity of all staff who depend on digital tools.

- Using Aternity to measure the user adoption and satisfaction of new applications or features, and gather feedback from users.
- Using Aternity to benchmark our performance against industry standards and best practices, and identify areas for improvement.
- Using Aternity to support our remote and hybrid working models, and ensure that our staff have the best digital experience regardless of their location or device.

A third party company was commissioned to provide virtual outpatient appointments for our elective patients, greatly reducing the number who will require triage in the hospital outpatient setting. WISE (a health promotion, re-conditioning and optimisation service) has been established based on a digitally enabled virtual service model. The digital team are supporting the roll out of the NHS Wales app by providing leadership of numerous committees.

Estates & Capital

Estates have worked with Local Partnerships under the RE:Fit Cymru Framework and Welsh Government Energy Service programme, helping to make our buildings more energy efficient. Re:fit Cymru is an energy performance contract framework that enables the Welsh public sector to secure guaranteed savings and reduce carbon impacts by accessing Energy Performance Contracts (EPCs). The Estates Team published the Re:Fit Invitation to Tender in December 2023 and are currently going through the bidder selection process to select a preferred partner and award the contract by April 2024.

Solar PV (Photovoltaic) installations are now operational on 11 sites, which include Ysbyty Cwm Cynon, Ysbyty Cwm Rhondda, Dewi Sant Health Park, Glanrhyd Hospital, Kier Hardie Health Park, New Surgery Pencoed, Porthcawl Primary Care Centre, Ty Lydiard, McMillan RGH and Ty Calon Lan in Mountain Ash. The Health

Board has installed approximately 650kW of PV since 2022 with plans to continue this progress.

Cwm Taf Morgannwg and RCT County Borough Council have signed a Power Purchase Agreement for the supply of renewable energy from the proposed Coed Ely Solar Farm directly to the Royal Glamorgan Hospital, bringing the scheme a step closer to fruition. It is anticipated that the scheme will meet the full site demand on peak summer days, providing approximately 15% of the hospital's annual electricity requirements. This is enough energy to power 370 typical homes for a year, will save approximately 240 tonnes of CO₂ per year, and at costs significantly lower than grid-supplied electricity.

Medicines

The Pharmacy Team are working with the National Respiratory Health Implementation Group and NHS Wales Green Agenda Programme to implement a change towards prescribing lower carbon footprint inhalers. The aim is to reduce NHS Wales' carbon footprint by reducing the percentage of high-global warming impact inhalers (metered dose inhalers) prescribed, from 70% to less than 20%, by 2025. This work is being progressed by our local Respiratory Delivery group, primary and secondary care working with patients to help them understand how they can switch to inhalers in order to help tackle the climate crisis.

Practices are engaging with medicines management in a positive way to reduce the inhaler carbon footprint. The overall inhaler carbon footprint in CTM has seen a reduction over the last 4 quarters of 23%. Following intensive work from a respiratory pharmacist an individual practice within CTM has demonstrated a reduction of 34.6% in inhaler carbon footprint.

The health board has reduced Ventolin MDI usage by 54%. The team plan to replicate these changes with work being rolled out to further practices within CTM.

Next Steps

CTMUHB will continue to work actively on the delivery of the DAP for 2024-26. This includes, but isn't limited to the following:

Delivery against the Site Travel Plans developed by the Facilities team which includes active travel initiatives and solutions for each site. These plans will be reviewed to ensure they are in line with WG Legislations and Guidance. Fleet Transport Roadshows will continue in spring 2024 and will support with travel options and lower carbon options for staff including cycling routes. The estates team will be working on ensuring that adequate compartmentalised bicycle storage with adequate provision for electric bicycle charging is available across all sites within CTM. Active Travel options will be developed through the Regional Health Travel Charter.

The CTM Estates & Capital Department expects to award the Re:Fit contract and commence work with our preferred partner in April 2024. The Re:Fit programme

will develop investment grade proposals leading to the delivery of a range of installations and upgrades of energy plant and equipment across our estate. These will be focussed on addressing the priorities identified within our Decarbonisation Action Plan and the NHS Wales Decarbonisation Strategic Delivery Plan.

Estates will continue to work in collaboration with all three neighbouring local authorities to progress opportunities for partnering on private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. Solar farm schemes supplying RGH and PCH expected to be delivered in 2024-25 (subject to the local authorities leading the schemes)

Welsh Government has approved additional funding (through EFAB) for the continued installation of PV at Williamstown, the National Imaging Academy and the Glan Rhyd Hospital Sites. Potential total in excess of 500kW to be installed during 2024-25.

NWSSP are leading an all Wales project to address a number of challenges around EV charging infrastructure (EVCI) with Facilities, Estates and Procurement part of this group. Until the EVCI is in place a replacement ultra-low emissions fleet may be required, tendered and ordered to replace the current ageing fleet. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25.

WG funding for 'sustainable innovation scholar' will push forward inhaler recycling, inhaler swapping to lower carbon footprint and medication management. The pharmacy team will carry out work intensively with a specific RCT base GP/ community pharmacy in order to develop a spread and scale approach, which will be implemented across CTMUHB.

CTMUHB Respiratory Delivery Group and Medical Gases Committee will continue developing plans to explore methods of minimising gas wastage and technologies to capture expelled medical gases. Work is being scoped to consider removal of existing N2O pipes/ manifold across the estate starting with POW as POW theatre development does not include N2O manifold in line with evolving practice.

Sustainable solutions to create value from plastic waste, delivering sustainable innovations that address plastic waste, reduce plastic pollution, support green growth, and population wellbeing. Fundamentally, shifting plastics in the direction of upstream solutions in the areas of production, infrastructure, processing, and future business models. This will help switch plastics from a linear model into a circular one, focusing on transforming the value chain and sharing the burden of accountability.

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Appraisal Approach

Appraisals of all opportunities were undertaken by NHS Wales by scoring the identified opportunities against the following four metrics:

- Carbon impact
- Technology and market readiness
- Effort and resource demands
- Strategic importance for enablement

A quantitative scoring was allocated to each metric, using the scoring matrix set out in the table below.

The sum of the scores for each measure forms the total score, which was integrated into the development of the decarbonisation roadmap and carbon emission reduction predictions.

The outputs of this table should not be used solely for prioritisation of one initiative over another.

Rather, this impact assessment has been used for identifying key initiatives for the roadmap for this delivery plan.

Scoring Available	Carbon Impact	Scoring Available	Technology and/or Readiness	Effort and Resource Demands	Strategic Importance for Enablement	Total score
9-10	Significant impact (>3% reduction in footprint)	5	Ready	Little or no additional effort	Significant	Sum of all scores
7-8	High impact (0.5 - 3.0% footprint reduction)	4	Expected to be ready imminently	Low – manageable with existing resources	Important	
4-6	Medium impact (up to 0.5% footprint reduction)	3	Approaching readiness		Medium	
2-3	Low impact	2	Medium maturity	High – difficult but manageable	Low-medium	
1	Negligible impact	1	Low maturity	Significant – more resource required	Low	

Additionally, a qualitative scoring was assigned to the following two metrics to recognise the financial implications of each measure:

- Investment cost
- Financial return

The appraisal matrix is set out on the next tab.

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Initial Appraisal Matrix

Reference No	Category	NHS Wales Initiative	Carbon Impact (/10)	Technology and/or Readiness (/5)	Effort and Resource Demands (/5)	Strategic Importance for Enablement (/5)	Total score (/25)	Investment Cost	Financial Return
1	Carbon Management Initiatives	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.	1	5	1	5	12	Low	Short ROI (<10 years)
2	Carbon Management Initiatives	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	1	5	2	4	12	Low	Short ROI (<10 years)
3	Carbon Management Initiatives	Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	2	5	3	4	14	Low	Short ROI (<10 years)
4	Existing Buildings Initiatives	Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	5	5	3	4	17	High	Short ROI (<10 years)
5	Existing Buildings Initiatives	Fully replace all existing lighting with LED lighting by 2025.	4	5	2	3	14	High	Short ROI (<10 years)
6	Existing Buildings Initiatives	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	8	3	1	5	17	Significant	Increased revenue costs
7	Existing Buildings Initiatives	Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	5	3	1	5	14	Significant	Increased revenue costs
8	Existing Buildings Initiatives	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030	6	5	2	4	17	Medium	Increased revenue costs
9	Existing Buildings Initiatives	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023	3	5	2	3	13	Medium	Short ROI (<10 years)
10	Existing Buildings Initiatives	Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	6	5	2	4	17	High	Short ROI (<10 years)

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Initial Appraisal Matrix

Reference No	Category	NHS Wales Initiative	Carbon Impact (/10)	Technology and/or Readiness (/5)	Effort and Resource Demands (/5)	Strategic Importance for Enablement (/5)	Total score (/25)	Investment Cost	Financial Return
11	New Builds and Major Refurbishment Initiatives	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	5	3	2	5	15	High	Short ROI (<10 years)
12	New Builds and Major Refurbishment Initiatives	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.	2	3	2	3	10	Low	Short ROI (<10 years)
13	New Builds and Major Refurbishment Initiatives	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction- related carbon emissions.	2	5	3	3	13	Low	N/A
14	New Builds and Major Refurbishment Initiatives	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	4	5	3	4	16	Medium	N/A
15	New Builds and Major Refurbishment Initiatives	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.	3	5	3	5	16	High	Long ROI (10 years+)
16	New Builds and Major Refurbishment Initiatives	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government’s Active Travel Action Plan for Wales.	4	5	3	4	16	Low	N/A
17	Transportation Initiatives	Health Boards and Trusts will ensure suitable sustainable transport infrastructure is installed at their sites.	2	5	2	4	13	High	N/A
18	Transportation Initiatives	NWSSP will implement a standardised system of vehicle management in owned and leased vehicles. This will entail central fleet management oversight within each Health Board or Trust.	1	5	3	3	12	Low	Short ROI (<10 years)
19	Transportation Initiatives	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery- electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	3	3	2	4	12	Low	Short ROI (<10 years)
20	Transportation Initiatives	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.	3	3	2	4	12	Medium	Short ROI (<10 years)

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Initial Appraisal Matrix

Reference No	Category	NHS Wales Initiative	Carbon Impact (/10)	Technology and/or Readiness (/5)	Effort and Resource Demands (/5)	Strategic Importance for Enablement (/5)	Total score (/25)	Investment Cost	Financial Return
21	Transportation Initiatives	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport.	3	5	3	4	15	No cost	N/A
22	Transportation Initiatives	The Welsh Ambulance Service NHS Trust will continue to develop their electric vehicle charging infrastructure network plan for the existing NHS Wales estate to facilitate the roll-out of electric vehicles.	3	5	3	4	15	Low	N/A
23	Transportation Initiatives	The Welsh Ambulance Service NHS Trust will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid EV, or fully battery-electric in appropriate locations.	5	3	2	4	14	Low	Short ROI (<10 years)
24	Transportation Initiatives	The Welsh Ambulance Service NHS Trust will actively engage with vehicle manufacturers for research and development of low carbon emergency response vehicles and report annually, with the ambition to operate plug-in electric, or alternative low carbon fuelled, emergency ambulances by 2028.	6	1	3	3	13	Medium	Short ROI (<10 years)
25	Procurement Initiatives	NWSSP will transition to a market-based approach for supply chain emissions accounting.	2	5	2	3	12	Low	N/A
26	Procurement Initiatives	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.	6	5	2	3	16	Low	N/A
27	Procurement Initiatives	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.	4	5	3	4	16	Low	Potentially increased revenue costs
28	Procurement Initiatives	100% REGO-backed electricity will be procured by 2025, and 100% green gas by 2030.	1	5	2	0	8	Low	N/A
29	Procurement Initiatives	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	10	5	2	5	22	Low	Potentially increased revenue costs
30	Procurement Initiatives	Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.	10	5	2	5	22	Medium	N/A

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Initial Appraisal Matrix

Reference No	Category	NHS Wales Initiative	Carbon Impact (/10)	Technology and/or Readiness (/5)	Effort and Resource Demands (/5)	Strategic Importance for Enablement (/5)	Total score (/25)	Investment Cost	Financial Return
31	Procurement Initiatives	NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.	3	5	3	3	14	Medium	Short ROI (<10 years)
32	Procurement Initiatives	NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Strategic Delivery Plan.	10	5	3	4	22	Low	N/A
33	Estate Planning and Land Use Initiatives	All-Wales strategic estate planning will have carbon efficiency as a core principle – quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	5	4	4	4	17	Low	N/A
34	Estate Planning and Land Use Initiatives	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.	2	4	4	3	13	Low	N/A
35	Estate Planning and Land Use Initiatives	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	4	5	4	4	17	High	ROI from 5-15 years
36	Approach to Healthcare – Smart Working Initiatives	Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.	4	4	3	3	14	Low	N/A
37	Approach to Healthcare – Smart Working Initiatives	Support the Welsh Government’s target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	2	5	2	3	12	Low	Short ROI (<10 years)
38	Approach to Healthcare – Smart Working Initiatives	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	2	2	4	4	12	Low	Short ROI (<10 years)
39	Approach to Healthcare – Education Initiatives	Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.	3	3	4	4	14	Medium	Short ROI (<10 years)
40	Approach to Healthcare – Healthcare and Medicines	Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.	2	5	4	3	14	Low	Short ROI (<10 years)

CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan

Initial Appraisal Matrix

Reference No	Category	NHS Wales Initiative	Carbon Impact (/10)	Technology and/or Readiness (/5)	Effort and Resource Demands (/5)	Strategic Importance for Enablement (/5)	Total score (/25)	Investment Cost	Financial Return
41	Approach to Healthcare – Healthcare and Medicines	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	2	3	4	2	11	Medium	Short ROI (<10 years)
42	Approach to Healthcare – Healthcare and Medicines	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	3	5	4	4	16	Low	Short ROI (<10 years)
43	Approach to Healthcare – Healthcare and Medicines	Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.	3	3	4	4	14	High	Revenue costs could increase or decrease
44	Approach to Healthcare – Waste Initiatives	Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.	1	3	3	3	10	Low	N/A
45	Approach to Healthcare – Waste Initiatives	Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.	1	4	3	3	11	Low	N/A
46	Approach to Healthcare – Waste Initiatives	Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.	2	5	2	3	12	Low	N/A

Updated: 17/01/2024						Management Group: Environmental Sustainability Group									
Progress RAG Key						Delivery Plan Senior Responsible Officer: Vicki Wallace									
CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan						Key Actions Not Scheduled to Start		Key Actions Started	Key Actions Completed	Key Actions In Progress	Key Actions Overdue	% Completion			
Number of Key Actions	5		41	23	0	1		65	0	69	20	0			
CTMUHB Ref No	Category	NHS Wales Ref No	NHS Wales Initiative	NHS Wales Key Actions Required	Organisation Responsibility	CTMUHB Actions Required		CTMUHB Directorate Responsibility	Financial Risk (Significant, High, Medium, Low, No Cost)	Progress RAG	Start Date	Target Date	Completion Date		
3	Carbon Management Initiatives	1	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.	Use the Welsh Health Environment Forum as a mechanism to support delivery plan implementation, share lessons learned, emphasise the importance of decarbonisation and share best practice.	NWSSP, CTMUHB	Active participation in appropriate Welsh, UK, European and global sustainable healthcare information sharing/ learning initiatives		Continued participation in the Welsh Health Environment Forum via Linda Prosser/Vicki Wallace Active encouragement of all staff to participation within appropriate networks Raising of decarb/sustainability agenda through dedicated section in staff newsletter Increase reach of CTM Green Group to share ideas and best practice	Strategic Lead, Planning, Comms (Linda Prosser, Vicki Wallace)	Low	G	01.04.2022	Ongoing	Ongoing	
4	Carbon Management Initiatives	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Develop a staff engagement approach to communicate: • NHS Wales commitments to decarbonisation • Case studies of progress Undertake consultations to support and engage in projects and encourage best practice behaviour.	CTMUHB	Develop a staff engagement approach to communicate: • NHS Wales commitments to decarbonisation • Case studies of progress • Undertake consultations to support and engage in projects and encourage best practice behaviour • Role and importance of adaption within the climate emergency, including the development of adaption planning processes within the health board and working with the Public Services Board to develop and adaption plan for the region • Complete carbon/decarb assessment of existing work programmes as per learning from Cardiff & Vale UHB		Continue to use CTM Green Group to share best practice and learning Dedicated section on decarb/sustainability in fortnightly staff newsletter Net Zero training developed by CTM People team and now on ESR Continue to use Simply Do for engagement of green initiatives Continue to learn from other organisations within Wales and internationally	Strategic Lead, Planning, Comms (Linda Prosser, Vicki Wallace)	Low	G	01.04.2022	Ongoing	Ongoing	
6	Carbon Management Initiatives	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Develop a targeted approach to encourage and facilitate low carbon travel. This will include keeping staff up to speed with available travel options and exploring oppordunities to support and encourage the purchase of battery-electric vehicles (BEVs), ultra-low emission vehicles (ULEVs), bicycles, electric bicycles and public transport loan schemes and discounts.	CTMUHB	Facilities Directorate to review Site Travel Plans to include all active travel initiatives / solutions for each site, encouraging modal shift from single occupancy car travel to more sustainable modes, such as public transport, EVs, car sharing, active travel and flexible working. Ongoing, to be completed by March 2024.		Facilities Directorate already have Site Travel Plans which include active travel initiatives / solutions for each site but these need to be reviewed in line with new WG legislation / guidance. Site travel plans to be merged into one CTM Travel Plan. Waste & Fleet Team to review existing site travel plans and combine into one travel plan with Appendices for each site and aligning with the new Health Board organisation structure. Staff Notice Boards updated to include up to date bus, train and other public transport information. Digital Comms will be supporting transport info also. Comms team involved to promote travel options that includes car sharing, Environment Waste and Fleet team will be commencing Fleet & Transport Roadshows in Spring of 2024 to support with travel options and lower carbon options for staff, including cycling routes. Facilities working with Capital and Estates colleagues to implement safe cycle shelters and facilities for staff.	Facilities - Transport (Russell Hoare, Wayne Lewis, Craig Edwards, Rob Smithson) Capital/Estates, Tim Burns.	Low	A	01.09.2022	31.03.2024		
7	Carbon Management Initiatives	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Closely follow the guidance set out in the Active Travel Action Plan for Wales to ensure suitable considerations for active travel are factored into decision making.	CTMUHB	Facilities Directorate to review Site Travel Plans to include all active travel initiatives / solutions for each site, encouraging modal shift from single occupancy car travel to more sustainable modes, such as public transport, EVs, car sharing, active travel and flexible working. Develop Healthy Travel Charter		Development of Healthy Travel Charter Facilities Directorate already have Site Travel Plans which include active travel initiatives / solutions for each site but these need to be reviewed in line with new WG legislation / guidance and following Covid-19 and refurbishment works. Currently in discussions to pull all site travel plans into one CTM Travel Plan. Cycle to Work Scheme already in place at CTM.	CTM Workforce Wellbeing Lead, Facilities, Planning, Comms (CTM Workforce Wellbeing Lead - TBC, Vicki Wallace)	Low	A	01.09.2022	31.03.2024		
8	Carbon Management Initiatives	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Install secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging. Continue to explore localised opportunities to improve cycling infrastructure to and from hospital sites.	CTMUHB	Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.		Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging. Arrangements to be added to the CTM Travel Plan by Facilities once storage has been installed. (RH DW WL RS 05/09/2022).	Capital, Facilities (Carolyn Blockley, Tim Burns, Craig Edwards, Rob Smithson)	Low	A	01.04.2023	01.03.2024		
9	Carbon Management Initiatives	2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Brief senior management staff of the key themes of decarbonisation to ensure low carbon principles are integrated into decision making at all levels.	CTMUHB	Annual Decarbonisation presentation to Board Ongoing work to integrate low carbon footprint service planning within CTM2030 Clinical Strategy Build low carbon principles into business case/project development Increase awareness of adaption planning into decision making processes		Continue to present to Population Health and Partnership Committee, Executive Leadership Group, CTM Transformation Board on progress against delivery of DAP and wider decarb initiatives Ongoing work to integrate low carbon footprint service planning within CTM2030 Clinical Strategy.	Strategic Lead, Planning (Linda Prosser, Vicki Wallace)	Low	G	01.04.2022	Ongoing	Ongoing	
10	Carbon Management Initiatives	3	Drive the engagement required for decarbonisation across each organisation's leadership team - Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	Consider implementation models such as Energy Performance Contracts	CTMUHB	Continue with appropriate governance around driving the decarbonisation agenda within CTMUHB inclusive of Executive ownership of core initiatives To work with NWSSP and WG regarding developing circular economies, CTMUHB as an anchor institute and different ways to lever change through procurement and contracting		ESG in place - regular updates via PHP and Transformation Board for governance ESG to oversee delivery of DAP Building Healthier Communities to drive forward the foundational economy work and continue a focus on CTM as an anchor institution. Consideration of Wellbeing and Future Generations Act and how working with this can support delivery of decarb/foundational economy/anchor portfolios CTM working with WGES and Local Partnerships to procure an EPC through the ReFIT Framework - ITT to be issued in Dec2023 to award by end Mar 2024	Strategic Lead, Planning (Linda Prosser, Vicki Wallace), Estates (tim Burns, Paul Lewis)	Low	A	01.04.2022	Ongoing	Ongoing	
11	Carbon Management Initiatives	3	Drive the engagement required for decarbonisation across each organisation's leadership team - Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	Engage with technical and commercial support available such as the Welsh Government Energy Service	CTMUHB	Estates to actively collaborate with the Welsh Government Energy Service, for example - working towards a gas systems decarbonisation plan centred around Princess of Wales Hospital, with learnings transferable to other hospitals. Facilities Directorate to engage with technical and commercial support both within NHS and externally for Facilities schemes (e.g. Transport, Waste, Catering).		Estates are actively collaborating with the Welsh Government Energy Service, working towards a gas systems decarbonisation plan centred around Princess of Wales Hospital, with learnings transferable to other hospitals. Signed up to the ReFit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate. Facilities Directorate are already engaging and will continue to engage with technical and commercial support both within NHS (e.g. NWSSP Transport Decarbonisation Meeting, internally with CTM Green Group, COO, DCOO and Corporate Planning Directorate) and externally for Facilities schemes for Transport, Waste and Catering. (e.g. Facilities & Consultant 'Business Mileage Reduction Strategy' project) - Action Complete. (RH DW WL RS 05/09/2022).	Estates, Facilities (Tim Burns, Paul Lewis, Russell Hoare)	Low	A	01.04.2022	Ongoing		
12	Carbon Management Initiatives	3	Drive the engagement required for decarbonisation across each organisation's leadership team - Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	Build engagement and responsibility for decarbonisation across the organisations from the top down - actively engage across finance, procurement and estates teams	CTMUHB	Continue with appropriate governance around driving the decarbonisation agenda within CTMUHB inclusive of Executive ownership of core initiatives Continue with staff newsletter, Simply Do and other enagagement platforms Retain sustainability considerations within board papers Increase awareness of adaptation planning encourage thinking of adaption agenda across whole of the organisation		Continue with Green CTM, Environmental Sustainability Group, Simply Do, Staff newsletter, approach to board papers and regular reporting	Strategic Lead, Planning, Comms (Linda Prosser, Vicki Wallace, Huw Cook)	Low	A	01.04.2022	Ongoing	Ongoing	
13	Existing Buildings Initiatives	4	Progress a transformational energy and water efficiency retrofit programme across the estate - every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	Commission specialist energy and carbon audits every two years to evaluate the opportunities for carbon reduction and water savings at each site to inform decarbonisation 'Action Plans' as appropriate.	CTMUHB	Commission specialist energy and carbon audits every two years to evaluate the opportunities for carbon reduction and water savings at each site to inform decarbonisation 'Action Plans' as appropriate.		Estates have historically collaborated with the Carbon Trust (Welsh Government Energy Service) to survey properties and develop carbon management plans. Estates have signed up to the ReFit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to survey scope, engineer and implement decarbonisation projects across the estate.	Estates, Facilities (Paul Lewis, Alan Martin, Christopher Lewis)	Medium	R	01.04.2022	22.03.2024		
14	Existing Buildings Initiatives	4	Progress a transformational energy and water efficiency retrofit programme across the estate - every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	Buildings should be operated as efficiently as possible. Consideration should be given to: • Operational controls of buildings via BMS (included improved automated control), and local heating controls (e.g. TRVs). • Installation of high-efficiency equipment such as chillers, high-efficiency-motors / pumps, EC fans, pipework insulation and lighting. • Ensuring cooling systems (e.g. space cooling, food storage, mortuaries, etc.) are well maintained and operated at maximum efficiency (e.g. variable speed compression). • Ensuring only low-global warming potential (GWP) refrigerants will be used in refrigeration and heat pump systems (e.g. Ammonia, CO2, R1234zd, R1234ze). • Ensuring existing HVAC equipment is operated at maximum efficiency (e.g. EC fans, auto fan speed regulation, heat recovery). • Low carbon heat technologies installed as replacement for fossil fuel-burning plant. • Improving thermal efficiency of buildings with fabric upgrades and draught proofing. • Utilising electric alternatives to gas tumble driers when replacement is due. • Ensuring gas-fired catering equipment is replaced with induction equipment during refurbishments/replacements. • Ensuring all ICT equipment procured is low-power equipment and that server rooms utilise free cooling and efficient cooling systems which are maintained at a sensible temperature.24 • Ensuring localised domestic hot water heaters are used where appropriate to reduce long pipe runs. • Ensuring that water saving equipment is used (e.g. water-saving urinals, automatic taps, dual flush toilets).	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. 2023 Appoint CTMUHB Re-Fit partnership contractor		Estates have contracted Local Partnerships to support the Health Board's procurement of a Re:Fit partner to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate. Soft market testing questionnaire has been completed and published with feedback reviewed prior to publication of the ITT. ITT is in draft and scheduled for publication by mid December 2023 with a view to appoint a Re:Fit partner by end March 2024. Estates are actively collaborating with the Welsh Government Energy Service, working towards a gas systems decarbonisation plan centred around Princess of Wales Hospital, and transferable to other hospitals.	Capital, Estates (Carolyn Blockley, Tim Burns, Paul Lewis, Alan Martin, Christopher Lewis)	Medium	R	01.04.2022	22.03.2024		
15	Existing Buildings Initiatives	4	Progress a transformational energy and water efficiency retrofit programme across the estate - every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	Ensure 'Action Plans' demonstrate estate-wide impact such that every building with an expected future towards 2030 will have undergone a multi-technology energy-efficient upgrade by 2030.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. 2024 Appoint CTMUHB Re-Fit partnership contractor		As CTMUHB ref no 14 ReFit Invitation To Tender (ITT) will be published Dec 2023 to appoint a successful decarbonisation service provider.	Capital, Estates (Carolyn Blockley, Tim Burns)	Medium	R	01.04.2022	31.03.2030		
16	Existing Buildings Initiatives	5	Fully replace all existing lighting with LED lighting by 2025.	Develop a lighting upgrade approach for each site, considering whether like-for-like replacement will be sufficient or if a new design is required. Seek expert advice in areas where LED lighting could have a detrimental impact on specialist technologies (e.g. LED flicker). Utilise natural lighting solutions where available.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. 2024 Appoint CTMUHB Re-Fit partnership contractor		Estates have been actively retro fitting conventional lighting with LED since 2006 with currently over 60% of all hospital properties converted. Retrofitting is scheduled to be complete by March 2025 Estates specify the installation of LED lighting for all major projects and replacement programs. This target has been included in the ReFit ITT for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1-2024. PCH Refurbishment Programme specifies LED lighting.	Capital, Estates (Carolyn Blockley, Tim Burns)	Medium	A	01.04.2022	31.03.2030		
17	Existing Buildings Initiatives	5	Fully replace all existing lighting with LED lighting by 2025.	Procure and implement LED upgrades across the estate by 2025. Exceptions may be made where buildings are known not to have a future beyond 5 years (March 2027 with regard to this initiative)	CTMUHB	LED project will be included in the Re-Fit decarbonisation programme for implementation from 2024 and is scheduled to be completed by March 2025		Circa £900k of WG decarbonisation funds will be invested in LED conversions during 2021-23. To date 60% of conventional lighting systems installed across the estate has been converted to LED. Phase 1 of the CTMUHB Re-Fit project will include conversion of all remaining conventional lights installed across the estate to be converted to LED by 2025. This target has been included in the ReFit ITT for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1 2024.	Capital, Estates (Carolyn Blockley, Tim Burns)	Medium	A	01.04.2022	31.03.2025		
18	Existing Buildings Initiatives	6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	Commission low carbon heat specialists to develop a low carbon heat evolution plan at each acute site to set out a transition plan away from fossil fuelled heat toward low carbon heat. This will include heat generation, heat distribution, heat emitters, and building fabric upgrades. The evolution plans should consider technologies such as heat pumps, biomass, chiller heat recovery, wider heat networks (where realistic) and other innovative heat solutions such as sewage heat recovery and emerging heat pump technology.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. Seek funding and Implementation of formulated low carbon heat plans as part of the CTMUHB Re-Fit project		Estates are actively collaborating with the Welsh Government Energy Service, working towards a gas systems decarbonisation plan centred around Princess of Wales Hospital, and transferable to other hospitals. Signed up to the ReFit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate. ReFit ITT due to tender Apr-2023, with a successful service provider to be appointed by Q1-2024. The ReFit ITT includes the requirement for low carbon heat plans. The UHB continues to collaborate with Bridgend CBC on the Bridgend private wire and heat network project.	Capital, Estates (Carolyn Blockley, Tim Burns)	Medium	G	01.04.2022	22.03.2024		

Updated: 17/01/2024	CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan						Management Group: Environmental Sustainability Group						
Progress RAG Key	R - Action at risk of not being completed on time - plan discussion to consider additional work / escalation needed		A - Action Plan commenced and on course for completion	G - Action completed	NS - Action not scheduled to start at this time	Delivery Plan Senior Responsible Officer: Vicki Wallace							
Number of Key Actions	5		41	23	0								
CTMUHB Ref No	Category	NHS Wales Ref No	NHS Wales Initiative	NHS Wales Key Actions Required	Organisation Responsibility	CTMUHB Actions Required	CTMUHB Progress April 2024- April 2026	CTMUHB Directorate Responsibility	Financial Risk (Significant, High, Medium, Low, No Cost)	69	20	0	
19	Existing Buildings Initiatives	6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	Implement upgrades to ensure that 60% of generated heat at acute sites is low carbon by 2030.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. Seek funding and Implementation of formulated low carbon heat plans as part of the CTMUHB Re:Fit project	Currently at planning stage, supported by the WGES and ReFit Program. Signed up to the ReFit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate which includes heat studies to be completed as part of the Phase 1 Re:Fit project. ReFit ITT being published Dec-2023 for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1-2024.	Capital, Estates (Carolyn Blockley, Tim Burns)	Medium	A	01.04.2022	31.03.2030	
20	Existing Buildings Initiatives	7	Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	Commission low carbon heat specialists to evaluate the potential to convert non-acute sites to low carbon heat by 2030, including heat generation, heat distribution, heat emitters, and building fabric upgrades.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. Seek funding and Implementation of formulated low carbon heat plans as part of the CTMUHB Re:Fit project	Currently at planning stage, supported by the WGES and ReFit Program. To be included in Phase 2 of the CTMUHB Re:Fit programme. ReFit ITT being published Dec-2023 for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1-2024.	Capital, Estates (Carolyn Blockley, Tim Burns)	Medium	G	01.04.2022	22.03.2024	
21	Existing Buildings Initiatives	7	Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	Implement changes to target a shift to full low carbon heating by 2030. Aim to have converted 50% of heat to low carbon heat by 2026.	CTMUHB	Project plans and partnership bids from the ReFit programme to be funded and implemented across the wider estate. Seek funding and Implementation of formulated low carbon heat plans as part of the CTMUHB Re:Fit project	As CTMUHB ref no 20 ReFit ITT being published Dec-2023 for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1-2024.	Capital, Estates (Carolyn Blockley, Tim Burns)	Medium	G	01.04.2022	31.03.2030	
25	Existing Buildings Initiatives	8	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030	Decommissioning will be prioritised over refurbishment from 2025. Normal standard maintenance will continue; however, in the event of a CHP unit failing (for instance, engine replacement) decommissioning should be prioritised.	CTMUHB	There are no Estate plans to install new natural gas CHP units.	There are four existing units located at PCH, two at RGH and a very small unit at Glanrhyd which will continue with serviced operation. Should major failures occur post 2025 the unit will be decommissioned, as opposed to refurbishment.	Estates (Alan Martin)	Low	G	01.04.2022	31.03.2025	
26	Existing Buildings Initiatives	8	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030	The ambition will be to decommission all CHPs by 2030 to support the transition away from fossil fuelled heating. For some installations, it is recognised that this 2030 ambition may need to be in with timescales for new build hospital developments.	CTMUHB	All CHPs will be decommissioned by 2030.	Existing CHP plant will continue to operate whilst still physically and financially operational. New installations of natural gas fuelled CHP plant will not be approved.	Estates (Alan Martin, Paul Lewis)	Low	G	01.04.2022	31.03.2030	
27	Existing Buildings Initiatives	9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023	Install effective building management systems (BMS) across the building portfolio, allowing members of estates staff to optimise energy consumption in heating, cooling and ventilation (HVAC) systems. At smaller sites, a simple programmable intelligent heating control with remote access will suffice.	CTMUHB	A BEMS strategy will be delivered and applied across all health board properties, implemented as part of the ReFit program.	CTMUHB BMS Strategy has been written in draft format and in the process of draft approval, prior to publication of the document. BMS improvement has been included in the ReFit ITT for completion by the winning ReFit service provider. ReFit contract to be awarded in Q1-2024.	Estates (Paul Lewis)	Medium	G	01.04.2022	31.03.2024	
28	Existing Buildings Initiatives	9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023	Develop standard operating procedures to optimise the efficient operation of buildings, this will include set schedules for time-clocks / operating setpoint / alarms.	CTMUHB	Monitoring and Verification systems together with operational procedures will be implemented by Gary Humphrey and the Energy Compliance Group. Funding and implementation of the BMS strategy will be part of the CTMUHB Re:Fit project	Active monitoring is currently in place for some properties. Monitoring will be implemented as part of the Re:Fit monitoring and verification process.	Estates (Gary Humphrey)	Medium	A	01.04.2022	31.12.2022	
29	Existing Buildings Initiatives	9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023	Ensure trained resource is in place to optimise energy use by BMS control. Ensure a process is in place to regularly manage and optimise BMS controls.	CTMUHB	Estates to draft a cost benefit analysis for employing BEMS operators at each ILG covering responsibilities for all properties in their respective regions. Staff to be recruited if findings are positive. There is an annual Estates training plan in place for BMS training, which primarily targets operational shift staff who interact with BMS systems on a daily basis to ensure they optimise the energy use of sites.	Estates to draft a cost benefit analysis for employing BEMS operators at each ILG Energy Support Officer to access training to ensure compliance for BMS as per their role.	Paul Lewis (Estates)	Low	R	01.04.2022	31.03.2023	
30	Existing Buildings Initiatives	10	Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	Conduct feasibility studies to establish the viability of onsite generation such as solar PV and solar thermal collectors (either roof-mounted or car port mounted) at each site.	CTMUHB	Estates have installed circa £1m of solar PV across multiple sites during 2022/23, including Kier Hardie HP, YCC and YCR and Dewi Sant HP. Current EFAB funding round includes approx 500kWp PV installations at Glanrhyd, Williamstown and NJAW. Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. Estates have signed up to the ReFit Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate, which will include a PV gap analysis and car port PV projects if deemed feasible. 2023-26 plans for additional on site PV installations will be formulated as part of the CTMUHB Re:Fit project	On Site PV is installed at: • Glanrhyd Taith Newydd Boiler House • Glanrhyd Taith Newydd South Plantroom • Kier Hardie Health Park Undergraduate building • New Surgery Rencored • POWH Ty Llidard • RGH Y Bwthyn NGS MacMillan • Portcawl Primary Care Centre • Ty Calon Lan • Dewi Sant • Kier Hardie Health Park main building • Ysbyty Cwm Cynon • Ysbyty Cwm Rhonda Study completed for CTMUHB by Welsh Government Energy Service for additional PV opportunities at Glanrhyd Hospital and Ysbyty Cwm Cynon. 2023/24 and 2024/25 EFAB funding has been approved by Welsh Government for the installation of PV at Williamstown, the National Imaging Academy and the Glan Rhyd Hospital Sites Surveys will be ongoing through REFIT programme.	Capital, Estates (Carolyn Blockley, Christopher Lewis, Paul Lewis)	Medium	A	01.04.2022	31.03.2023	
31	Existing Buildings Initiatives	10	Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	Proceed with renewable energy installation in all viable instances. 50% of identified viable potential to be installed by 2026. 100% of identified viable potential to be installed by 2030.	CTMUHB	Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. Estates have signed up to the ReFit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate. Which will include the installation of renewable energy options at all viable properties by 2030.	Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. In total 2MW of solar developing at pace with RCT and Merthyr Tydfil Local Authorities with potential to complete in summer 2024. PPA signed with RCT/CBC in Oct 2023 for solar farm near to RGH, for completion in Autumn 2024	Capital, Estates (Carolyn Blockley, Christopher Lewis, Paul Lewis)	High	G	01.04.2022	31.03.2030	
32	Existing Buildings Initiatives	10	Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	Develop a strategy to ensure existing renewable energy systems remain well maintained (e.g. periodic cleaning schedule, schedule of consumable part replacement (e.g. inverters) in line with expected lifespans).	CTMUHB	To ensure appropriate maintenance schedule for renewable infrastructure/ generation	Plan of works established and mainstreamed within estates management to ensure PV solar installations and maintained. PPM procedure has been drafted and shared with the Estates head of contracts to procure contract to maintain PV systems installed at Health Board properties. Contract to be procured. This is noted as a cost pressure currently, there are no external contracts to manage placed yet.	Estates (Alan Martin)	Low	A	01.04.2022	31.03.2023	
40	New Builds and Major Refurbishment Initiatives	14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	In new car parks, install underground cabling infrastructure (e.g. trunking) to enable straightforward installation of cabling for future charging points.	CTMUHB	Where this is possible this will be included but can only be operated within the constraints of capital funding provided by WG. It will need to be incorporated into all business cases moving forward that make changes or add new car parking	Site capacities will require ongoing evaluation as additional site loads are added to the electrical infrastructure such as: decarbonised gas loads; EV charging; decommissioning of CHP plant. Some in-ground ductwork introduced in Car Park A at PCH Refurbishment Programme as a late instruction to approved scheme to enable future EV provision. The HB policy on EV points in public car parks will need to be determined and once this is confirmed the supporting infrastructure can be developed	Capital (Carolyn Blockley, Jeremy Holfield, Tim Burns)	Medium	A	01.04.2022	31.12.2022	
41	New Builds and Major Refurbishment Initiatives	14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	Install a sufficient electric vehicle charging infrastructure as set out in the Transportation section of this report. Enough infrastructure must be in place to ensure charging is not a barrier to the procurement of electric fleet vehicles.	CTMUHB	Where this is possible this will be included but can only be operated within the constraints of capital funding provided by WG. It will need to be incorporated into all business cases moving forward that make changes or add new car parking These policies would be developed by facilities	Site capacities will require ongoing evaluation as additional site loads are added to the electrical infrastructure such as: decarbonised gas loads; EV charging; decommissioning of CHP plant. Facilities to develop EV charging policy. Assistant Director of Facilities presented Fleet Decarbonisation Contract proposed plan for discussion to the COO, DCOO, Corporate Planning Directorate and CTM Green Group in August 2022. (RH DW WL RS 05/09/2022).	Capital, Facilities (Rosie Cavill, Tim Burns, Craig Edwards, Rob Smithson)	Medium	A	01.04.2022	31.12.2025	
42	New Builds and Major Refurbishment Initiatives	14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	Ensure sufficient rapid charging infrastructure is in place to ensure charging infrastructure is not a barrier to the procurement of electric emergency ambulances when they become commercially available (expected in 2028). It's acknowledged that in some rural areas this technology may not be feasible and in this instance, Health Boards and Trusts may exclude this action.	CTMUHB	This will be picked up in the development of all new business cases for capital investment moving forward	This will be picked up in the development of all new business cases for capital investment moving forward	Capital, Estates (Carolyn Blockley, Tim Burns, Alan Martin)	Medium	G	01.04.2022	31.03.2028	
44	New Builds and Major Refurbishment Initiatives	16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	Ensure that newly constructed sites sufficiently consider and incorporate sustainable transport, such as good public transport links, secure cycle storage, and changing facilities.	CTMUHB	This is part of a facilities led sustainable transportation policy embodied into capital schemes Active travel options will be developed through the regional Healthy Travel Charter	Active travel options will be developed through the regional Healthy Travel Charter	Capital, Facilities (Carolyn Blockley, Tim Burns, Craig Edwards, Rob Smithson)	Low	G	01.04.2022	31.12.2022	
45	New Builds and Major Refurbishment Initiatives	16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	Provide and promote secure cycle storage for staff and visitors, accommodating for emerging technologies such as larger e-bikes and electric scooters. Provide and promote public showers and changing facilities to encourage active travel.	CTMUHB	This is part of a facilities led sustainable transportation policy embodied into capital schemes Active travel options will be developed through the regional Healthy Travel Charter Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Active travel options will be developed through the regional Healthy Travel Charter Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging. Arrangements to be added to the CTM Travel Plan by facilities once storage has been installed. (RH DW WL RS 05/09/2022).	Capital, Facilities (Carolyn Blockley, Tim Burns, Craig Edwards, Rob Smithson)	Low	A	01.04.2023	31.03.2024	
46	New Builds and Major Refurbishment Initiatives	16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	Strategically plan the location of new sites to reduce private vehicle commuting requirements where possible.	CTMUHB	This is part of a facilities led sustainable transportation policy embodied into capital schemes Active travel options will be developed through the regional Healthy Travel Charter Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Active travel options will be developed through the regional Healthy Travel Charter Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Capital (Carolyn Blockley, Tim Burns)	Medium	A	01.04.2022	31.12.2021	
47	New Builds and Major Refurbishment Initiatives	16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	Engage with local authorities to ensure that adequate zero-carbon transport facilities are installed to allow easy access to healthcare facilities (e.g. segregated bicycle lanes, park and ride facilities).	CTMUHB	This is part of a facilities led sustainable transportation policy embodied into capital schemes Active travel options will be developed through the regional Healthy Travel Charter Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Active travel options will be developed through the regional Healthy Travel Charter Capital / Estates to secure compartmentalised bicycle storage at each site greater than 1,000m2 allowing adequate provision for electric bicycle charging.	Capital (Carolyn Blockley, Tim Burns)	Medium	A	01.04.2022	31.03.2023	
49	Transportation Initiatives	17	Health Boards and Trusts will ensure suitable sustainable transport infrastructure is installed at their sites.	Health Boards and Trusts will engage with NWSSP to develop the best proactive approach for EV charging infrastructure. Develop the approach for EV charging infrastructure implementation across each estate - this will include action on increasing electrical capacity, understanding the other development plans (e.g. renewable energy), and collaborating across other NHS organisations such as WAST. Implement the EV charging rollout at the scale and pace to match demand, which will be specified in the best practice approach.	CTMUHB	Engage with NWSSP to develop the best proactive approach for EV charging infrastructure.	Completed. NWSSP are leading an all Wales project to address a number of challenges around EV charging infrastructure etc. CTM are represented on this all Wales NWSSP task and finish project group by Facilities, Estates and procurement. This group and work is still ongoing and NWSSP have produced an DSDP-Initiative 17 EV infrastructure guidance document which has been shared with HBs in Wales and with CTM Estates, procurement and the ESG.	Facilities (Russell Hoare), Craig Edwards, Estates (Tim Burns, Paul Lewis, Christopher Lewis) Capital (Jeremy Holfield) Procurement Jo Grist.	Medium	A	01.04.2022	30.09.2023	
50	Transportation Initiatives	17	Health Boards and Trusts will ensure suitable sustainable transport infrastructure is installed at their sites.	Explore localised opportunities for low carbon transport infrastructure as they arise (e.g. hydrogen) and implement if deemed feasible.	CTMUHB	Feasibility studies of future technologies will be carried out in collaboration with the Welsh Government Energy Services with knowledge gained shared across Wales via WHEF.	Feasibility studies have been carried out on Hydrogen CHP installations at Royal Glamorgan Hospital in collaboration with The Carbon Trust and Centrica Business Solutions. Currently not feasible.	Estates, Facilities (Paul Lewis, Wayne Lewis, Craig Edwards, Rob Smithson)	Medium	A	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.
52	Transportation Initiatives	18	NWSSP will implement a standardised system of vehicle management in owned and leased vehicles. This will entail central fleet management oversight within each Health Board or Trust.	Ensure each Health Board and Trust has a single Fleet Manager in place with oversight of all Health Board / Trust fleet vehicles. They should put in place a central fleet management approach.	CTMUHB	1. Facilities Directorate to bid for and secure funding to implement a Fleet Management and Tracking System. 2. Facilities and Procurement to consider opportunities for alternative options for prioritising battery-electric fleet. - To be completed by March 2024. 3. Procurement to source suitable battery-electric fleet vehicles. - To be completed by March 2024. 4. Facilities and Procurement to identify the lease and fuel conversion costs and funding to support the conversion of fleet. - To be completed by March 2025. 5. Capital / Estates and Procurement to identify the electric charging infrastructure, installation and associated costs required to meet the proposed battery-electric fleet. - To be completed by March 2024.	1. CTM to have in place a dedicated Fleet Manager - Craig Edwards fleet manager in-post. Complete. Fleet Check system has now been purchased and has been populated with fleet vehicle information. 2. Facilities and Procurement to consider opportunities for alternative options for prioritising battery-electric fleet. - To be completed by March 2024. 3. Procurement to source suitable battery-electric fleet vehicles. - To be completed by March 2024. 4. Facilities and Procurement to identify the lease and fuel conversion costs and funding to support the conversion of fleet. - To be completed by March 2025. 5. Capital / Estates and Procurement to identify the electric charging infrastructure, installation and associated costs required to meet the proposed battery-electric fleet. - To be completed by March 2024.	Facilities - Transport (Russell Hoare, Wayne Lewis, Craig Edwards, Rob Smithson), Procurement (Nicola King, Jo Grist), Finance: Mandy Pady	Medium	A	01.06.2022	31.12.2025	

Updated: 17/01/2024						Management Group: Environmental Sustainability Group							
Progress RAG Key						Delivery Plan Senior Responsible Officer: Vicki Wallace							
CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan													
	R - Action at risk of not being completed on time - plan discussion to consider additional work / escalation needed		A - Action Plan commenced and on course for completion	G - Action completed	NS - Action not scheduled to start at this time								
Number of Key Actions	5		41	23	0								
CTMUHB Ref No	Category	NHS Wales Ref No	NHS Wales Initiative	NHS Wales Key Actions Required	Organisation Responsibility	CTMUHB Actions Required	Key Actions Not Scheduled to Start	Key Actions Started	Key Actions Completed	Key Actions In Progress	Key Actions Overdue	% Completion	
							1	65	0	69	20	0	
							CTMUHB Progress April 2024- April 2026	CTMUHB Directorate Responsibility	Financial Risk (Significant, High, Medium, Low, No Cost)	Progress RAG	Start Date	Target Date	Completion Date
53	Transportation Initiatives	18	NWSSP will implement a standardised system of vehicle management in owned and leased vehicles. This will entail central fleet management oversight within each Health Board or Trust.	Implement / continue to implement telematics solutions to analyse and improve driver behaviour.	CTMUHB	Facilities to review and evaluate the current CTM Transport Fleet EV specifications - Set up Fleet check system and source and consider vehicle tracking system options. Either purchase own software and hardware or purchase with each vehicle lease.	Fleet EV Specifications completed. NWSSP group produced an EV Charging Infrastructure (EVCI) guidance document which has been shared with Estates, procurement and the ESG. Fleet Check system has now been purchased, has been populated with fleet vehicle information. A vehicle tracking system has been sourced and options are purchase own software and hardware or include in each new fleet vehicle lease. IMTP bid 2024/25 for funding telematics for every facilities vehicle and future other Health Board fleet is required. Quotes have been sought for a managed system. Assistant Director of Facilities presented the Fleet Decarbonisation Contract proposed plan for discussion to the COO, DCOO, Corporate Planning Directorate and CTM ESG in August 2022. Decision to be made by CTM once there is a firm date for the EV charging infrastructure (EVCI) to be put in place. Until the EVCI is in place a replacement ultra low emissions fleet may be required, tendered and ordered to replace the current ageing fleet. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25.	Facilities - Transport (Russell Hoare, Wayne Lewis, Craig Edwards, Rob Smithson), Procurement (Nicola King, Jo Grist), Finance; Mandy Pady	Medium	A	01.06.2022	31.12.2025	
54	Transportation Initiatives	19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery- electric wherever practically possible. In justifiable instances where this is not suitable, ultra-low emission vehicles should be procured.	Continue with existing vehicle procurement schedule, prioritising battery- electric vehicle fleet where practically possible from March 2022. In justifiable instances where this is not suitable (e.g. range issues), ultra- low emission vehicles can be procured. Exceptions will be made where technology is not market-ready (e.g. there are currently no market-ready ULEVs suitable to replace existing Non Emergency Patient Transport (NEPTS) vehicles).	CTMUHB	Facilities to review and evaluate the current CTM Transport Fleet specifications - To be completed by March 2023. Complete. (JG NK 14.03.23) Facilities and Procurement to consider opportunities for alternative options for prioritising battery electric fleet. - To be completed by March 2024. Database identifies options with financial data. (JG NK 14.03.23) Procurement to source suitable battery- electric fleet vehicles. - To be completed by March 2024. Database identifies options with financial data. (JG NK 14.03.23) Facilities and Procurement to identify the lease and fuel conversion costs and funding to support the conversion of fleet. - To be completed by March 2025. Database identifies options with financial data. (JG NK 14.03.23) Capital / Estates and Procurement to identify the electric charging infrastructure, installation and associated costs required to meet the proposed battery- electric fleet. Summary of Key Actions 2024-2025: 1. DSDP Initiative 18: Deliver a standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management and a vehicle tracking system. 2. DSDP Initiative 19: Pending the funding, procurement and installation of electric vehicle charging infrastructure (EVCI) and vehicle procurement lead in times. Produce an interim fleet lease replacement plan for cars and light goods fleet vehicles. Wherever possible EVs should be procured. If it is not practically possible to procure EVs, in justifiable instances, ultra-low emission vehicles should be procured. 3. DSDP Initiative 19 - Produce an EV fleet replacement plan in preparation for the funding, procurement and installation of electric vehicle charging infrastructure (EVCI) roll out across CTM sites. Consider the value and benefits of both lease and capital purchase of EVs over a 5-7 year period? 4. Consider joint collaboration with Swansea Bay on Transport fleet plans and fleet procurement. 5. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25. 6. Work with NWSSP and CTM Estates on DSDP Initiative 17, which states: "NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning - this will include consideration of NHS Wales own fleet, staff vehicles, and visitor EV charging infrastructure.	Assistant Director of Facilities presented Fleet Decarbonisation Contract proposed plan for discussion to the COO, DCOO, Corporate Planning Directorate, Finance (Mandy Pady) and CTM ESG in August 2022. Reviewed by COO/DCOO and MF finance. A decision to be made by CTM once a firm date is provided for the EV charging infrastructure (EVCI) to be in place. Until the EVCI is in place a replacement ultra low emissions fleet may be required, tendered and ordered to replace the current ageing fleet. Carry out a further review of CTM transport fleet and business travel requirements. Aim to reduce fleet where practically possible. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25. Work with NWSSP and CTM Estates on DSDP Initiative 17, which states: "NWSSP will work with Health Boards and Trusts Estates to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning - this will include consideration of NHS Wales own fleet, staff vehicles, and visitor EV charging infrastructure. CTM Estates Chris Lewis has been provided with CTM transport fleet details and location base of each vehicle to enable EV charging infrastructure at each site to be planned.	Facilities - Transport (Russell Hoare, Wayne Lewis, Craig Edwards, Rob Smithson), Procurement (Nicola King, Jo Grist), Estates Paul Lewis, Chris Lewis, Finance; Mandy Pady.	Medium	A	01.06.2022	31.12.2025	
56	Transportation Initiatives	20	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra low emission vehicles in their class.	Develop an approach to decarbonise fleet emissions, including: • Vehicle management systems to consolidate journeys • Technologies such as low energy tyres and aerodynamic improvements • Exploring localised opportunities for alternative fuels (e.g. biodiesel / hydrogen)	CTMUHB	Facilities Directorate to bid for and secure funding to implement a Fleet Management and Tracking System. To be completed by March 2024. Facilities to review and evaluate the current CTM Transport Fleet specifications - To be completed by March 2023. Completed Facilities and Procurement to consider opportunities for alternative options for prioritising battery- electric or hybrid fleet. - To be completed by March 2024. Procurement to source suitable battery- electric or hybrid fleet vehicles. - To be completed by November 2023. Completed Facilities and Procurement to identify the lease and fuel conversion costs and funding to support the conversion of fleet. - To be completed by March 2024. Capital / Estates and Procurement to identify the electric charging infrastructure, installation and associated costs required to meet the proposed battery- electric fleet. - To be completed by March 2025. Summary of Key IMTP actions 2024-2025: Carry out a further review of CTM transport fleet and business travel requirements. Aim to reduce fleet where practically possible. 1. DSDP Initiative 18: Deliver a standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management and a vehicle tracking system. 2. DSDP Initiative 19: Pending the funding, procurement and installation of electric vehicle charging infrastructure (EVCI) and vehicle procurement lead in times. Produce an interim fleet lease replacement plan for cars and light goods fleet vehicles. Wherever possible EVs should be procured. If it is not practically possible to procure EVs, in justifiable instances, ultra-low emission vehicles should be procured. 3. DSDP Initiative 19 - Produce an EV fleet replacement plan in preparation for the funding, procurement and installation of electric vehicle charging infrastructure (EVCI) roll out across CTM sites. Consider the value and benefits of both lease and capital purchase of EVs over a 5-7 year period? 4. Consider joint collaboration with Swansea Bay on Transport fleet plans and fleet procurement. 5. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25. 6. Work with NWSSP and CTM Estates on DSDP Initiative 17, which states: "NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning - this will include consideration of NHS Wales own fleet, staff vehicles, and visitor EV charging infrastructure.	Fleet Check vehicle management system is in place. The database is currently held with the Facilities Transport fleet team. (CE, Mar 23). Completed The infrastructure work is currently being reviewed by NWSSP. Facilities, Estates and Procurement are part of this group. (JG NK 14.03.23) A decision to be made by CTM once a firm date is provided for the EV charging infrastructure (EVCI) to be in place. Until the EVCI is in place a replacement ultra low emissions fleet may be required, tendered and ordered to replace the current ageing fleet. A fleet plan is being drafted for finance and procurement for IMTP FY 24/25. NWSSP are leading an all Wales project to address a number of challenges around EV charging infrastructure etc. CTM are represented on this all Wales NWSSP task and finish project group by Facilities, Estates and Procurement. This group and work is still ongoing and NWSSP have produced an DSDP -Initiative 17 EV infrastructure guidance document which has been shared with HBs in Wales and with CTM Estates, procurement and the ESG. CTM Estates Chris Lewis has been provided with CTM transport fleet details and location base of each vehicle to enable EV charging infrastructure at each site to be planned.	Facilities - Transport (Russell Hoare, Wayne Lewis, Craig Edwards, Rob Smithson), Estates Paul Lewis, Chris Lewis, Procurement (Nicola King, Jo Grist), Finance; Mandy Pady	Medium	A	01.04.2025	31.03.2028	
59	Transportation Initiatives	21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport.	Consult staff to establish appropriate actions that can be taken to encourage wider uptake of BEVs/ULEVs and disincentivise high emission travel. Examples might include: • Introducing financial incentives to encourage/enable staff to purchase BEVs and ULEVs (e.g. salary sacrifice schemes) • Reducing the existing financial payment per mile to disincentivise private vehicle use, unless the vehicle is an ULEV vehicle. • Creating a financial incentive for using ULEV fleet vehicles (alongside increased access to ULEVs outlined in previous initiatives)	CTMUHB	1. Facilities to support with reviewing the current CTM Transport pool and service related vehicle specifications and what are CTM requirements. Should Business travel claims be the first consideration for staff service travel between sites and community. 2. Facilities and Procurement to consider opportunities for alternative options for prioritising battery- electric pool vehicles. 3. NWSSP / Staff lease car leads to to review and evaluate the current NHS Wales staff lease vehicle specifications / options. 4. Creating a financial incentive for staff on the provision of EV charging infrastructure and units at CTM sites. 5. Work with NWSSP and Estates to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning - this will include consideration of NHS Wales own fleet, staff vehicles, and visitor EV charging infrastructure. Until the EVCI is in place providing EV charging for staff private and lease vehicles and patients and visitors is not possible.	1. Facilities have reviewed the current CTM Transport pool vehicle specifications, the actual travel usage for each fleet vehicle by each Directorate, the value and cost effectiveness in accordance with the Transport and Travel Policy and the algorithm for business mileage and pool car assessments. Further work to be carried out by the Transport fleet team on the use of CTM fleet vehicles for service related and business travel and in 2024. A decision to be made by CTM once a firm date is provided for the EV charging infrastructure (EVCI) to be in place. 2. Facilities are working collaboratively with NWSSP as part of an All Wales approach with regards to the NHS Wales Transport & Travel Decarbonisation Strategy. NWSSP group produced an EV Charging Infrastructure (EVCI) guidance document which has been shared with Estates, procurement and the ESG. Work with NWSSP and CTM Estates. 3. Until the EVCI is in place a replacement ultra low emissions fleet may be required, tendered and ordered to replace the current ageing fleet.	Facilities - Transport (Russell Hoare, Wayne Lewis, Craig Edwards, Rob Smithson), Procurement (Nicola King, Jo Grist), Estates Paul Lewis, Chris Lewis, Finance; Mandy Pady	Medium	A	01.06.2022	31.12.2025	
60	Transportation Initiatives	21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport.	Update business travel policies to implement a travel hierarchy that encourages/incentivises sustainable travel and reduces the use of high emission vehicles.	CTMUHB	1. Facilities to work with a management consultant to develop a strategy which reviews business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport through a hierarchy approach. Complete. Strategy with recommendations completed by consultant in 2021. CTM to now implement the recommendations Business Mileage Reduction Strategy to change organisation business travel practices. 2. Undertake data analysis of business mileage and salary sacrifice data. 3. Review previous Business Mileage Reduction report against Directorates and Departments. 4. Implement targeted intervention with business mileage high users.	1. Facilities to work with a management consultant to develop a strategy which reviews business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport through a hierarchy approach. Complete. CTM to now implement the recommendations 'Business Mileage Reduction Strategy' in 2022 to change organisation business travel practices. Recommendations from strategy need to be progressed through the CTM Decarbonisation Board in October 2022 (note that the core recommendation for reducing business mileage relates to homeworking and this has now been restricted due to covid restrictions). (RH DW WL RS 05/09/2022). Facilities have implemented some of the recommendations such as offering pool cars, promoting Lifshare scheme, and internally promoting MS Teams meetings to avoid unnecessary business travel costs and mileage. (RH DW WL RS 13/01/2023). 2. Facilities are in the process of arranging meetings with NWSSP to discuss staff mileage and salary sacrifice data in line with WGES and review the recommendations from the CTM Decarbonisation Strategy for this area. (RH DW WL CE 06/03/2023). 3. Facilities will review and update previous 'Business Mileage Reduction' report. (RH DW WL CE 06/03/2023). 4. Facilities will correlate processes for booking pool cars targeting the high mileage users for business mileage first (RH DW WL CE 06/03/2023).	Facilities, Corporate (Wayne Lewis, Craig Edwards)	Medium	A	01.04.2022	31.12.2023	
75	Procurement Initiatives	26	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.	NWSSP Procurement Services will work with the All Wales Medicines Strategy Group to develop a strategy to effectively ensure carbon emission reductions are accurately reflected in tender and other procurement documents. Together, the organisations will develop a framework for assessing the sustainability credentials of suppliers which emphasises NHS Wales's commitment to emission reduction and scores sellers appropriately.	All Wales Medicines Strategy Group, NWSSP Procurement	Framework and developed and integrated, NWSSP Procurement services currently reviewing translating into operational procedures as well other key initiatives from the WBFCA	Framework and developed and integrated, NWSSP Procurement services currently reviewing translating into operational procedures as well other key initiatives from the WBFCA	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.
77	Procurement Initiatives	27	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.	Undertake an activity to determine air / shipping / land transport miles for services / products over a set value.	NWSSP Procurement	Dedicated resource has been established recently with a focus on value to local supply chains (foundational/circular economy)	Dedicated resource has been established recently with a focus on value to local supply chains (foundational/circular economy)	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.
79	Procurement Initiatives	28	100% REGO-backed electricity will be procured by 2025, and 100% green gas by 2030.	Purchase 100% REGO-procured electricity by 2025, and continue to procure renewable electricity thereafter. (In 2018/19, 93% of all electricity purchased by NHS Wales was REGO certified).	NWSSP Procurement	Already working towards, under the Utilities/Energy Category team	New Electricity contract from October-2022 includes 100% REGO certified supplies are purchased for electricity. 100% green gas to be considered at the next contract renewal date by NWSSP Procurement. Ongoing, REGOs to be included in all future utility contracts purchased. NHS Wales agreed new national energy contract with CCS (Crown Commercial Services). Decision taken at national level to abandon REGO supplies due to cost premium.	Estates (Gary Humphrey, Paul Lewis)	Medium	A	01.04.2022	31.03.2025	
93	Estate Planning and Land Use Initiatives	33	All-Wales strategic estate planning will have carbon efficiency as a core principle - quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	Lean upon the net zero framework as part of wider estate planning. Build this into the business case process when considering estate expansion and rationalisation.	WG Capital, Estates, Facilities	This will be picked up in the development of all new business cases for capital investment moving forward	This will be picked up in the development of all new business cases for capital investment moving forward	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.	Action not applicable to Health Board, guidance only.
94	Estate Planning and Land Use Initiatives	33	All-Wales strategic estate planning will have carbon efficiency as a core principle - quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	Ensure rationalisation of the estate (as planned in business cases) is fully seen through to ensure emissions are reduced as appropriate.	CTMUHB	Part of the estates strategy to be developed will need to incorporate this - this is planned to be drafted 2022-23	Part of the estates strategy to be developed will need to incorporate this - this is planned to be drafted 2022-23	Capital, Estates (Rosie Cavill, Tim Burns)	Medium	A	01.04.2022	Ongoing	
96	Estate Planning and Land Use Initiatives	34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation - NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.	Each Health Board and Trust will undertake a land evaluation to establish areas of the existing estate for potential renewable energy generation or greenhouse gas removal. Assessments will factor in location, existing land use, planned future land use, proximity to NHS sites and private vire opportunities.	CTMUHB	Estates are working in collaboration with all three neighbouring local authorities to connect private land parcels and heat networks to large properties where local generation is difficult due to practical reasons.	Estates have carried out a groundwork survey has been carried out to identify areas of forest land, crop land and settlement areas. Land evaluations have been carried out at the three district hospitals following which, Estates are working in collaboration with all three neighbouring local authorities to connect private wies solar farms and heat networks to large properties where local generation is difficult due to practical reasons. Action is included in the Refit programme. Some land areas have been identified with local authority partners. TBC Glanrhyd Playing field is a potential solar farm location. PPA (Power Purchase Agreement) signed in October 2023 with RCTCBC for development of solar farm near to RGH. Scheme planned for completion Autumn 2024	Estates (Paul Lewis, Christopher Lewis, Gary Humphrey)	Medium	A	01.04.2022	31.03.2024	

Updated: 17/01/2024						Management Group: Environmental Sustainability Group									
Progress RAG Key						Delivery Plan Senior Responsible Officer: Vicki Wallace									
CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan															
		A - Action at risk of not being completed on time - plan discussion to consider additional work / escalation needed		A - Action Plan commenced and on course for completion	G - Action completed	N5 - Action not scheduled to start at this time	Key Actions Not Scheduled to Start		Key Actions Started	Key Actions Completed	Key Actions In Progress	Key Actions Overdue	% Completion		
Number of Key Actions		5		41	23	0	1		65	0	69	20	0		
CTMUHB Ref No	Category	NHS Wales Ref No	NHS Wales Initiative	NHS Wales Key Actions Required	Organisation Responsibility	CTMUHB Actions Required	CTMUHB Progress April 2024- April 2026		CTMUHB Directorate Responsibility	Financial Risk (Significant, High, Medium, Low, No Cost)	Progress RAG	Start Date	Target Date	Completion Date	
97	Estate Planning and Land Use Initiatives	34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.	Health Boards and Trusts should support localised initiatives to maintain green spaces on hospital sites for use by staff, the public and patients. Research widely notes the positive effect this can have on the mental and physical health of populations. Should land be required for development (which is sometimes unavoidable), equivalent mitigation (such as replacement planting, green space or a carbon sink) should be provided, ideally locally. Health Boards and Trusts may wish to work with organisations such as NHS Forest39 to develop green spaces, encourage biodiversity, develop localised carbon sinks and provide a space where the health and wellbeing of patients, staff and communities can be enhanced. These areas can also be used to aid recovery and social prescribing. Organisations should consider land use change and biodiversity enhancement projects as these will contribute to the overall carbon reduction targets. This should be done in line with their public sector biodiversity duty.	CTMUHB	1. Facilities maintaining green spaces at all sites although there have been restrictions with Covid-19 resulting in Grounds & Gardens Team having a reduced workforce. 2021/22: DW/WL - The 'CTMUHB Biodiversity and Ecosystem Resilience Plan' has been drafted and approved by the Health Board's Environmental Management Steering Group. The next stage will be to achieve Board approval of the plan in order for it to be fully endorsed by the organisation. Following consultation, this is planned to be undertaken when feasible under the Covid-19 pandemic and following alignment with CTM Decarbonisation Strategy 3. Implement actions from approved 'CTMUHB Biodiversity and Ecosystem Resilience Plan'. Summary of key actions to be taken forward 2024-25: CTM with support from Facilities Capital/Estates, Bridgend Community Care Group Directorate and People Services Wellbeing work towards achieving and maintaining Glanrhyd Hospital Green Flag Award. To achieve the Glanrhyd Community Hospital site Green Flag award requires Bridgend Community Care Group Directorate to engage in the local community engagement required actions in the Green Flag Award audit plan and supported by the Facilities Grounds and Gardens site actions to prepare the site for the Green Flag Award assessment which will require to be arranged for a pre-audit assessment. There will also be a requirement for resources to support the grounds maintenance work. 4. Capital/Estates are taking forward the renewable energy generation scheme 'REFIT' (Tim Burns, Paul Lewis, Chris Lewis).	1. Facilities with support from Capital / Estates to maintain and encourage green spaces on hospital sites for use by staff, patients and visitors. - Action Complete. NHS Forest provided trees (~80) planted across the estate as part of Queen's Canopy. - Action Complete 2. CTM with support from Facilities Capital, Estates, Workforce and Corporate to implement CTMUHB Biodiversity and Ecosystem Resilience Plan. Plan has been updated following pandemic by Planning and Facilities. Updated plan to be approved by the CTM Environmental Management Steering Group and CTM Decarbonisation Programme Board. (RH DW WL RS 05/09/2022). CTMUHB Biodiversity and Ecosystem Resilience Plan presented at CTM Decarbonisation Board and was approved on 11/01/2023. Actions from plan to now be implemented and monitored through the renamed CTM Environmental Sustainability Group moving forward. Charitable Funds have funded the installation of 22 benches for the Bridgend Region to promote staff and patient wellbeing. Benches have now been installed at POW, Maesteg, Glanrhyd and Tonteg sites.	Facilities, Russell Hoare, Dave Williams, Jacky Griffiths Estates, Tim Burns, Paul Lewis, Chris Lewis	Low	G	01.01.2022	31.03.2024			
98	Estate Planning and Land Use Initiatives	35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	Conduct feasibility assessments for large-scale renewables including solar PV and wind generation. Actively and collaboratively engage with Local Authorities and neighbouring landowners to scope opportunities and partnerships to share space and promote sustainable land use.	CTMUHB	Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons.	Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. At Heads of Terms HoT stages with MTCCB with intention to connect to solar farm at Pen Y Dre (Merthyr) by late Summer 2024. PPA (Power Purchase Agreement) signed with RCTCBC in October 2023 for development of solar farm near to RGH. Scheme planned for completion Autumn 2024 Working with BBC to develop a commercial plan for a heat network and solar farm.	Estates (Paul Lewis, Christopher Lewis, Gary Humphrey)	Medium	A	01.01.2022	31.03.2023			
99	Estate Planning and Land Use Initiatives	35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	Proceed with renewable energy installation in all viable instances. 50% of identified viable potential must be installed by 2026. 100% of identified viable potential must be installed by 2030.	CTMUHB	Estates are working in collaboration with all three neighbouring local authorities to connect private wire solar farms and heat networks to large properties where local generation is difficult due to practical reasons. Estates have signed up to the Refit Decarbonisation Procurement Programme to appoint a partnership organisation tasked to scope, engineer and implement decarbonisation projects across the estate, which will include a PV gap analysis and car port PV projects if deemed feasible.	To seek and secure funding as required to implement recommendations from the Refit Decarbonisation Procurement Programme, including implementing PV and EV car ports. Refit ITT being published Apr-2023 for completion by the winning Refit service provider. Refit contract to be awarded in Q3-2023.	Estates (Paul Lewis, Christopher Lewis, Gary Humphrey)	Medium	G	01.01.2022	31.03.2030			
100	Estate Planning and Land Use Initiatives	35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.	Develop a strategy to ensure existing renewable energy systems remain well maintained (e.g. periodic cleaning schedule, schedule of consumable part replacement (e.g. inverters) in line with expected lifespans).	CTMUHB	To ensure appropriate maintenance schedule for renewable infrastructure/ generation	Plan of works established and mainstreamed within estates management to ensure PV solar installations are maintained. This is noted as a cost pressure currently, there are no external contracts to manage placed yet.	Estates (Alan Martin)	Low	A		31.03.2023			
103	Approach to Healthcare – Smart Working Initiatives	37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	Establish the proportion of the workforce that could feasibly work remotely (expected to predominantly be office-based staff). Actively encourage staff to work remotely where this can be feasibly achieved (it's recognised that in some parts of rural Wales this will not be possible without infrastructure upgrades).	CTMUHB	Agile working policy being developed by Organisational Development	300% increase of staff working due to COVID19, rising from 769 in 2018-19 to 2,594 in 2020-21 Agile working policy being developed by Organisational Development 09/08/22 ICT: the significantly reduced capital allocation this year and next two years has a detrimental effect on the provision of ICT equipment to users to allow remote access, and also for any local works required to reprovision the CTM estate for other uses. 09/03/2023 ICT: position as at last reporting. The capital allocation to CTM is a barrier to refresh and expansion of digital assets and systems. Investing in the underlying infrastructure to enable mobile working across CTM. Continuing to support as many staff as possible to work flexibly, as was the case during COVID. Awaiting further detail around an agile working policy, and also the findings of the Estate strategy. 15/12/2023 ICT: continuing to invest as noted in March 2023, and see ref 104.	ICT, OD (Stuart Morris, Daniel Hywel)	Low	G	01.04.2022	31.12.2022			
104	Approach to Healthcare – Smart Working Initiatives	37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	Where suitable, create hot desk environments to provide smaller office space and facilitate meeting spaces when required.	CTMUHB	Agile working policy being developed by Organisational Development	300% increase of staff working due to COVID19, rising from 769 in 2018-19 to 2,594 in 2020-21 Agile working policy being developed by Organisational Development 09/03/2023: See update against CTMUHB action 111.	ICT, OD, Estates (Stuart Morris, Daniel Hywel, Tim Burns)	Low	G	01.04.2022	31.03.2023			
105	Approach to Healthcare – Smart Working Initiatives	37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	Consider the future transformation of office space into additional healthcare facilities as required.	CTMUHB	Agile working policy being developed by Organisational Development	300% increase of staff working due to COVID19, rising from 769 in 2018-19 to 2,594 in 2020-21 Agile working policy being developed by Organisational Development 08/08/2022: See update against CTMUHB action 111 09/03/2023: See update against CTMUHB action 111.	ICT, OD, Estates (Stuart Morris, Daniel Hywel, Tim Burns)	Low	G	01.04.2022	Ongoing			
106	Approach to Healthcare – Smart Working Initiatives	37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	Consider opportunities to work with external partners to share and utilise office space to reduce travel requirements.	CTMUHB	Agile working policy being developed by Organisational Development	300% increase of staff working due to COVID19, rising from 769 in 2018-19 to 2,594 in 2020-21 Agile working policy being developed by Organisational Development 08/08/2022: See update against CTMUHB action 111 09/03/2023: See update against CTMUHB action 111.	ICT, OD, Estates (Stuart Morris, Daniel Hywel, Tim Burns)	Low	G	01.04.2022	Ongoing			
107	Approach to Healthcare – Smart Working Initiatives	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Build upon the progress made during the Covid-19 pandemic and maintain the use of digital consultations and patient monitoring where possible to reduce the requirement for avoidable staff and patient travel. It is acknowledged that this is not the case universally and traditional methods of care will be encouraged in scenarios where senior medical staff consider this more effective.	CTMUHB	Review the range of digital consultation and remote monitoring solutions and opportunities. Review the estate in line with the estates/accommodation strategy. Increase the ability of patients to interact with the service digitally via clinical portal and online booking solutions.	Participate in the national review of remote consultation digital solutions, such as Attend Anywhere. 09/08/2022: Awaiting update on national position 09/03/2023: National funding made available until April 2025, to continue to support current deployments. Awaiting details of any further opportunities. 15/03/2023: national funding has been reviewed, and looks set to end by April 2024, one year early.	ICT (Stuart Morris)	Low	G	01.04.2022	Ongoing			
108	Approach to Healthcare – Smart Working Initiatives	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Continue to use technology alongside the 111 service to support patient triage, information gathering, and to signpost patients to appropriate health services. Also consider the opportunity for developing an NHS Wales app (similar to the NHS England app).	CTMUHB	Roll our online services which support patients accessing primary, community and hospital care to administer their appointments and care needs virtually as much as is possible. Extend the scope of WISE and our virtual triage and care delivery services. Increasingly deploy telehealth solutions for monitoring and patient support where clinically and cost effective to do so.	We are using a third party company to provide virtual outpatient appointments for our elective patients, greatly reducing the number who will require triage in the hospital outpatient setting. We have established WISE (a health promotion, re-conditioning and optimisation service) based on a digitally enabled virtual service model. We are actively supporting the roll out of the NHS Wales app by providing leadership of numerous committees. In addition we are evaluating the availability of a patient portal for primary care. 08/09/2022: No ICT update/ no change 15/03/2023: No further updates.	ICT (Stuart Morris)	Medium	R	01.04.2022	Ongoing			
109	Approach to Healthcare – Smart Working Initiatives	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Ensure healthcare professionals are provided with the appropriate technology to carry out these tasks effectively.	CTMUHB	Continuous review of technology requirements for healthcare professionals, to ensure they are provided with the devices and solutions of best fit for their role. Deploy experience management tools, to ensure best use of technology and applications, and avoiding unnecessary replacement of hardware.	We have deployed a number of applications that support digital and mobile ways of working. This has been backed up by the change in our device inventory to be heavily biased towards lap top, ipads & smart phones and in our assessment of the software license types we need to purchase. We are migrating all users onto a new mobile device management platform which will improve access to the core medical record and digital support & clinical management tools. 09/08/2022: See update against CTMUHB ref 111 09/03/2022: See update against CTMUHB ref 111 15/03/2023: See update against CTMUHB ref 111.	ICT (Stuart Morris)	Low	A	01.04.2022	Ongoing			
110	Approach to Healthcare – Smart Working Initiatives	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Develop a best practice approach for the use of digital technology and further explore digital consultation technology. In particular, align this with the Welsh future healthcare journey visions and the concept of providing care closer to home.	NWSSP, CTMUHB	Implement the best practice approach, based on evidence collated in earlier stages of implementation. Continuous feedback into the approach, developing as appropriate. Evaluate the roll out of digital histology and AI as a means for enabling online diagnosis	We have deployed a number of applications that support digital and mobile ways of working. This has been backed up by the change in our device inventory to be heavily biased towards lap top, ipads & smart phones and in our assessment of the software license types we need to purchase. We are migrating all users onto a new mobile device management platform which will improve access to the core medical record and digital support & clinical management tools. 08/08/2022: See update against CTMUHB action 111 09/03/2022: See update against CTMUHB ref 111 15/03/2023: See update against CTMUHB ref 111.	ICT (Stuart Morris)	Low	A	01.04.2022	31.03.2023			
111	Approach to Healthcare – Smart Working Initiatives	38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Continue to digitalise clinical records and communications to increase resource efficiency and reduce printing resource requirements.	CTMUHB	Over 15 digital applications, including digitising the inpatient record, will be implemented or markedly upgraded in 2022/23. These run in parallel to a process for undertaking the business analysis and making the case for the implementation of core digital functionality such as e-prescribing and medicines management, single sign on, AI for diagnostic and imaging clinical support.	Baseline required improvements, including further rollout of digital patient notes (50k to date), options for managed print services, e-forms, etc. Ongoing roll out of the Welsh Clinical suite of applications and digital transcription. 09/08/22: ICT continue to make progress in some areas, such as e-prescribing, however other areas require additional financial and staffing resources, e.g. print review/reduction/managed print services. 09/03/2023: No ICT update / no change 15/03/2023: HEPA business case signed off by the Board, and submitted to WG.	ICT (Stuart Morris)	Medium	A	01.04.2022	Ongoing			
113	Approach to Healthcare – Education Initiatives	39	Health education will be used to champion decarbonisation across our service - we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.	Health Boards and Trusts will support sustainability working groups and wider collaboration with healthcare professionals across Wales and beyond (e.g. Doctors for Greener Health Care Networks).	CTMUHB	Support sustainability working groups and wider collaboration with healthcare professionals across Wales and beyond (e.g. Doctors for Greener Health Care Networks). Clear L&D offer to be developed	Green CTM established Individual, practice, and departmental projects ongoing with links to all Wales networks (medicine management, Green Health Wales, etc.) Simply Do platform collecting sustainability ideas	Corporate, OD (Vicki Wallace, Nick Carter)	Medium	A	01.04.2022	Ongoing	Ongoing		
121	Approach to Healthcare – Healthcare and Medicines	41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	Ensure medical gas capture technology is integral to all new builds and major refurbishments.	CTMUHB	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this	Pharmacy, Estates (Duncan Thain, Rosie Cavill)	Low	A	01.04.2022	Ongoing			
122	Approach to Healthcare – Healthcare and Medicines	41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	Actively engage with suppliers and disposal facilities to utilise suitable methods to capture left-over bottled nitrous oxide that is not used (estimated to typically be ~30%) and ensure sensible disposal. It's not believed that technology is currently commercially available to enable re-use of this left-over gas.	All Wales Medicine Strategy Group	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this	Pharmacy, Estates (Duncan Thain, Rosie Cavill)	Low	A	01.04.2022	31.12.2022	Action not applicable to Health Board, guidance only.		
123	Approach to Healthcare – Healthcare and Medicines	42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	Work with senior medical staff, the Welsh Respiratory Health Implementation Group, pharmacists, doctors and asthma nurses to create alignment and develop guidance for prescribers to encourage reviews of patients' requirements and ensure inhalers are suitably prescribed. Utilise current existing mechanisms such as national guidelines for COPD and asthma management, national apps and the national Welsh Standard educational packages to achieve this change through co- production. The aim of this is to reduce over-reliance on reliever/SABA inhalers and focus on improved patient understanding, non- pharmacological interventions such as smoking cessation, exercise and the correct use of preventative therapies. Avoiding the destabilisation of patients will be paramount.	All Wales Medicine Strategy Group, RHIG	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this providing a range of lower carbon treatment options including for newly diagnosed and existing patient cohort	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this providing a range of lower carbon treatment options including for newly diagnosed and existing patient cohort. WG funding for 'sustainable innovation scholar' will push forward inhaler recycling, inhaler swapping to lower carbon footprint and medication management - to carry out work intensively with a specific RCT base GP/ community pharmacy in order to develop spread + scale approach to be implemented across CTMUHB. Digital tool developed to stratify asthma patients according to risk and identify those with the greatest SABA use, potential to be developed further for use in any Vision practice with input from Vision. An EMIS tool is also in development.	Community Pharmacy (Sam Fisher/Bev Woods)	Medium	A	01.04.2022	31.03.2024			
124	Approach to Healthcare – Healthcare and Medicines	42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	Brief prescribers, hospital/community pharmacists and dispensers of the key messages from the guidance. Encourage staff to emphasise and champion the importance of inhaler recycling, noting that an 'empty' MDI inhaler contains a high concentration of high-GWP gases and therefore needs to be disposed of properly at the inhaler disposal facilities provided at pharmacies.	All Wales Medicine Strategy Group, CTMUHB, RHIG	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this providing a range of lower carbon treatment options including for newly diagnosed and existing patient cohort	CTMUHB Respiratory Delivery Group and Medical Gases Committee are developing plans to achieve this providing a range of lower carbon treatment options including for newly diagnosed and existing patient cohort. WG funding for 'sustainable innovation scholar' will push forward inhaler recycling, inhaler swapping to lower carbon footprint and medication management - to carry out work intensively with a specific RCT base GP/ community pharmacy in order to develop spread + scale approach to be implemented across CTMUHB. Digital tool developed to stratify asthma patients according to risk and identify those with the greatest SABA use, potential to be developed further for use in any Vision practice with input from Vision. An EMIS tool is also in development. Encourage HCP completion of All Wales online learning (Asthma/COPD) with progress monitored using tutor dashboards. Ventolin is the biggest contributor to inhaler carbon footprint across the HB by a significant margin. The carbon footprint of a Salmeterol inhaler is half that of Ventolin. Technician led switch underway in the Rhondda Cluster and across Bridgend. Inhaler prescribing sessions completed with trainee GPs in Rhondda including encouraging use of low GWP inhalers at diagnosis where appropriate. Educational sessions also delivered at Bridgend GP prescribing Leads and to the Bridgend pharmacy team. Targeted pharmacist led asthma reviews switching to low GWP inhalers where appropriate and addressing SABA overuse.	Community Pharmacy (Sam Fisher/ Bev Woods)	Medium	A	01.04.2022	31.12.2022			

Updated: 17/01/2024 Progress RAG Key	CTMUHB Decarbonisation Strategy 2021-2030 - Delivery Action Plan						Management Group: Decarbonisation Strategic Group Delivery Plan Senior Responsible Officer: Ellie McNeil						
	R - Action at risk of not being completed on time - plan discussion to consider additional work / escalation needed		A - Action Plan commenced and on course for completion	G - Action completed	NS - Action not scheduled to start at this time		Key Actions Not Scheduled to Start	Key Actions Started	Key Actions Completed	Key Actions In Progress	Key Actions Overdue	% Completion	
	0		1	5	0		0	9	8	-2	7	1,333333333	
CTMUHB Ref No	Category	NHS Wales Ref No	NHS Wales Initiative	NHS Wales Key Actions Required	Organisation Responsibility	CTMUHB Actions Required	CTMUHB Progress Q2 2022/23	CTMUHB Directorate Responsibility	Financial Risk (Significant, High, Medium, Low, No Cost)	Progress RAG	Start Date	Target Date	Completion Date
1	Carbon Management Initiatives	1	Implement required governance - named Director required to report to Decarbonisation Board	Support the review of EnCO2de HTM 07-02 to develop best practice guidance to support carbon management in Welsh Health Boards and Trusts. Distribute this guide to Health Boards and Trusts upon	NWSSP, CTMUHB	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda	No Cost	G	01.01.2022	01.04.2022	01.01.2022
1	Carbon Management Initiatives	1	'Action Plans' will be developed, which will form the basis of how organisations will implement Delivery Plan initiatives - these will be developed two-yearly and committed to within Integrated Medium-	Develop 'Action Plans' specifically setting out how the initiatives will be implemented Commit to 'Action Plan' implementation within Integrated Medium-	CTMUHB	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda. Environmental Sustainability Group now established and part of	Linda Prosser is the named Executive Board member responsible for delivery of the NHS Decarbonisation agenda	Low	G	01.01.2022	31.03.2024	31.03.2024
22	Existing Buildings Initiatives	8	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed	Continue to certify all CHP plant to the CHPQA programme to ensure efficient operation. Health Board will also report CHPQA compliance information and CHP maintenance spend through EPFMS when inputs	CTMUHB	The application for CHPQA has been successfully processed for the past 5 years and will continue in future.	The application for CHPQA has been successfully processed for the past 5 years and will continue in future. Ongoing - CHPQA audit is carried out on an annual basis at both PCH	Estates (Paul Lewis)	Low	G		Ongoing	
23	Existing Buildings Initiatives	8	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030	Increase CHP metric reporting on EPFMS to track CHPQA compliance and maintenance spend - this will be developed to understand compliance with this initiative.	NWSSP, CTMUHB	Action complete	Action complete	Estates (Paul Lewis)	Low	G	01.01.2022	31.03.2023	01.01.2022
24	Existing Buildings Initiatives	8	No further natural gas CHP plant will be installed - renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030	No new natural gas CHP units will be considered going forward. For the existing known schemes, these will be subject to an options appraisal.	CTMUHB	There are no Estate plans to install new natural gas CHP units.	Existing CHP plant will continue to operate whilst still physically and financially operational. New installations of natural gas fueled CHP plant will not be approved.	Estates (Alan Martin, Paul Lewis)	Low	G	01.04.2022	31.03.2023	01.01.2022
33	New Builds and Major Refurbishment Initiatives	11	Develop and build low carbon buildings to net zero standard - engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	Continue in the short-term to ensure that all new buildings achieve a BREEAM 'Excellent' score and all refurbishments achieve a BREEAM 'Very Good' score.	CTMUHB	This is a standard element of the Welsh Government approval of schemes that progress under Designed for Life and for all schemes funded by Welsh Government. Action Complete	This is a standard element of the Welsh Government approval of schemes that progress under Designed for Life and for all schemes funded by Welsh Government. Action Complete	Capital (Rosie Cavill, Jeremy Holfield)	Low	G	01.04.2022	31.03.2030	31.03.2022
34	New Builds and Major Refurbishment Initiatives	11	Develop and build low carbon buildings to net zero standard - engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	All NHS organisations will adopt the agreed net zero approach for all new building designs and ensure new builds are certified to net zero. This will ensure: • Carbon in construction is identified and reduced as much as possible (e.g. low carbon building materials, replacement of onsite diesel generators with solar generators, etc.) • Carbon throughout the life of the building and resource use is reduced as much as possible (e.g. only the highest efficiency equipment can be utilised) • Renewable energy will be utilised on-site (e.g. solar PV and/or solar thermal on roofs)	CTMUHB	This is noted for all schemes moving forward and is a standard part of the Welsh Government Business Case requirement for schemes. Action Complete	This is noted for all schemes moving forward and is a standard part of the Welsh Government Business Case requirement for schemes. Action Complete	Capital (Rosie Cavill, Jeremy Holfield)	Low	G	01.04.2022	31.12.2022	31.03.2022
36	New Builds and Major Refurbishment Initiatives	12	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages - and be responsible for ensuring the Net Zero Framework process is followed.	Ensure that each new build project has in place a suitably qualified client-side sustainability representative. They will be responsible for: • Providing due diligence support for the optimal low carbon design across all development stages • Ensuring the agreed net zero approach and accreditation process is	CTMUHB	This will need to be included in all tenders. The capital team will liaise with consultants to ascertain if inclusion of a specific requirement in the tender specification will suffice or a separate appointment with a detailed ender specification. It is expected that this will need to be an externally contracted response	This will need to be included in all tenders. Standard tender documentation is being reviewed to ensure that this is being included for all tendered schemes.	Capital (Rosie Cavi)	Low	G	01.04.2022	31.03.2024	31.03.2024
38	New Builds and Major Refurbishment Initiatives	13	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings - this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.	Consider the use of modular designs to standardise the construction approach and therefore minimise construction waste and transportation of construction machinery. This will be championed alongside designs incorporating efficient low carbon heat and a modern healthcare approach.	CTMUHB	This will be standard part of larger scheme development and is expected to be part of the AWCP D&L requirement	This will be standard part of larger scheme development and is expected to be part of the AWCP D&L requirement. This is an ongoing consideration for all capital schemes within CTM. Note - PCH Refurbishment Programme approval pre-dates this requirement	Capital (Rosie Cavi)) Capital PCH (Jeremy Holfield)	Low	G	01.04.2022	31.12.2022	31.12.2022
39	New Builds and Major Refurbishment Initiatives	14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	Health Boards and Trusts will undertake an activity to establish the Authorised Service Capacity (kVA) required at each new build and major refurbishment site to service additional capacity requirements for electric vehicle (EV) charging infrastructure (including staff, public and fleet vehicles). Once capacity is assigned to EV charging, it must not be removed at a later date (e.g. for site expansion).	CTMUHB	Capital and Planning teams are to collaborate with the Energy Team where significant increased demand is planned due to service change or redevelopment on a site by site basis, and engage with Western Power as early as possible to agree any increase in capacity, and understand any site constraints that might restrict the planned development.	Site capacities will require ongoing evaluation as additional site loads for new developments are added to the electrical infrastructure such as EV charging Capacity increase investigated for PCH and was not available at this point in time. Future additional capacity reviews will be required at all sites that	Capital, Estates (Rosie Cavill, Paul Lewis, Gary Humphrey)	Medium	A	01.04.2021	31.12.2021	31.12.2021
43	New Builds and Major Refurbishment Initiatives	15	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.	Ensure all new or refurbished sites utilise low temperature heating systems with variable flow temperatures and a low carbon heat source. No new natural gas, oil or LPG boilers will be installed as a primary heat source going forward beyond those which are currently planned - fossil fuels may only be used as backup energy sources.	CTMUHB	It will be a requirement for all WG business cases that low carbon solutions are included. It will become standard policy for all smaller internal replacements that low carbon options are considered and selected wherever possible	It will be a requirement for all WG business cases that low carbon solutions are included. It will become standard policy for all smaller internal replacements that low carbon options are considered and selected wherever possible	Capital (Rosie Cavi), Jeremy Holfield)	Low	G	01.04.2021	31.12.2021	31.12.2021
55	Transportation Initiatives	19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery- electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	Evaluate the advantages of obtaining corporate membership to local car clubs that utilise battery-electric and hybrid vehicles. Implement if deemed valuable.	CTMUHB	Action complete	Procurement to implement a car club scheme that utilises battery-electric and hybrid vehicles and implement if deemed valuable. Complete.	Facilities, Procurement (Wayne Lewis, Craig Edwards, AnnMarie Pritchard)	Low	G	01.04.2021	31.12.2022	31.01.2022



Agenda Item

8.1.3

CTM Health Board

Strategic Equality Plan 2024 – 2028

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public For Future Publication
Awdur yr Adroddiad / Report Author	Michelle Hurley-Tyers Assistant Director of Organisational Development and Wellbeing Rehana Begum Head of Organisational Development & Inclusion
Cyflwynydd yr Adroddiad / Report Presenter	Hywel Daniel Executive Director for People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Strategic Equality Plan Consultation internal and external (April 23-July 23)	14/07/2023	Development of SEP
People & Culture Committee	08/11/2023	Support of Approach & Plan
EDI Working Group	29/02/2024	Support of Approach & Plan

Acronyms / Glossary of Terms

SEP	Strategic Equality Plan
EDI	Equality Diversity and Inclusion
LGBTQ+	Lesbian, gay, bisexual, transgender, queer, others.
EIA	Equality Impact Assessment
PSED	Public Sector Equality Duty

1. Situation /Background

- 5.1 The purpose of this paper is to outline the development of Cwm Taf Morgannwg University Health Board's (CTMUHB) Strategic Equality Plan (SEP) 2024-2028 as a part of the CTMUHB 2030: Our Health, Our Future Strategy. The SEP is also a key part of our People priorities and our on-going work on *Creating the Conditions for Everyone to thrive* within a **Compassionate, Inclusive and Just Culture**.
- 5.2 To work effectively towards our 2030 priorities and our People priorities, the Health Board recognises EDI as a key area of focus. The SEP objectives can be used to ensure there is an organisational understanding and accountability of EDI, and to support embedding EDI across strategic activities, initiatives, and policies. The objectives will serve as a framework for ensuring EDI underpins the way the Health Board works through 4 areas of focus which include Community, Services, People and Infrastructure which aligns to the CTM2030 strategic objectives of Creating Health, Improving Care, Inspiring People and Sustaining our Future.
- 5.3 Each Health Board across Wales is expected to agree its Strategic Equality Plan Objectives for 2024-2028 and publish by end of March 2024.

2. Strategic Equality Plan

- 2.1 The SEP Consultation took place internally (within the organisation) and externally (with external partners, the community and invited patient and service users to contribute) over the period of March 2023 to July 2023. The key themes that emerged from the SEP Consultation were:
1. Service Delivery:
 - Issues around Equity of Access to Services
 - Issues around Accessible Information
 2. SEP Development and Implementation:
 - Activities and Measuring Impact
 - Co-production
 - Executive Leadership Involvement
 - Communication and Engagement of SEP
 3. Workforce
 - Flexible Working and Equal Pay
 - Training and Development
 - Women's Health Equity
- 5.4 Transforming our culture to one that fully embraces EDI is not a standalone initiative but one that links with, supports, and complements much of the work we are already doing within CTMUHB throughout wider enabling services. These include:
- Speaking Up Safely
 - Restorative, Just and Learning Approach

- Patient Safety and Experience
- Workforce Planning and Retention
- Quality
- Public Health
- Strategy and Transformation

5.5 Our approach to the development of the SEP, has been to align national strategic drivers with our CTM2030 Strategy. These strategic drivers include:

- The Anti-Racist Wales Race Equality Action Plan¹
- The LGBTQ+ Action Plan²
- The Welsh Government on-going work on Disability Action Plan, and the Code of Practice for Delivery of Autism Services³
- The recommendations made in the Annual Equality and Gender Pay Gap Reports
- The Equality & Human Rights Commission (EHRC) recent report on the Experiences from Health and Social Care: the treatment of lower paid ethnic minority workers⁴

5.6 Following the feedback from the consultation, the SEP has updated its four key objectives that sit in alignment with the CTM2030 strategy (Appendix 1). These are:

- 1. Services** - Improve the experience and health outcomes for our patients, ensuring equal access to the services that they need.
- 2. People** – Improve staff engagement and experience, attracting and retaining diverse talent and create an inclusive environment in which everyone can thrive.
- 3. Community** - Make sure under-represented groups and marginalised communities are involved at the outset of design and delivery of services.
- 4. Infrastructure** – Make sure equality, diversity and inclusion is embedded into the way CTMUHB operate and delivers its services.

5.7 Under each of these objectives, an Action Plan will be developed which will be owned and delivered through the EDI Working Group. The newly formed EDI Working Group, chaired by the Executive Sponsor for EDI, will evaluate and assess activities to ensure they are having the impact we anticipate and will be split into two areas:

- **Systems and processes** - this will include:
 - ensuring the Equality Impact Assessment (EIA) is embedded into all our policies and processes; and moving forward any programme of works that impact on people (whether workforce or patient/service users).
 - ensuring EDI is embedded into our current people processes i.e., PADRs (Personal Appraisal and Development Review); workforce planning; recruitment.

- look at our EDI dataset to ensure we can review our current state and show progress through our measures (acknowledging our current data availability and quality requires more development).
 - **Behaviours and mindsets**
 - This will include a full programme that will include education and awareness raising; safe reflective spaces; role-modelling; leadership; embedding into values and behaviours and our work on restorative; just and learning.
- 5.8 The EDI working group will include representation from all enabling services as well as care groups to ensure EDI responsibility is distributed. The working group will also link closely with the Staff Networks; Patient Experience, Community Partners and Trade Unions within CTMUHB to ensure a two-way communication process around intelligence from minoritised groups within the workforce; our patient/service users as well as our communities to assess whether interventions/activities undertaken as part of the SEP action plan is having a progressive impact in addressing structural inequity.
- 5.9 The evaluation approach for the SEP is focused on the four pillars of Value Based Healthcare Model and includes both process measures (activity delivery) as well as outcome measures (impact). The Working Group will consider how this can be developed further to show progress on the EDI portfolio.
- 5.10 Activity undertaken under the EDI portfolio over 2023/24 include:
- **SEP** Consultation and high-level objectives developed
 - **EDI working group** formed and established with Executive Sponsor as Chair
 - Review and implementation of new **Equality Impact Assessment** process. This now includes Welsh Language Impact Assessment (the first Health Board in Wales to implement this) and is aligned to the newly revised Quality Impact Assessment process. A further mechanism has been set up to embed within organisation via support sessions and ownership directly back to those involved in change and policy initiatives
 - The development of an **EDI Education Offering** through the Culture Offer to respond to the various Welsh Government Action Plans and requests via Staff Networks and Services within the Health Board
 - Delivery of the **Cultural Competency Programme** focussed on Anti-racism across 11 areas within the Health Board
 - **Staff Network Support** across all 4 staff networks to support around infrastructure, purpose and impact
 - Development and delivery of **Inclusion Communication and Engagement Programme** with monthly campaigns to raise awareness and support education within the Health Board

6. Culture

- 6.1 The CTM2030: Our Health, Our Future sets out how we aim to develop services to meet the needs of our population as we look to 2030 and beyond. In line with our new strategy; and our People Priorities we are also looking at developing the CTMUHB Culture Plan. The Culture plan will look to bring together our wider enabling services in a collaborative and holistic way; to streamline our offer in supporting our front-line service and shift ownership of culture change to the whole organisation.
- 6.2 The SEP sits within the CTMUHB emerging Culture Plan, and while its focus is on delivering our obligations under the Equalities Act (2010), we are acutely aware that EDI issues touch on all aspects of CTMUHB activities and is essential to the culture of the organisation.
- 6.3 To support the development of the CTMUHB Culture Plan, an initial assessment was undertaken through various stakeholder engagement discussions including findings from the SEP consultation. Alongside this analysis of internal data from current activity such as wellbeing surveys, workforce data, review of evidence based best practice, Staff Networks, Welsh Government Action Plans, and discussion with wider services was carried out.
- 6.4 Through the development of the SEP, it became clear that EDI previously sat on its own rather than being seen as a whole systems approach. The emerging Culture Plan now places EDI within a wider context and links to our recent work on Leadership and our new Teams Offer.

7. Specific Matters for Consideration

- 7.1 We acknowledge that as an organisation, CTMUHB's maturity on EDI is not where we would want it to be. As such our approach is to increase the confidence and psychological safety within the organisation to discuss topics of EDI from the lens of learning, whilst also ensuring systems and processes are in place which enables all to take accountability as well. This is supported by our work on Restorative, Just and Learning and our wider work on Culture.
- 7.2 The adoption of the new equality objectives within the SEP is a starting point to ensure that we are compliant with the Equality Act (2010) and meet the requirements of national strategic drivers which we have aligned to our CTM20230 strategy.
- 7.3 If the equality objectives are not updated, there is a risk that the Health Board will not meet the requirements of the strategic drivers and its responsibility for the Public Sector Equality Duty (PSED) and our statutory duty relating to the SEP.

- 7.4 The SEP needs to be owned by the whole organisation, it requires the input and support of all through collaborative working across all enabling services to avoid duplication and efficient use of resource. This will ensure all processes, systems and work plans complement each other and communicate the vision for the culture we are aspiring to. There needs to be confirmation that all parts of the organisation buy-in to this change approach to build the trust and maturity required within the organisation around EDI.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	As well as all other goals
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	As well as all other areas
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People
	As well as all other areas
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	As well as all other areas
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☒	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	WG Legal obligation to publish report and meet our Public Sector Equality Duty	
Enw da / Reputational	Yes (Include further detail below)	
	Impact on our workforce as well as patients/service users and community	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Resource in terms of time required to engage with activities from organisation; led by Executives	

5. Recommendation

- 5.1 Members of the Board are asked to **NOTE** the emerging strategic approach to EDI and the activities undertaken to date to support this approach, and **APPROVE** the Strategic Equality Plan for 2024-28

6. Next Steps

- 6.1 There is a requirement by Welsh Government that the SEP be approved and ratified by the CTMUHB Board by end of March 2024 and published.

Appendices:

1. Strategic Equality Plan (high level)

References

1. [Anti-Racist Wales Action Plan \(gov.wales\)](#)
2. [LGBTQ+ Action Plan for Wales | GOV.WALES](#)
3. [Action on disability: the right to independent living framework and action plan | GOV.WALES](#)
4. [Experiences from health and social care: the treatment of lower-paid ethnic minority workers | EHRC \(equalityhumanrights.com\)](#)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Strategic Equality Plan

2024 - 2028

CTM 2030

Ein Hiechyd
Ein Dyfodol

DATBLYDDU CYMUNEDAU
IACHACH DYDA'N GILYDD



CTM 2030

Our Health
Our Future

BUILDING HEALTHIER
COMMUNITIES TOGETHER



IMPROVING
CARE



INSPIRING
PEOPLE



CREATING
HEALTH



SUSTAINING
OUR FUTURE



STARTING
WELL



GROWING
WELL



LIVING
WELL



AGEING
WELL



DYING
WELL

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



CREATING
HEALTH



Our Strategic
Goals



IMPROVING
CARE

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

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



SUSTAINING
OUR FUTURE



INSPIRING
PEOPLE

Visible and inspiring leadership
Promoting diversity and inclusion
Embedding our values and
behaviours
Encouraging local employment



CREATING
HEALTH



IMPROVING
CARE



INSPIRING
PEOPLE



SUSTAINING
OUR FUTURE



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Our Equality Outcomes - What we will do

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD



CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER



IMPROVING
CARE

Services



INSPIRING
PEOPLE

People



CREATING
HEALTH

Community



SUSTAINING
OUR FUTURE

Infrastructure



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD



CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER



CREATING
HEALTH

IMPROVING
CARE

INSPIRING
PEOPLE

SUSTAINING
OUR FUTURE

ctmuhb.nhs.wales

508/637

SERVICES

WHAT WE WILL DO

- Improve the experience & health outcomes for our patients, ensuring that every patient has equity of access to the services that they need
-

WE WILL DO THIS BY

- Taking action to ensure the people who use our services have equity of access and improved experience
 - Ensuring engagement is inclusive
 - Evaluating progress on mental health to ensure we are meeting the needs of people with different protected characteristics
 - Adopting Social Model of Disability language
 - Align service plans with emerging national and organisational strategic drivers (e.g. Anti-racist Wales Plan; LGBTQ+ Action Plan, Disability Action plan, Code of Practice for Delivery of Autism Services).
-

WE WILL MEASURE OUR PROGRESS BY

- Reviewing the total number of reported incidents and the reporting on datix
- Reviewing feedback from Patient Surveys
- Monitoring the number of staff that have attended EDI-related training
- Monitoring the number of Equality Impact Assessments carried out on changes and policies
- Reviewing evidence of our response to recommendations made by others concerning inequalities in access, experience and outcomes

PEOPLE



INSPIRING
PEOPLE

WHAT WE WILL DO

- Improved staff engagement and experience, attracting and retaining diverse talent and create an inclusive environment in which all colleagues can thrive
-

WE WILL DO THIS BY

- Addressing gender, ethnicity and disability pay differences
 - Reviewing our flexible working practices to ensure equal opportunities at all levels
 - Ensuring effective policies to prevent and respond to harassment, discrimination and bullying
 - Reviewing Pregnancy and Maternity Provision in the Workplace
 - Increasing the number of disabled people in work
 - Reducing Gender Segregation
 - Improving participation of women, ethnic minorities and disabled people across apprenticeships
 - Considering the use of positive action measures in recruitment campaigns where specific groups are under-represented
 - Implementing specific awareness and support for neurodiverse staff
 - Implementing specific awareness and support for Transgender staff
 - Improving staff engagement and experience
 - Ensuring equal opportunities for employment and career progression
-

WE WILL MEASURE OUR PROGRESS BY

- Reviewing our recruitment, retention and workforce data
- Monitoring the median and medium pay gap difference
- Monitoring participation in staff diversity networks
- Reviewing staff survey results



COMMUNITY



WHAT WE WILL DO

- Make sure under-represented groups and seldom-heard voices are involved at the outset of design and delivery

WE WILL DO THIS BY

- Continuously assessing the evolving needs of our local population
- Building our relationships with external groups and seeking their input into how we can better serve them
- Involving seldom-heard voices by asking for feedback on what we're doing
- Communicating with those we serve, letting them know what we are doing, and why
- Collecting and analysing relevant data to make sure we are not accidentally excluding a group (or groups)

WE WILL MEASURE OUR PROGRESS BY

- Number of engagement events held with diverse communities
- Number of improvements implemented based on the Equality and Community Engagement Forum
- Diversity distributed over geography
- Diversity distributed over services



INFRASTRUCTURE



SUSTAINING
OUR FUTURE

WHAT WE WILL DO

- Make sure equality, diversity and inclusion are essential to the way that we operate
-

WE WILL DO THIS BY

- Increasing awareness of the importance of diversity in our decision-making
 - Ensuring access to services is supported by appropriate language support
 - Embedding the socio-economic duty into our decision-making
 - Embedding Equality, Diversity and Inclusion in the implementation of our CTM 2030 Strategy
 - Gaining/maintaining our position on workplace equality indexes
-

WE WILL MEASURE PROGRESS BY

- Monitoring the diversity percentage difference between the organisation's Board and its overall workforce
- Reviewing usage levels and satisfaction rates of our multi-channel access points (such as Language line, WITS, Big Word, etc)
- Our position on the Workplace Equality Index (e.g. Disability Confident, Stonewall, etc)
- Number of EQIAs conducted in implementing the CTM 2030 Strategy





Our people tell us they feel they can be themselves at work and they feel valued for the difference that they bring



Our teams and senior leaders are representative of the people we serve



Equality Impact Assessments are systematically carried out across all Divisions and Departments and Equality is embedded in our decision-making processes



All our actions truly demonstrate a zero-tolerance to inappropriate behaviour, and it is safe to challenge at all levels



Our Diversity Data is improved and a truly representation of our workforce

How we will know when we have arrived



Evaluation



Evaluation will be embedded throughout the delivery of the Strategic Equality Plan and focused upon the four pillars of Values Based Healthcare Model and includes both process measures (activity delivery) as well as outcome measures (impact)

Personal Value: ensuring that each individual's values are used as a basis for decision-making in a way that will optimise the benefits for them.

Technical Value: ensuring that the allocated resources are used optimally (no waste).

Allocative Value: ensuring that all available resources are taken into account and distributed in an equitable fashion.

Societal Value: ensuring that the intervention in healthcare contributes to connectedness, social cohesion, solidarity, mutual respect, openness to diversity, wellness, wellbeing and flourishing. It also includes wider determinants of health, wellness and wellbeing including environmental impact, energy and waste management, implications for circular economy and creating vibrant and resilient communities





Agenda Item

8.2.1

CTM Health Board

BOARD ANNUAL CYCLE OF BUSINESS

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
None identified.	

1. Situation / Background

- 1.1 The Board 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 2024 to 31 December 2024.

2. Specific Matters for Consideration

- 2.1 The Cycle of Business has been developed to help plan the management of Board matters and facilitate the management of agendas and Board business.

3. Key Risks / Matters for Escalation

- 3.1 Please refer to **Appendix 1** – Board Cycle of Business for further detail.

4. Assessment

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



**Effaith Amgylcheddol/
Cynaliadwyedd (5R) /
Environmental
/Sustainability Impact (5Rs)**

No - Not Applicable

If more than one applies please list below:

Impact Assessment

Ansawdd

*Ydych chi wedi ymgymryd â
Sgrinio Asesiad o'r Effaith ar
Ansawdd? /*

Quality

*Have you undertaken a Quality
Impact Assessment Screening?*

Yes: ☐

No: ☒

Outcome:

If no, please include
rationale below:
This is an overarching
position report. If service
change arises the specific
areas and activity impacted
will be subject to the
appropriate impact
assessment.

Cydraddoldeb

*Ydych chi wedi ymgymryd â
Sgrinio Asesiad o'r Effaith ar
Cydraddoldeb? /*

Equality

*Have you undertaken an Equality
Impact Assessment Screening?*

Yes: ☐

No: ☒

Outcome:

If no, please include
rationale below:
This is an overarching
position report. If service
change arises the specific
areas and activity impacted
will be subject to the
appropriate impact
assessment.

Cyfreithiol / Legal

There are no specific legal implications related to the
activity outlined in this report.

Enw da / Reputational

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

Effaith Adnoddau

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

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

5. Recommendation

5.1 The Board is asked to NOTE the Annual Cycle of Business for 2024.

6. Next Steps

6.1 There are no next steps required.

Health Board

Cycle of Business (1st January 2024 – 31st December 2024)

The Health Board 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 Health Board is effectively carrying out its role.

The Cycle of Business covers the period 1st January 2024 to 31st December 2024.

The Cycle of Business has been developed to help plan the management of Board matters and facilitate the management of agendas and committee business.

The principal role of the Health Board is set out in the Standing Orders 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the Health Board's performance across all areas of activity.

Agenda Item 8.2.1

Board Cycle of Business (1st January 2024 – 31st December 2024)

Item of Business	Executive Lead	Reporting period	25 Jan 2024	Feb 2024	28 Mar 2024	April 2024	30 May 2024	11 July 2024	24 July 2024	Aug 2024	26 Sep 2024	Oct 2024	28 Nov 2024	Dec 2024
Shared Listening & Learning														
Listening & Learning Story	Executive Director of Nursing	All Regular Meetings	R		R		R		R		R		R	
Setting the Scene														
Chairs Report (Including affixing of the Common Seal and Chairs Urgent Action Requests)	Health Board Chair	All Regular Meetings	R		R		R		R		R		R	
Action Log	Health Board Chair	All Regular Meetings	R		R		R		R		R		R	
Chief Executives Report (to include updates on Targeted Intervention – Programme for Continuous Improvement in response to Targeted Intervention)	Chief Executive	All Regular Meetings	R		R		R		R		R		R	
Delivering our Plan														
Integrated Performance Report (Quality, People & Operational Performance)	Executive Director of Strategy & Transformation	All Regular Meetings	R		R		R		R		R		R	
Financial Performance Report	Executive Director of Finance	All Regular Meetings	R		R		R		R		R		R	
Governance, Risk and Assurance														
Board Assurance Framework	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Board Committee & Advisory Group Highlight Report (where there are matters identified for escalation)	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R	
Working in Partnership Reports (to include Joint Committee Highlight Reports)	Executive Director of Strategy & Transformation	As and when required	R		R		R		R		R		R	
Joint Committee Annual Update	Director of Corporate Governance	Annually											R	
Nurse Staffing Levels (Wales) Act Reports	Executive Director of Nursing	Bi-Annually					R						R	
Audit Wales Structured Assessment & Audit Letter	Audit Wales	Annually	R											
Audit Wales Annual Audit Report	Audit Wales	Annually			R									
Annual Review of the Standing Orders	Director of Corporate Governance	Annually			R Defer to May 2024		R							

Agenda Item 8.2.1

Item of Business	Executive Lead	Reporting period	25 Jan 2024	Feb 2024	28 Mar 2024	April 2024	30 May 2024	11 July 2024	24 July 2024	Aug 2024	26 Sep 2024	Oct 2024	28 Nov 2024	Dec 2024
Board Effectiveness Self-Assessment	Director of Corporate Governance	Annually			Defer to May 2024									
Risk Management Strategy	Director of Corporate Governance	Annually												
Annual Report (including Performance Report, Accountability Report and Remuneration Report)	Director of Corporate Governance	Annually												
Annual Statutory Accounts	Executive Director of Finance	Annually												
Charitable Funds Annual Report and Accounts	Executive Director of Finance	Annually												
Strategic Planning														
Integrated Medium Term Plan – Approval	Executive Director of Strategy & Transformation	Annually												
Clinical Services Plan Progress Updates	Executive Director of Strategy & Transformation	All Regular Meetings												
Regional Partnerships Board & Public Services Board 6 Monthly Report	Executive Director of Strategy & Transformation	Bi-Annually												
Winter Plan Update	Chief Operating Officer	Annually												
Consent Agenda – For Approval														
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings												
Amendments to the Standing Orders (Terms of Reference)	Director of Corporate Governance	As and When required												
Committee Annual Reports	Director of Corporate Governance	As and When Required												
Consent Agenda – For Noting														
Board Cycle of Business	Director of Corporate Governance	All Regular Meetings												
Board Forward Work Programme	Director of Corporate Governance	All Regular Meetings												
Committee Highlight Reports	Director of Corporate Governance	All Regular Meetings												
Putting Things Right Annual Report	Executive Director of Nursing	Annually												

Agenda Item 8.2.1

Item of Business	Executive Lead	Reporting period	25 Jan 2024	Feb 2024	28 Mar 2024	April 2024	30 May 2024	11 July 2024	24 July 2024	Aug 2024	26 Sep 2024	Oct 2024	28 Nov 2024	Dec 2024
Safeguarding Annual Report	Executive Director of Nursing	Annually	R											
Carers Annual Report	Executive Director of Nursing	Annually									R			
Clinical Education Annual Report	Executive Medical Director	Annually											R	
Infection Prevention & Control Annual Report	Executive Director of Nursing	Annually									R			
Civil Contingencies & Business Continuity Report	Executive Director of Strategy & Transformation	Annually					R							
Welsh Language Standards Annual Report	Executive Director for People	Annually									R			
Director of Public Health Annual Report	Executive Director of Public Health	Annually					R							
Internal Audit Annual Audit Plan	Head of Internal Audit	Annually					R							
Capital Update – to be taken as an In Committee item given commercial sensitivities	Executive Director of Finance	Quarterly			R Defer to May 2024		R		R				R	
Annual Plan Quarterly Update	Executive Director of Strategy & Transformation	Quarterly			R				R				R	

Agenda Item 8.2.2

HEALTH BOARD – FORWARD WORK PLAN				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Email request received from the Assistant Director of Governance & Risk following discussion at Executive Leadership Group	Additional Item	Major Incident and Critical Business Continuity Plans	Director of Strategy & Transformation	25 May 2023 – 28 September 2023. To be Deferred – Was January 2024. Was March 2024 – Now May 2024
Email request received from the Assistant Director of Governance & Risk following discussion at Executive Leadership Group	Additional Item	Armed Forces Covenant	Director of Strategy & Transformation	In progress Director for People to advise on future reporting requirements moving forwards.
Email request received from the Assistant Director of Governance & Risk	Additional Item	Estates, Facilities Performance Management System annual report	Director of Finance	Planned for 28 September 2023 – Now 30 November 2023 – To be deferred from November – date to be confirmed
Suggested as an item for discussion at a future Board meeting at an agenda planning session for the January 2024 meeting	Additional Item	CTM 2030 Strategic Public Health Promotion (Diabetes)	Executive Director of Public Health	Planned for January 2024 – Deferred to 28 March 2024 – Now 30 May 2024

Agenda Item 8.2.2

Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Identified as a report coming forward within the Chief Executive Report presented to the July Board	Additional Item	Llantrisant Health Park Update – To include the year one+ Plan	Chief Executive	In progress Received and noted at the meeting held on 30 November 2023. Further update to be presented to the Board in July 2024.
Request received from the Assistant Director of Governance & Risk for this to be added to the agenda for March Board	Additional Item	Board Committee Review Proposal	Health Board Chair	Planned for 28 March 2024 – On agenda
Email request received from the Deputy Director of Strategy & Partnerships	Additional Item	Decarbonisation Action Plan for 2024-2026 (consent agenda for approval)	Executive Director of Strategy & Transformation	Planned for 28 March 2024 – On agenda
Email Request received from the Deputy Director for People	Additional Item	Development of the CTM People Plan	Executive Director for People	Planned for 28 March 2024 – Now 30 May 2024
Email request from the Executive Director for People	Additional Item	Agency Reduction Plan and Decision Making Framework for CTM	Executive Director for People	Date to be confirmed
Email request from the Assistant Director of Organisational	Additional Item	Update on Culture	Executive Director for People	Planned for 28 March 2024 – Item deferred

Agenda Item 8.2.2

Development and Wellbeing				
Email request from the Assistant Director of Governance & Risk	Additional Item	Community Diagnostic Hub & Endoscopy Procurement Process and Business Case	Executive Director of Strategy & Transformation	Was planned for 28 March 2024 – Now 30 May 2024
Verbal request received from the Assistant Director of Organisational Development and Wellbeing	Additional Item	Strategic Equality Plan	Executive Director for People	Planned for 28 March 2024 – On agenda
Verbal request received from the Assistant Director of Organisational Development and Wellbeing	Additional Item	Annual Equality Plan	Executive Director for People	Planned for 30 May 2024
Verbal request received from the Assistant Director of Organisational Development and Wellbeing	Additional Item	Gender Pay Gap Report	Executive Director for People	Planned for 30 May 2024
Email request from the Assistant Director of Governance & Risk	Additional Item	Maesteg Community Hospital Development – Outline Business Case	Executive Director of Strategy & Transformation	Planned for 28 November 2024
Email request received from the Director of Corporate Governance & Board Business	Additional Item	EMRTS Service Review Phase 3 Engagement	Chief Ambulance Services Commissioner	Planned for 28 March 2024 - An update on this matter has been included within the Chief Executives Report at agenda item 4.2.
Email request received from the Director of Corporate Governance & Board Business	Additional Item	Establishment of the NHS Wales Joint Commissioning Committee, as a Joint Committee of Local Health Boards in NHS Wales	Director of Corporate Governance/Board Secretary	Planned for 28 March 2024 – On agenda

Agenda Item 8.2.2

Completed Requests:				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Email request from the Assistant Director of Governance & Risk	Additional Item	Structured Assessment 2023	Director of Corporate Governance	Completed Report received and discussed at the meeting held on 25 January 2024
Email request received from the Assistant Director of Governance & Risk	Additional Item	Critical Care – Framework Model of Care Proposal	Medical Director	Completed An update was provided to Board Members at the Board Development Session held on 29 February 2024.

Agenda Item

8.2.3

CTM Health Board

Board Committee and Advisory Group Highlight Reports

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 In line with the Standing Order requirements each Board Committee and Advisory Group is required to submit a Highlight Report setting out its activities at each meeting. This also provides a mechanism for escalating issues to the Board as required.

2. Specific Matters for Consideration

- 2.1 A number of Committee/Advisory Groups have been held since the Board last met in January 2024.

3. Key Risks / Matters for Escalation

- 3.1 Key risks and any matters for escalation to the Board are set out in the appended Highlight Reports.

4. Assessment

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



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

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

5. Recommendation

5.1 The Board is being asked to NOTE the following Highlight Reports:

- Quality & Safety Committee 23 January 2024 (On main agenda at 5.1.1);
- People & Culture Committee 7 February 2024 (Appendix 1);
- Stakeholder Reference Group 8 February 2024 (On main agenda at 5.1.3);
- Clinical Advisory Group 20 February 2024 (Appendix 2);
- Digital & Data Committee 21 February 2024 (On main agenda at 5.1.2);
- Hosted Bodies Audit & Risk Committee 22 February 2024 (Appendix 3);
- CTMUHB Audit & Risk Committee 22 February 2024 (Appendix 4);
- Planning, Performance & Finance Committee 27 February 2024 (Appendix 5).
- Remuneration & Terms of Services Committee 6 March 2024 (Appendix 6);
- Mental Health Act Monitoring Committee 6 March 2024 (Appendix 7);
- Population Health & Partnerships Committee 7 March 2024 (Appendix 8)
- Local Partnerships Forum 12 March 2024 (Appendix 9);



Agenda Item

8.2.3 Appendix 1

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE PEOPLE & CULTURE COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Dilys Jouvenat, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

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

1. Situation /Background

- 1.1 This paper has been prepared to provide the Board with details of the key issues considered by the People & Culture Committee which took place on the 7TH February 2024.
- 1.2 Key highlights from the meeting are contained in section 3.
- 1.3 The Board are requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE PEOPLE & CULTURE COMMITTEE

- 2.1 The role of the People and Culture Committee is to advise the Board on all matters relating to staff and workforce planning of the Health Board, and enhance the environment that supports and values staff in to engage the talent, nurture the leadership capability of individuals and teams, working together to drive the desired culture throughout the health service to deliver safer better healthcare.
- 2.2 The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Integrated Medium Term Plan (IMTP).

3. HIGHLIGHT REPORT

ALERT / ESCALATE	There are no matters to escalate to the Board on this occasion.
ADVISE	Shared Listening and Learning Story - the Committee received a video and presentation highlighting the Supported Intern Apprenticeship Scheme and the Pathways Widening Access. - The Committee received and noted the Welsh Language Group Highlight Report. The report was received in the medium of Welsh with simultaneous English translation. - A Presentation was received on Restorative, Just and Learning Culture. The Committee noted the restorative, just and learning approach to support the Health Boards ambition of creating a compassionate, inclusive and just culture at CTM. - The Committee received a Presentation on the Development of the CTM People Plan Progress

	Report, noting the progress made with the development of the CTM People Plan to date. • A Presentation was received on the Phase Two Implementation of New Leadership & Management Service Structure. The Committee noted the progress made to date to further develop the Care Group leadership and management structures and that the new structure would become operational from the 1st April 2024. • A Committee Referral was received from the Quality & Safety Committee on Development of a Strategy for Implementation of Basic Life Support Training and other Resuscitation Training provided across CTM. The Committee noted the verbal update provided on the Development of a new Strategy to be implemented across the Health Board for Basic Life Support and other Resuscitation Training for Staff and that a formal written report would be received at the next meeting. • A verbal update was received and noted on Retention – Update on the Lateral Moves Scheme.
ASSURE	• The Committee received the Workforce Metrics Report for June 2023, which included historic trends. • The Committee received a report on the Employee Relations (ER) Update, noting the ongoing ER cases and trends within the Health Board. • The Committee received a report on the Organisational Risk Register for those matters where risks had a score of 15 or more assigned to the Committee, noting actions taken to manage or mitigate those high-level risks. • The Committee received a report on the WHC/2023/046 - All Wales Control Framework for Flexible Workforce Capacity - Baseline Return to Welsh Government, noting the submission of the Phase 1 return to Welsh Government and the continued focus on reduction of agency spend into 2024-25 and engagement with the WG programme of work. • A report was received on the Job Planning Data Incident - Learning and Plan for Improvement. The Committee noted the update regarding Job Planning Compliance figures for Consultant and SAS grade doctors at CTM.

INFORM	- The Committee approved the following Policy: Flexible Working Policy. - The Committee Annual Cycle of Business for 2024-25 was approved.
APPENDICES	Not applicable.

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb	Yes: ☐	No: ☒

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

4. Recommendation

4.1 Members of the Board are asked to **NOTE** the report.



Agenda Item

8.2.3 Appendix 2

CTM Health Board

Highlight Report from the Clinical Advisory Group

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Dr Sally Bolt, Clinical Advisory Group Chair
Cyflwynydd yr Adroddiad / Report Presenter	Dr Sally Bolt, Clinical Advisory Group Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
SLA	Service Level Agreement
CESR	Certificate of Eligibility of Specialist Registration

1. Introduction

- 1.1 This report has been prepared to provide the Board with details of the key issues considered by the Clinical Advisory Group at its meeting on 20/02/24.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of the Clinical Advisory Group is to advise the CTMUHB Board on clinical topics and initiatives, and to review items requested by the Board. The Clinical Advisory Group will act as a clinical voice within CTMUHB and advise the CTMUHB Board on aspects of Clinical Strategy.

2.2 The Clinical Advisory Group will:

- Act as the clinical voice within CTMUHB
- Work with and alongside Management Board and Executives and will be the representative voice of all clinical groups across the Health Board advising on clinical services and care
- Provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery
- Facilitate engagement and debate amongst the wide range of clinical interests within CTMUHB's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform the CTMUHB's decision making

3. Highlight Report

Alert / Escalate	• No current issues for escalation
Advise	• There are questions from the SAS doctors about the roll out of the specialist grade. There don't seem to be many posts being advertised for empty consultant vacancies. • Clarity was sought on the merging of the IT systems across the HB.

Assure	A CESR lead was suggested to support doctors navigate the process.
Inform	Only one meeting has been held since the last report, and attendance was limited.
Appendices	

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</i>	Culture and Valuing People
	If more than one applies please list below:

Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item.
	If more than one applies please list below:

5. Recommendation

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



Agenda Item

8.2.3 Appendix 3

CTM Health Board

CHAIRS HIGHLIGHT REPORT FROM THE PLANNING, PERFORMANCE & FINANCE COMMITTEE

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Choose an item. Linda Prosser, Executive Director of Strategy & Transformation Gethin Hughes, Chief Operating Officer Sally May, Executive Director of Finance & Procurement

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

CTM	Cwm Taf Morgannwg
YTD	Year to Date

CAMHS	Child & Adolescent Mental Health Services
PDR	Personal Development Review

1. Situation / Background

- 1.1 This paper has been prepared to provide the Board with details of the key issues considered by the Planning, Performance & Finance Committee which took place on 27TH February 2024.
- 1.2 Key highlights from the meeting are contained in section 3.
- 1.3 The Board are requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE PLANNING, PERFORMANCE & FINANCE COMMITTEE

- 2.1 The Committee will allow appropriate scrutiny and review to a level of depth and detail not possible in Board meetings in respect of planning, performance and finance. The Committee will ensure that evidence based and timely interventions are implemented to drive forward improved performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales, and as outlined within the Board's 3 Year Integrated Medium Term Plan.

3. HIGHLIGHT REPORT

ALERT / ESCALATE	There were no matters requiring escalation on this occasion.
ADVISE	- The Committee received the Organisational Risk Register and reviewed the Planning, Performance & Finance assigned risks, noting the updates in terms of the mitigating action identified within the report. - The Month 10 Finance report was received. Members noted that at M10 the Health Board were reporting the following: Overall Revenue Position 2023-24: - The M10 position was a £1.0m surplus and the M10 Year To Date (YTD) position was now reporting a £1.1m deficit against the Revenue Resource Limit. - As at M10 the Health Board were continuing to forecast a break even position for 2023/24, which was consistent with the Control Total target set by Welsh Government (WG). This forecast assumes that they would receive £8.1m of funding for energy and £8.2m for ongoing Covid programme costs. - Since we are now in February, we are assuming that it is very likely that our anticipated allocations for Pay awards and Real

Living Wage will be fully funded by WG and also that we can retain the small forecast underspend on the Dental contract. On this basis, we are forecasting a breakeven position for 23/24 with a potential upside of £2m.

- This forecast will be confirmed once the Pay award, RLW and the dental positions are confirmed by WG.

Recurrent Revenue position:

- As at M10 the Health Board is forecasting an underlying deficit at the end of 2023/24 of £19.4m (M9: £35.7m).
- The forecast underlying deficit was the starting point for the 2024/25 financial plan. This forecast will continue to be reviewed as the IMTP and financial plan for 2024/25 are finalised.

Savings:

- The actual savings to M10 was £22.5m which was £0.3m below the M10 YTD savings target of £22.8m.
- The M10 forecast In-year savings is £27.9m. This represented a step up of £0.9m in the last 2 months of the year compared to trend and a forecast over achievement of £0.6m compared to the £27.3m target.
- The M10 forecast recurrent savings of £28.1m was £0.8m over the £27.3m target.

Cash:

- The closing cash balance at 31st January 2024 was £12.6m. This high balance was due to a technical issue with paying the pension online payment.
- The forecast Cash Flow position to year end shows a nil balance. This forecast assumes working balances' cash for both Revenue and Capital of £11.0m and £1.75m respectively. This requirement represents the projected reduction in creditors/accruals during 2023/24.

Capital:

- The latest Capital Resource Limit (CRL) for 2023/24 was £70.3m. This was issued on the 7th February 2024. Expenditure to M10 was £54.7m and the forecast outturn Capital position is breakeven to the CRL target
- A detailed review of the **Integrated Performance Dashboard** was undertaken with particular focus and scrutiny in the following areas:
 - Stroke
 - Ambulance red releases
 - Children's Immunisation
 - Delayed Transfers of Care

	- A report was received on the Expansion Plans for the Navigation Hub. The Committee were provided with an update on the future plans for the Navigation Hub and noted the longer term requirement for recurrent funding in order to achieve this. The Committee noted the next development to develop Business Cases via the Care Groups to the Improving Care Board. - The Committee received a verbal update on the latest progress in relation to the Development of the Integrated Medium Term Plan (IMTP). The Committee agreed to hold an extra ordinary meeting on the 11th March 2024 to receive the final draft of the IMTP prior to it being presented to the Health Board on the 28th March 2024. - A report was received on the Estates Performance 2022/23 and Resetting the Base Line 2024/25. - The Committee noted the update on the Health Board's 2022/23 estates performance indicators compared against the all Wales national key performance indicators. The Committee were advised of the changes to the Estates, Facilities Performance Monitoring System (EFPMS) data collection requirements and the capital prioritisation process requested by Welsh Government.
ASSURANCE	- A Presentation on The Planned Care Recovery Improvement Plan was received by the Committee, noting progress made to date. - The Committee received a presentation on the Development of the 24/7 Stroke Service. The Committee noted the progress made to date in relation to the development of the service. - A report on the Manchester Arena Inquiry Recommendations was received by the Committee, noting the six monthly update regarding assurance against Manchester Arena Inquiry Recommendations letter provided by South Wales Local Resilience Forum Chair ACC Mark Travis.
INFORM	- The Committee received for information the Monthly Monitoring Returns to Welsh Government for Months 9 & 10. - The Committee Annual Cycle of Business 2024-25 was Approved. - The Committee noted the Welsh Risk Pool Sharing Agreement that had been received by the Audit & Risk Committee meeting held on 24th October 2024.



APPENDICES	NOT APPLICABLE

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

Impact Assessment		
Ansawdd	Yes: ☐	No: ☒

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

4. Recommendation

4.1 Members of the Board are asked to **NOTE** the report.



Agenda Item

8.2.3 Appendix 4

CTM Health Board

Highlight Report from the Remuneration & Terms of Service Committee

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	C Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Jonathan Morgan, Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Not applicable.	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
None identified.	

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Remuneration & Terms of Service Committee at its meetings on 6th March 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of this Committee is to provide:
- **advice** to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other very senior staff within the framework set by the Welsh Government.
 - 1. **assurance** to the Board in relation to the UHB's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.
 - 2. **receive reports** relating to the remuneration and terms of service, including contractual arrangements, for Directors and Very Senior Managers of hosted bodies.

3. Highlight Report

Alert / Escalate	Nil
Advise	The Committee APPROVED a 'Payment on Termination' employment matter having received assurance around the process followed to support the decision. Due to personal identifiable information detail is deliberately restricted.
Assure	Nil
Inform	The Chairs Urgent Action requests relating to Pay Rates during the Junior Doctor Industrial Action were RATIFIED by the Committee.
Appendices	Nil

4. Assessment

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



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

5. Recommendation

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



Agenda Item

8.2.3 Appendix 5

CTM Health Board

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

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Geraint Hopkins, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

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

1. INTRODUCTION

- 1.1 This paper had been prepared to provide the Board with details of the key issues considered by the Mental Health Act (MHA) Monitoring Committee at its meeting on the 6th March 2024.
- 1.2 Key highlights from the meeting are reported in section 3.
- 1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE MENTAL HEALTH ACT MONITORING COMMITTEE

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

3. HIGHLIGHT REPORT

ALERT / ESCALATE	There were no items to include within this section.
ADVISE	The MHA Operational Group update Report was received. Members noted the updates provided in relation to the securing of capital funding to enable a nominated Adolescent Bed to be introduced on the Adult Mental Health Ward in Princess of Wales (POW) as an alternative to the current RGH location, noted the update provided in relation to lapsed section 136 detentions and noted the rising numbers of prison referrals into the Bridgend Psychiatric Intensive Care Unit (PICU). - Members noted the update provided in relation to the risks Related to the Monitoring of the Mental Health Act, and the concerns in relation to the lack of a bespoke system to record and monitor MHA activity. The Mental Health Act Quarterly Activity Report / Breaches Analysis of Unlawful Detentions report was received. Members noted that there were 2 fundamentally defective errors within CTMUHB during Q3 2023/24. Members received a verbal update in relation to the Power of discharge – Sub Committee. Members noted the decision for this to become a formal subcommittee of this Committee and that moving forwards, a Highlight Report

	from the Sub Committee would be presented to future meetings of the Committee. • The Organisational Risk Register report was received. Members noted the updates provided against the risks that had been allocated to the Mental Health Act Monitoring Committee • Members received a Strategic Update from South Wales Police (SWP) and noted that there was a need for a deep dive to be undertaken into the increased numbers of 136 sections and noted that work was ongoing by the Welsh Chief Officer Group in terms of concerns with those in custody extending to 24 hours whilst waiting for an assessment, those that have been assessed in custody and suitable for a section and those where there has been a delay in arranging the section.
ASSURE	• Members received an update in relation to the Risk relating to the Implementation of Right Care, Right Person. Members noted that there were four phases of implementation. Following discussion, Members advised that they felt assured of the progress being taken and the steps being taken to mitigate the risks.

INFORM	Unconfirmed Minutes of the Meeting held on the 6 December 2023
	The minutes were APPROVED as a true and accurate record
	Committee Annual Cycle of Business 2024-25
	The Committee APPROVED the Annual Cycle of Business 2024-25
	Sections 17 Mental Health Act Leave of Absence Policy & Procedure
	The Committee APPROVED the policy.
	Section 132, 132A and 133 Patients Right to Information Policy
	The Committee APPROVED the policy
	Policy for Hospital Managers Scheme of Delegation Mental Health Act 1983
	The Committee APPROVED the policy

4. Assessment

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

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

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

5. Recommendation

5.1 Members of the Board are asked to **NOTE** the report.



Agenda Item

8.2.3 Appendix 6

CTM Health Board

**CHAIRS HIGHLIGHT REPORT FROM THE POPULATION
HEALTH & PARTNERSHIPS COMMITTEE**

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Carolyn Donoghue, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
PSB	Public Service Board
PSRS	Population Segmentation and Risk Stratification
HW	Healthy Weights

1. Situation /Background

- 1.1 This paper has been prepared to provide the Board with details of the key issues considered by the Population Health & Partnerships Committee which took place on 7th March 2024.
- 1.2 Key highlights from the meeting are contained in section 3.
- 1.3 The Board are requested to **NOTE** the contents of the report and actions being taken.

2. PURPOSE OF THE POPULATION HEALTH & PARTNERSHIPS COMMITTEE

- 2.1 The purpose of this Committee is to provide advice and assurance to the Board to assist it in discharging its functions and responsibilities as they relate to **population health across primary and secondary care**. This will have been achieved through various initiatives including partnership arrangements. The Committee will also consider cross-cutting themes and how the organisation is delivering effective service integration and transformation agendas.

3. HIGHLIGHT REPORT

ALERT / ESCALATE	There were no matters requiring escalation on this occasion.
ADVISE	- The Committee received a report on the Population Health Management Programme Report and noted the update on the population segmentation and risk stratification (PSRS) approach to Population Health Management in CTMUHB. - A report was received on the Health Protection Service. The Committee noted the current issues, risks and impacts in the development of a Health Protection Service and overarching Strategic Plan. A strategic update on Mental Health was received, noting the progress to date for the Mental Health Care Group on the strategic priorities and the proposed approach to developing a longer term strategy. - The Committee received the Learning Disability Update Report. The Committee noted the update on the three year plan for specialist Learning Disability Services, the Concise Modernisation Plan and Milestones.

	- A Presentation was received on the Creating Health Strategic Pillar, noting progress to date. - The Committee received a Presentation on the CHOICE Service as part of the Shared Listening and Learning Story. - The University Health Board Status Progress Report was received by the Committee noting the current activity being undertaken between CTMUHB and the University of South Wales and the direction of development currently being undertaken. - A report was received on the Decarbonisation Action Plan – Refresh for 2024-26. The Committee noted the update on progress in relation to the development of the Plan and Endorsed for Board Approval.
ASSURE	- The Committee received the Organisational Risk Register and reviewed the single risk assigned to the Committee noting the update in terms of the mitigating action identified within the report. - A report was received on the Building Healthier Communities (BHC) Group Spotlight on Housing. The Committee noted the specific focus on the work being undertaken on housing which was a key part of the BHC portfolio.
INFORM	- The Committee received and noted a Presentation on the Living Well/Adulthood as part of the Strategy Groups Update. - The Committee Annual Cycle of Business for 2024-25 was Approved. - The Committee received and noted a report on the Remit and Responsibilities of the Public Service Boards. The Committee were provided with clarity on the remit and responsibilities of the: - Regional Partnership Board - Public Service Board - Area Partnership Board
APPENDICES	Not Applicable

Objectives / Strategy

Improving Care



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.

4. Recommendation

4.1 Members of the Board are asked to **NOTE** the report.

Annual Audit Report 2023 – Cwm Taf Morgannwg University Health Board

Audit year: 2022-23

Date issued: January 2024

Document reference: 3986A2024

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

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

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

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

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Summary report

About this report

- 1 This report summarises the findings from my 2023 audit work at Cwm Taf Morgannwg University NHS Trust (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts; and
 - Arrangements for securing economy, efficiency, and effectiveness in the use of resources.
- 3 This year's audit work took place at a time when NHS bodies were still responding to the legacy of the COVID-19 pandemic as they look to recover and transform services and respond to the additional demand in the system that has built up during the pandemic. Furthermore, health bodies were also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed.
- 4 I aimed to ensure my work did not hamper public bodies in tackling the post-pandemic challenges they face, whilst ensuring it continued to support both scrutiny and learning. We largely continued to work and engage remotely where possible using technology, but some on-site audit work resumed where it was safe and appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 5 The delivery of my audit of accounts work has continued mostly remotely. Auditing standards were updated for 2022-23 audits which resulted in some significant changes in our approach. The specific changes were discussed in detail in my 2023 Audit Plan. The audited accounts submission deadline was extended to 31 July 2023. The financial statements were certified on 28 July 2023, meaning the deadline was met. This reflects a great collective effort by both my staff and the Health Board's officers.
- 6 I also adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the post-pandemic challenges facing the NHS in Wales. I have commented on how NHS Wales is tackling the backlog of patients waiting for orthopaedic treatments. I have also published an NHS Workforce Data Briefing that brings together a range of metrics and trends to help illustrate the challenges

that need to be gripped locally and nationally. The data briefing complements my assessments of how the workforce planning arrangements of individual NHS bodies are helping them to effectively address current and future workforce challenges. My local audit teams have commented on the governance arrangements of individual bodies, as well as how they are responding to specific local challenges and risks. My performance audit work is conducted in line with INTOSAI auditing standards¹.

- 7 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.
- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2023 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2023 Audit Plan and how they were addressed through the audit.
- 10 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit and Risk Committee on 22 February 2024. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 11 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 12 I concluded that the Health Board's 2022-23 accounts² were properly prepared and materially accurate and I therefore issued an unqualified true-and-fair opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my financial audit).
- 13 However, I qualified my regularity opinion because the Health Board breached its revenue resource limit. For the three-year period 2020-21 to 2022-23 the Health Board expended £24.221 million over the three-year revenue limit that the Welsh

¹ INTOSAI (International Organisation of Supreme Audit Institutions) is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

² I audit and certify the Health Board's Performance Report, Accountability Report and Financial Statements. 'Accounts' is a generic term.

Government had authorised. The Health Board did not exceed its authorised capital resource-limit for the for the three-year period 2020-21 to 2022-23.

- 14 I found no other regularity matters of a material adverse nature. I did however report that the Health Board did not meet its financial duty to have an approved three-year integrated medium-term plan in place for the period 2022-23 to 2024-25. This financial duty requires Health Boards to prepare, and have approved by the Welsh Ministers, a rolling three-year integrated medium-term plan.
- 15 I reported nine audit recommendations for improvement to the Health Board's Audit and Risk Committee. Management fully accepted seven of the nine recommendations and they have put actions in place to implement them. I will review the Health Board's progress with the actions as part of my 2023-24 audit.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 16 My programme of Performance Audit work has led me to draw the following conclusions:
- Urgent and sustainable action is needed to tackle the long waiting times for orthopaedic services. There's a clear commitment to improve waiting times, however, it could take three years or more to return the orthopaedic waiting list to pre-pandemic levels.
 - From an all-Wales perspective, despite an increasing NHS workforce, there remain vacancies in key areas, high sickness and staff turnover resulting in over-reliance on agency staffing. More positively, NHS Wales is becoming a more flexible and equal employer.
 - The Health Board has generally effective arrangements to ensure good governance; however, opportunities exist to improve some of these arrangements further. Addressing the financial challenges currently facing the Health Board and preparing a long-term Clinical Services Plan and an approvable Integrated-Medium Term Plan remain key priorities for the Board.
 - The Health Board had made significant progress in addressing the substantial concerns and recommendations set out in our 2019 joint review of Quality Governance arrangements with Healthcare Inspectorate Wales.
- 17 These findings are considered further in the following sections.

Detailed Report

Audit of accounts

- 18
- Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation’s financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use (‘regularity’) of public monies.
- 19
- My 2023 Audit Plan set out the key risks for audit of the accounts for 2022-23 and these are detailed along with how they were addressed in **Appendix 3 Exhibit 4**.
- 20
- My responsibilities in auditing the accounts are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2022-23 accounts

- 21
- I concluded that the Health Board’s accounts were properly prepared and materially accurate (true and fair), and I issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board’s internal controls (as relevant to my financial audit).
- 22
- I reported nine audit recommendations, to management and to the Health Board’s Audit and Risk Committee. Management fully accepted seven of the nine recommendations and formally agreed management actions and dates of implementation.
- 23
- I must report issues arising from my work to those charged with governance (the Members of Board), for their consideration before I issue my audit opinion on the accounts. My audit team reported these issues to the Board on 27 July 2023. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit and Risk Committee

Issue	Auditors’ comments
Uncorrected misstatements	There was one non-trivial uncorrected misstatement that related to the reversal of prior-year impairments that had been accounted for incorrectly. The error resulted in the understatement of the value of four properties and the overstatement of in-year expenditure. The misstated totalled £1,648,097, which is not material to the 2022-23 accounts and therefore did not adversely affect my audit opinion.

Corrected misstatements	I reported the six most significant areas of corrected misstatements. They related mainly to accounting classifications and disclosures.
Other significant issues	I reported nine recommendations for improvement, with management's formal responses. The Health Board's Audit and Risk Committee considered them on 19 December 2023.

- 24 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position on 31 March 2023 and the return was prepared in accordance with the Treasury's instructions.
- 25 I also audit the Health Board's Charity's annual report and accounts, which I reported to Trustee Members on 25 January 2024 and certified on 26 January 2024. The Charity Commission's deadline is 31 January.

Regularity of financial transactions

- 26 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive income and incur expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 27 Where a Health Board does not achieve financial balance, its revenue and/or capital expenditure exceeds its powers to spend and so I must qualify my regularity opinion.
- 28 I qualified my regularity opinion because the Health Board breached its revenue resource limit. For the three-year period 2020-21 to 2022-23 the Health Board expended £24.221 million over the three-year revenue limit that the Welsh Government had authorised.
- 29 The Health Board did not exceed its authorised capital resource-limit for the for the three-year period 2020-21 to 2022-23. For the three-year period 2020-21 to 2022-23 the Health Board expended £132,000 below the three-year capital limit that the Welsh Government had authorised.
- 30 I have the power to place a substantive report on the Health Board's accounts, alongside my opinions, where I want to highlight an issue(s). Due to the regularity issue set out above, I issued a substantive report setting out the factual details of my qualification of my regularity opinion.
- 31 My substantive report also highlighted that the Health Board did not meet its financial duty to have an approved three-year integrated medium-term plan in

place for the period 2022-23 to 2024-25. This financial duty requires Health Boards to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium-term plan. The duty is an essential foundation to the delivery of sustainable quality health services.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 32 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- commenting on how NHS Wales is tackling the backlog of patients waiting for orthopaedic treatments;
 - reviewing the Health Board's progress in implementing the 14 recommendations made in our 2019 Joint Review of Quality Governance Arrangements with Healthcare Inspectorate Wales;
 - publishing an NHS Workforce Data Briefing that brings together a range of metrics and trends to help illustrate the challenges that need to be gripped locally and nationally; and
 - undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.
- 33 My conclusions based on this work are set out below.

Orthopaedic Services in Wales

- 34 In March 2023, I commented on orthopaedic services across Wales. My national report '[Orthopaedic Services in Wales – Tackling the Waiting List Backlog](#)' sets out the scale of orthopaedic waits, changes in demand, aspects of service capacity, and some of the nationally co-ordinated work to modernise services. My report also set out key actions NHS Wales needs to take to tackle the challenges in orthopaedic services.
- 35 My work found that securing timely treatment for people with orthopaedic problems has been a challenge for the NHS in Wales for many years, with the COVID-19 pandemic making this significantly worse. Previous monies allocated by Welsh Government have resulted in short term improvements but have not achieved the sustainable changes to services that were necessary with orthopaedic waiting list targets not met since they were first established in 2009.

- 36 Since the impact of the pandemic has lessened, orthopaedic services have been slow to restart, and while necessary infection control regimes will continue to have an impact on throughput, there is scope for current capacity to be used more efficiently. My scenario modelling indicates that it could take between three to five years to return orthopaedic waits to pre-pandemic levels across Wales. This is based on both a significant drive on community-based prevention and an increase in capacity and activity. Without this, services may never return to pre-pandemic levels.
- 37 My work found that there is a clear commitment to improve orthopaedic services. NHS Wales commissioned efficiency and effectiveness reviews both nationally and locally, which set out a suite of recommendations. A national clinical strategy for orthopaedics was also commissioned which sets out service options and a clear clinical voice on what needs to be done. However, urgent action is needed to secure short-term improvements in waiting times to minimise how long people wait in pain and discomfort, as well as creating more sustainable longer-term improvements.
- 38 In addition to my national report, my team set out how the Health Board's orthopaedic services compare to other health boards across Wales. My comparative report highlighted that the Health Board has:
- an orthopaedic waiting list that is just below the all-Wales average in terms of total number of people waiting, patients waiting longer than a year for a first outpatient appointment, and patients who have been on the waiting list for longer than two years;
 - higher than average levels of potential latent 'lost' demand as an impact of patients not going to their GP during the pandemic;
 - higher than average levels of orthopaedic bed and medical workforce capacity;
 - the longest waits for radiology services, but some of the shortest waits for physiotherapy; and
 - very low uptake of new initiatives to reduce unnecessary follow-up outpatient appointments.
- 39 My scenario modelling indicates that optimistically the waiting list for the Health Board could return to pre-pandemic levels by 2029, but without concerted effort may take many years to return to pre-pandemic levels, if at all.
- 40 My local report sets out a series of prompts and questions for Board members to inform debate and obtain assurance that improvement actions at a local level are having the desired effect.

Quality Governance Arrangements Joint Review Follow-up

- 41 In August 2023, I published jointly a [report](#) with Healthcare Inspectorate Wales which describes the progress made by the Health Board in strengthening its quality

governance arrangements following our [original joint review work in 2019](#). We published a [summary of progress against our 2019 recommendations](#) in May 2021.

- 42 Our work found that the Health Board had made significant progress in addressing the substantial concerns and recommendations set out in our 2019 report. Of the 14 recommendations we made in 2019, we found that the Health Board had fully implemented 9 recommendations and partially implemented 4 recommendations. 1 recommendation had been superseded.
- 43 The Health Board has a stronger strategic focus on quality and patient safety compared to 2019. The Health Board's new three-year Quality Strategy clearly articulates the organisation's quality vision, mission, pledge, ambitions, and goals. It also sets out clearly the Health Board's approach to quality, as well as what success will look like. The strategy, together with the new three-year Quality and Patient Safety Framework, provides a good foundation to support the delivery of the new Duty of Quality and Duty of Candour, which came into effect in April 2023. There is also greater clarity on roles, responsibilities, accountability, and governance in relation to quality and patient safety compared to 2019, and the Health Board has significantly increased capacity to support its quality and patient safety arrangements.
- 44 The organisational scrutiny of quality and patient safety has improved considerably, with greater openness and transparency evident in comparison to 2019. The Health Board's Quality and Safety Committee is operating effectively. The Health Board has also established new arrangements to oversee, scrutinise, and escalate quality and patient safety matters at an operational level. Whilst this is a positive development and a clear improvement on the situation in 2019, the Health Board still has more to do to ensure the arrangements are fully embedded and operating effectively as intended across the new Care Group structure.
- 45 The Health Board has significantly improved its risk management arrangements, with greater awareness of risk management across the organisation, and clearer processes in place for identifying, managing, and escalating risks. The Health Board has an approved Board Assurance Framework (BAF), which is operating well. It is underpinned by a comprehensive risk management strategy and a suite of risk management policies and procedures, which have been updated to reflect the new operating model. The organisational (corporate) risk register has also been strengthened, and there is good evidence of corporate risks being actively reviewed and managed. Operational risks are captured in the Care Group risk registers. However, opportunities remain to strengthen the content of these risk registers, particularly around the identification of mitigating actions.
- 46 The Health Board has improved its approach to the management of concerns and complaints since 2019. The concerns and complaints process is clear, and new corporate roles have been created to support implementation and ensure consistency. There is also an improved culture of learning within the Health Board, with a range of arrangements now in place to support the identification and sharing of learning and improvement. However, the Health Board is still dealing with a

significant concerns legacy as it has failed to submit a number of Learning From Events Reports (LFERs) within the mandatory timescales. The Health Board needs to address the situation as a matter of urgency, and improve its processes to ensure LFERs are submitted on a timelier basis in future.

- 47 The Health Board has also taken a number of steps to improve the culture of the organisation since 2019. The Health Board has a clear Values and Behaviours Framework in place, which appears to be well embedded across the organisation. Staff report that the Health Board's culture is much improved, and they also feel that senior leaders are more visible and accessible. However, responses to our staff survey indicate that there are still pockets of poor behaviour within operational teams that need to be addressed, particularly in relation to bullying and harassment. We also found early evidence of the new operating model supporting further improvements in organisational culture. The staff we spoke to were positive about the changes. In their view, the new operating model should reduce silo working and strengthen the "one CTM" ethos. However, there is still work to be done to fully integrate the Princess of Wales hospital into the organisation's operational arrangements following the change to the Health Board's geographical footprint in 2019.
- 48 Overall, we felt that this is a positive achievement and a clear demonstration of the Health Board's commitment, drive, and desire to address our concerns in full and put things right. Nevertheless, it still needs to take further action to fully embed its revised quality governance arrangements across the organisation and implement all remaining recommendations in full. However, we do not feel it necessary to schedule any further detailed follow-up work. Where we have identified the need for continued action, we will maintain oversight of the Health Board's progress in these areas through our respective routine work programmes

NHS workforce data briefing

- 49 In September 2023, I published a [data briefing](#) which set out key workforce data for NHS Wales. My briefing highlighted continued growth of NHS Wales, and reflected that in some instances, the growth in staff levels, particularly in nursing and some medical specialties hasn't kept up with increasing demand.
- 50 The pandemic clearly had an impact on staff and the workforce remains under significant pressure. The recent key trends show increased staff turnover, sickness absence and vacancies. This has resulted in greater reliance on external agency staffing and notably increased agency costs to £325 million in 2022-23. Wales is growing its own workforce, with increased nurses and doctors in training.
- 51 Despite this, there is still a heavy reliance on medical staff from outside of Wales, demonstrating a need to both ensure that education commissioning is aligned to demand, but also that health bodies can recruit sufficient graduates once they have completed their training. My report also highlights some positive trends that show that the NHS is becoming a more flexible and equal employer.

- 52 The data briefing provides context for the local review of workforce planning my team are currently undertaking at the Health Board.

Structured assessment

- 53 My 2023 structured assessment work took place at a time when NHS bodies were continuing to deal with the legacy of the COVID-19 pandemic in terms of recovering and transforming services and responding to the additional demand in the system that built up during the pandemic. Furthermore, they were also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate.
- 54 My team focussed on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on: Board transparency, effectiveness, and cohesion; corporate systems of assurance; corporate approach to planning; and corporate approach to managing financial resources. Auditors also paid attention to progress made to address previous recommendations. At the time of my structured assessment work, the Health Board had been placed by Welsh Government under 'enhanced monitoring' for planning and finance; 'enhanced monitoring' for maternity and neo-natal services; 'enhanced monitoring' for quality and governance, leadership and culture, trust and confidence; and 'targeted intervention' for quality issues relating to performance.

Board transparency, effectiveness, and cohesion

- 55 My work considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. I paid particular attention to:
- public transparency of Board business;
 - arrangements to support the conduct of Board business;
 - Board and committee structure, business, meetings, and flows of assurance;
 - Board commitment to hearing from staff, users, other stakeholders; and
 - Board skills, experiences, cohesiveness, and commitment to improvement.
- 56 My work found that the Board and its committees operate effectively, cohesively, and transparently, but opportunities to further enhance some arrangements remain.
- 57 The Board continues to conduct its business in an open and transparent manner. Agendas and papers for Board and committee meetings continue to be published on the Health Board's website in a timely manner. The Health Board makes good use of social media to promote Board meetings, which continue to be livestreamed and recorded. But it should provide more guidance on how members of the public can request to attend meetings in person should they wish to do so.

- 58 The Board and committees are operating well. Board meetings are generally well chaired, with members and attendees observing the necessary etiquette. Board and committee work programmes and agendas cover all aspects of their respective terms of reference and are shaped by the Board Assurance Framework. Board and committee oversight of the Health Board's estate is improving. Papers for Board and committee meetings are generally well written and clear. The Board and committees receive good support from the Corporate Governance Team despite the significant capacity challenges the team faced during 2023.
- 59 The Board acts cohesively with Independent Members providing a good balance of scrutiny, support, and challenge. The Health Board has continued to make effective use of self-assessments, appraisals, and Board Development Sessions to support learning, development, and continuous improvement. The Board also continues to demonstrate a strong commitment to hearing from staff and patients.

Corporate systems of assurance

- 60 My work considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. I paid particular attention to the organisation's arrangements for:
- overseeing strategic and corporate risks;
 - overseeing organisational performance;
 - overseeing the quality and safety of services; and
 - tracking recommendations.
- 61 My work found that the Health Board's risk, performance, and quality governance arrangements continue to strengthen, but further work is required to ensure they are fully embedded across the organisation and achieving the desired impact.
- 62 The Health Board's Board Assurance Framework is well embedded. There is an appropriate Board-approved risk management framework in place, with the risk management strategy, risk statement, and risk domains up-to-date and reflecting the organisation's new operating model. Whilst the Health Board has appropriate arrangements in place to manage performance, it lacks a documented framework that clearly sets out roles, responsibilities, and frequency for reviewing performance at all levels of the organisation.
- 63 The Health Board's Integrated Performance Dashboard continues to provide a detailed overview of its performance, and now appropriately focusses on the key challenges facing the organisation. The Health Board's arrangements for quality governance have improved significantly. The Health Board has a stronger strategic focus on quality and patient safety. There is greater clarity on roles, responsibilities, accountability, and governance in relation to quality and patient safety. Organisational scrutiny of quality safety has also improved considerably, with greater openness and transparency evident. This is a positive development, and the Health Board is aware that some further action is required to fully embed its revised quality governance arrangements across the organisation.

- 64 The Health Board's arrangements for monitoring internal and external audit recommendations have improved, and positive steps have been taken to track recommendations from other inspectorates and regulators. However, opportunities exist to better identify and analyse key themes arising from audits and inspections.

Corporate approach to planning

- 65 My work considered whether the Health Board has a sound corporate approach to planning. I paid particular attention to the organisation's arrangements for:
- producing and overseeing the development of strategies and corporate plans, including the Integrated Medium-Term Plan (IMTP); and
 - overseeing the delivery of corporate strategies and plans.
- 66 My work found that the Health Board's corporate planning arrangements continue to mature. It has a clear Board-approved vision and strategic goals, which are being used to shape its Clinical Services Plan. There is a clear timeline in place for developing the Clinical Services Plan, and progressing this work at pace remains a priority for the Health Board. The Health Board has effective arrangements in place for preparing its Integrated Medium-Term Plan (IMTP). However, in common with other Health Boards in Wales, it has been unable to produce a Welsh Government approved IMTP for 2023-26 and is instead working to an Annual Plan. Further work is still required to develop clear milestones, targets, and outcomes for corporate plans and strategies to enable the Board and its committees to ensure effective monitoring, assurance, and scrutiny of progress.

Corporate approach to managing financial resources

- 67 My work considered whether the Health Board's has a sound corporate approach to managing its financial resources. I paid particular attention to the organisation's arrangements for:
- achieving its financial objectives;
 - overseeing financial planning;
 - overseeing financial management; and
 - overseeing financial performance.
- 68 My work found that despite a clear process for financial planning, and good arrangements for managing and monitoring the financial position, the Health Board's financial position is extremely challenging for 2023-24.
- 69 The Health Board has a clear process for financial planning, with good involvement from the Board. However, the Health Board did not meet its statutory duties in 2022-23 in respect of achieving financial balance and having an approvable Integrated Medium-term Plan. The financial position for 2023-24 is extremely challenging with the Health Board working to a planned financial deficit of £79.6m million. The Health Board reported a £36.0 million year-to-date deficit against its core revenue plan in Month 5 2023-24, which was £2.8 million worse than plan. In

October 2023 additional allocations were made available to Health Boards, alongside a requirement for a 10% stretch saving delivery. As a result, the Health Board now has a break-even planning position for 2023-24. Arrangements to oversee and scrutinise financial management are effective, and the Health Board has updated several of its financial control procedures. However, the delivery of its savings plan is a challenge. The Health Board requires savings of £22.9 million but was reporting a gap of £4.4 million in its savings plans at Month 5 2023-24.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2023.

Report	Month
Financial audit reports	
Audit of Accounts Report	July 2023
Opinion on the Financial Statements	July 2023
Audit of Accounts Addendum Report	December 2023
Charitable Funds Audit of Accounts Addendum Report (2021-22 Accounts)	January 2023
Charitable Funds Audit of Accounts Addendum Report (2022-23 Accounts)	January 2024
Performance audit reports	
Orthopaedic Services in Wales – Tackling the Waiting List Backlog	March 2023
Orthopaedic Services in Wales – Tackling the Waiting List Backlog: A comparative picture for Cwm Taf Morgannwg University Health Board	March 2023
Quality Governance Arrangements Joint Review Follow-up	August 2023

Report	Month
NHS Workforce Data Briefing	September 2023
Structured Assessment 2023	December 2023
Other	
2023 Audit Plan	May 2023

My wider programme of national value for money studies in 2023 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Unscheduled Care: Flow out of Hospital	February 2024
Discharge Planning: Progress Update	February 2024
Review of Financial Efficiencies	March 2024
Review of Workforce Planning Arrangements	March 2024
Primary Care Follow Up Review	March 2024
Unscheduled Care: Arrangements for Managing Access	June 2024
Review of Planned Care Services Recovery	July 2024

Appendix 2

Audit fee

My 2023 Audit Plan set out my fee estimate of £467,328 (excluding VAT, which is not chargeable). I also set a fee estimate of £28,750 in the 2023 Audit Plan for my audit of the Health Board's Charity's annual report and accounts. My staff will determine the final audit costs once all audits are fully concluded. My audit team will then notify management of the closing position, which I will set out as usual in my 2024 Audit Plan.

Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2023 Audit Plan set out the risks for the audit of the Health Board's 2022-23 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	I will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; • evaluate the rationale for any significant transactions outside the normal course of business; and • add additional procedures to address any specific risks of management override which are not addressed by the mandatory work above.	I reviewed numerous accounting estimates and samples of transactions that included journal entries. The results of my testing were satisfactory.
Under the NHS Finance (Wales) Act 2014, health boards moved to a rolling three-year resource limit for both revenue and capital. For 2022-	I monitor the Health Board's financial position for 2022-23 and the cumulative three-year position to 31 March 2023. My review will also consider the impact of	As set out in this report, my audit confirmed that the Health Board met its three-year capital resource limit but did not meet its three-year resource limit

Audit risk	Proposed audit response	Work done and outcome
23 the Health Board has exceeded its revenue resource limit by £24.481 million; and by £24.221 million for the three financial years to 31 March 2023. This outcome could affect my regularity opinion.	any relevant uncorrected misstatements over the three years. If the Health Board fails to meet the three-year resource limits for revenue and/or capital, I would expect to qualify my regularity opinion on the 2022-23 financial statements. I would also expect to place a substantive report on the statements to explain the basis of the qualification and the circumstances under which it had arisen.	and I therefore qualified my regularity opinion.
The quinquennial valuation of the NHS estate took place as at 1 April 2022. There is a risk that assets are not valued on appropriate bases and that movements in the carrying values of assets are not appropriately accounted for and disclosed. Given the current economic climate, there is a further risk that the carrying values of assets have changed during 2022-23 and that 1 April 2022 valuations are materially misstated at the balance sheet date of 31 March 2023.	I will: • consider the appropriateness of the work of the Valuation Office as a management expert; • test the appropriateness of asset valuation bases; • review a sample of movements in carrying values to ensure that movements have been accounted for and disclosed in accordance with the Welsh Government's Manual for Accounts; and • consider whether the carrying value of assets at 1 April 2022 remains materially	The results of my prescribed audit testing were satisfactory. I reported one material adjustment of £16.120 million, to correct a misclassification of valuation indexation between asset categories.

Audit risk	Proposed audit response	Work done and outcome
	appropriate or whether additional in-year adjustments are required due to the impact of current economic conditions.	
A new accounting standard, IFRS16 Leases, has been introduced from 2022-23. The standard significantly changes how most leased assets are to be accounted for, with leased assets needing to be recognised as assets and liabilities in the Statement of Financial Position (the balance sheet). There are also significant additional disclosure requirements specific to leased assets that need to be reflected in the financial statements.	I will: - consider the completeness of the lease portfolios identified by the Health Board, as needing to be included in IFRS16 calculations; - review a sample of calculated asset and liability values and ensure that these have been accounted for and disclosed in accordance with the new requirements; and - ensure that all material disclosures have been made. As part of my audit planning, I have liaised with officers and provided them with the main audit questions to be raised.	The results of my prescribed audit testing were satisfactory.
I audit some of the disclosures in the remuneration report to a far lower level of materiality, as set out on page 8. The	I will examine all entries in the remuneration report to verify that they are materially accurate, and that remuneration is at the appropriately	The results of my prescribed audit testing were satisfactory. I found and reported some important, albeit immaterial, corrections.

Audit risk	Proposed audit response	Work done and outcome
disclosures are therefore more prone to material misstatement. In some of the past audits I have identified material misstatements in the remuneration report, which the Health Board corrected. I therefore judge the 2022-2023 disclosures to be at risk of misstatement. There is also the regularity risk that the Health Board remunerates a senior officer(s)5 above the Welsh Government's approved pay bands, but without the Welsh Government's formal approval for any salaries that exceed its bandings.	Welsh Government approved levels.	All senior appointments (i.e. those relevant to the remuneration report) had been approved by the Welsh Government where necessary.
I also audit the disclosure of related party transactions and balances to a far lower level of materiality. In some of my past audits I have identified omitted or incorrect disclosures, which were material and required correcting.	I will verify that all the necessary signed declarations have been received, evaluated, and disclosed appropriately and accurately. My examinations also include other means of testing, such as my review of Companies House records using data analytics.	I identified numerous material omissions and misstatements, all of which were corrected and reported as such. I made recommendations for improvement.



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



Agenda Item

8.2.5

CTM Health Board

**INTEGRATED MEDIUM TERM PLAN (ANNUAL PLAN) 2023-2026 –
QUARTER THREE UPDATE**

Dyddiad y Cyfarfod / Date of Meeting	28/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
IMTP	Integrated medium term plan

1. Situation / Background

- 1.1 Developing an intermediate medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014).
- 1.2 Since 1st April 2023, the Health Board now has a duty to meet the requirements of the Quality and Engagement Act (2020), which includes a duty of quality and a duty of candour.
- 1.3 In seeking to meet its statutory requirements, the Health Board's plan was developed with a focus on aligning the delivery of healthcare services to improve health and wellbeing and to tackle ill health of people living in the Health Board area alongside the duty to deliver value and to deliver a balanced financial position.
- 1.4 During the planning cycle for 2023-2026, the health board established that due to the significant current and forecast cost pressures it would not be possible to achieve a financial break-even during the three-year period. Consequently, the planning cycle for 2022 focused on an annual plan. An accountable officer letter was issued to Welsh Government on 28th February 2023 to confirm that the Health Board would be unable to submit a balanced plan.
- 1.5 The annual plan was submitted to Welsh Government on 31st March 2023. Further discussion was undertaken with Welsh Government on 3rd May and it was requested that the Health Board provide further assurance on the delivery of the ministerial requirements set out in the ministerial templates and to increase assurance of the deliverability of the financial savings plan.
- 1.6 Updated ministerial requirement plans (the appendices to the IMTP) were submitted in accordance with the requirements of Welsh Government, on 31st May 2023. Following this further submission correspondence was received from Welsh Government acknowledging the plans submitted.
- 1.7 The board approved the use of in-year surplus of £8.5m to invest in high priority areas. These were:
 - Planned care recovery
 - Stroke services
 - Overseas nurse recruitment
 - IM&T infrastructure
 - Continued digitisation of medical records

2. Specific Matters for Consideration

Quarter Three Update

- 2.1 During quarter three, and into quarter four, work has continued on delivery of the actions set out in the plans for 2023-2024.
- 2.2 Review of plans for quarter three has been aligned to the development of the new IMTP for the period 2024-2027. This has been described in the narrative plan document for the IMTP and the associated ministerial template appendices.
- 2.3 The new ministerial requirements for the 2024-2027 period cover 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.
- 2.4 These requirements incorporate broadly the same areas as those required for the 2023-2024 planning cycle. However there are no specific requirements for templates setting out outpatient services plans and regional planning/commissioning. Both of these service areas are incorporated into the 2024-2027 plan.
- 2.5 The ministerial template appendices to the 2024-2027 plan, which is due for consideration at the board meeting on 28th March 2024 include updates on the in-year delivery including quarter three. These appendices are attached to provide the detailed updates by priority area.
- 2.6 A final update will also be provided to the board for quarter four delivery.

3. Key Risks / Matters for Escalation

- 3.1 A number of actions planned for delivery during 2024-2027 have been deferred due to interdependencies, for example the critical care service review programme, which has been paused due to the development of the organisation's acute clinical services plan (ACSP).
- 3.2 During 2023-24, we made significant improvements in the numbers of patients waiting in excess of 104 weeks for definitive treatment (under referral to treatment guidance and requirements) with our quarter one and two performance exceeding the planned trajectory. However, during quarter three the delivery was below plan due to a number of factors

including some service changes being paused during 2023 pending further work with interdependencies (e.g. trauma and orthopaedics review and reconfiguration), impacts of emergency pressures, industrial action and ongoing financial constraints. The specialities underpinning the challenge with achieving waits consistently below 104 weeks are ENT, Gynaecology, Ophthalmology, Orthopaedics, and Urology. Improvement plans for these areas are described in the Planned Care chapter of the plan and are key priorities for this 2024-2027 plan.

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: The IMTP aligns to all strategic goals.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: The IMTP covers all services and therefore all strategic areas apply.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: All quality domains apply to the IMTP.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment

Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: The new IMTP will be subject to these assessments.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☐
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL All service developments require EQIA to ensure equality issues are considered and addressed. Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The board is requested to note the contents of this report including:
- 5.1.1 The progress made during quarter three against the delivery plans within the annual plan and the areas of challenge.
- 5.1.2 The assurance that any plans not fully delivered have been considered in the development of the IMTP for 2024-2027.

6. Next Steps

- 6.1 A final report will be provided during quarter one of 2024-2025, setting out the final delivery position of the 2023-2024 annual plan actions.

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

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		- Enhancing care in the community, with a focus on reducing delayed pathways of care - Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. - Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.		
Ref 1:	Develop the Navigation Hub in PC&C to support USC across the whole system and develop capacity and capability (continued from last year)			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 1:	- Implement and embed pathways with ED to reduce unnecessary conveyance to hospital - Implement and embed pathway with Care Homes to ensure that the navigation hub is first point of access not WAST or GP - Implement and develop advice line for professionals working in the community	Continue to look for new pathways to include within the Nav Hub dashboard to incorporate the wider navigation hub activity.		
Progress synopsis		Q2 updates The following pathways continue to be delivered to support emergency and urgent demand and to avoid hospital conveyance where appropriate. 111Press2 for Mental Health now embedded into the Hub and progressing well. - Nursing Home Pathway has been introduced into the hub and the activity is beginning to increase as confidence grows – next steps will be to introduced into residential homes. - C3 Radius PTAS - Pulling cases directly from ambulance stack and avoiding unnecessary hospital conveyance is beginning to grow and		

Priority area(s) to deliver 24/25:				
		numbers increasing. Additional resource is having to be sought and desire is to extend over the weekends (currently on Mon to Fri service). - Recognition of Life Extinct for Unexpected Death - ROLE Pathway - Emergency Department Redirection Pathways - Focus on sustaining the PTAS cat3 service and care home pathway which are currently unfunded - Secure funding from Regional Capital Fund for resources to scope and explore alternative accommodation and IT infrastructure to support the Hub development into a remote monitoring hub. - Pilot of a local UPC model in the South Cynon Cluster – 4 practices involved. Aim is to focus on urgent on the day releasing the practices core team to focus on more routine, complex and CDM.		
Ref 2	To transform the community services into a single CTM wide model of cluster based integrated teams			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	- Establish the work streams - Map the current workforce and the funding streams associated - Map the current gaps in workforce teams	- Implement community nursing principles - Implement community nursing specification - Implementation of Civica District Nursing scheduling system		

Priority area(s) to deliver 24/25:				
	4. Undertaken engagement sessions with other stakeholders 5. Undertake engagement sessions with teams to share and discuss the vision 6. To align the work programme with the Navigation Hub			
Progress synopsis	A commissioning group between Health (PC&C and AHP) and LA colleagues is established and meet on a regular basis. 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 specficication and principles taking place Civica has been rolled out to District Nursing day services but not as yet to District Nurse. Navigators are not in place for the night service but exploring options for the Navigation Hub.			
Outcomes of delivering Ministerial Priorities:				
Ref 1:	January 2023 to date – 5517 Hub contacts Successful interventions resulting in admission avoidance – 4807 - 87 %			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 1:	• Integration with other community resources, includes collaborative working with Local Authority partners • Will become a single point of access for all community resources • Aiming to ‘mandate’ care homes to contact the Hub before 999, unless deemed a life threatening emergency			

Priority area(s) to deliver 24/25:				
	• Increase use of PTAS C3 Remote Triage to weekends as well as weekdays • Further develop digital and remote services support patients remaining safe at home • Increase awareness and use of the Navigation Hub • Commencement of Respiratory Virtual Ward – Jan 2024 • Enable direct SDEC pathways for WAST and impacting on number of cases redirected from ED • C3 Radius PTaS – WAST Stack weekdays • Continue to evolve and integrate with other community resources to become navigator SPA • Care homes mandated to contact the CNH before 999 unless deemed a life threatening emergency • Development of a respiratory virtual ward (ECC) to oversee patients who are at risk of requiring intervention primary care/community or from WAST			
Overarching outcome measures/ metrics:				
1. Reduction in unnecessary conveyance by WAST to ED 2. Reduction in admissions into hospital 3. Increased number of patients who have fallen being supported to get up and stay in own home (safely).				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	The Navigation Hub has been maintaining an average of 87% successful intervention rate and preventing patients from having to be conveyed by ambulance into hospital.	To maintain the current intervention rate of between 85-90%		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4

Priority area(s) to deliver 24/25:				
Performance Trajectories 24/25	To maintain the 85-90% successful intervention rate			
Risks	Risks of Non-Delivery		Mitigations	
	Impact on the wider system in terms of potential increased urgent care access elsewhere in the system.		No negative impact has been identified by the development work as this is about prevention and ensuring patients have the right timely access to care and are supported	
	Risks to Delivery		Mitigations	
	Risk to may be costs as the service is not yet fully funded. GPs working in the system are sessional and therefore more expensive than salaried		Funding sources being explored and also different ways to contract the medical engagement too	
Critical Enablers	Finance			
	Funding is from a number of sources including core budgets and allocations for key programmes, e.g. Further Faster.			
	Workforce			
	- Through a workforce planning change skill mix in key priority areas – increase workforce capacity and skill mix - Support and improve wellbeing of our teams - Strong & resilient inter-professional leadership & delivery			
	Digital			
	- Improve the availability of performance data for priority areas to inform service planning, monitoring and evaluation - Increase use of technology to support patients to live well in the community - IT infrastructure is key going forward and will be ambitious in order to realise a remote monitoring hub			
	Other (Specify)			
	Estate & Facilities enablers: - Development of an integrated Primary Care and Community estates plan supporting out of hospital delivery aligned to clinical services strategy - Identification of premises which has the infrastructure to support the integrated monitoring hub - Create environments suitable for integrated teams and patients to access			
	Opportunities identified:			

Priority area(s) to deliver 24/25:

**Prevention
&
Population
Health**

There is an association between health literacy and deprivation. It is accepted that we have challenges with our population accessing health and wellbeing services and understanding the link between lifestyle and wellbeing/chronic conditions. A focus needs to be on finding different ways to engage and connect with patients and this requires different approaches to impact behavioural change.

NHS WALES PLANNING FRAMEWORK 24-27- 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:	Enhanced Community Services			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 2:	Urgent Care Response - an urgent, un-scheduled, community response for intensive, wrap around MDT support that is time-limited Our Approach  Objectives  Activities  Deliverables Phase 1 Q4 Jan – March 24 Integration of Urgent Community Pathway – teams/services identified for change: @Home; SW@H1 & SW@H2 - ACT - Community Wellbeing Teams Enablers: Workforce, Finance, Estates, IT/Performance, Comms & Engagement Phase 2 Q1 March – May 24 Integration of Urgent Community Pathway – teams/services identified for change: - New AHP resource - Community AHPs - Front door assessment services Enablers: Workforce, Finance, Estates, IT/Performance, Comms & Engagement Phase 3 Q2 June – August 24 Integration of Urgent Community Pathway – teams/services identified for change: - Capacity in mobile response unit - Reablement - Community nursing Enablers: Workforce, Finance, Estates, IT/Performance, Comms & Engagement Phase 1 Q4 Jan – March 24 - Review referral processes - Review and remodel team/service capacity based on current and future demand - Review of RUF status and plan for utilisation of underspend Phase 2 Q1 March – May 24 - Review and agree allocation of AHP resource (new) and align with existing community AHP provision to meet demand - Review of front door assessment provision for direct referral via Hub - Produce clear triage tools to enable appropriate response and streamlined pathways Phase 3 Q2 June – August 24 - Further expansion of capacity and function of the hub and spoke model of delivery - Cross functional review of demand and capacity following phase 2 to inform further commissioning Phase 1 Q4 Jan – March 24 - Further, Faster, Together – funding allocation to address capacity gaps and planning - Streamed pathways for services (@Home, SW@H1 & 2, ACT, CHWTs) via Hub - Clinical Triage with appropriate MDT within the Hub capacity Phase 2 Q1 March – May 24 - Step up criteria and pathways for community beds (interdependency with Community Hospitals Redesign Programme) - Step down criteria and pathways to community services Phase 3 Q2 June – August 24 - Integrated UEC Community Team coordinated via Hub: - Up to 7 days for ‘Acute MDT Response’ - Step-up bed - Reablement - Ambulatory Community Pathway - Community Nursing Services - Home-based services (e.g. falls)			
Progress synopsis	Work is developing and there is a regular Commissioning Group between Health and Social Care established. The scale of the ambitious is not too be underestimated. It is a complex task and therefore detailed programme is being pulled together by the Integrated Services Director			
Outcomes of delivering Ministerial Priorities:				
Ref 2:				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4

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				
Ref 2:	- Step up Criteria and pathways for community beds (independency with Community Hospitals Redesign Programme. - Community bed strategic plan to be presented and approved by the Design Executive - Step down criteria and pathways to community services to support more patients and prevent them from having to access acute services unnecessarily - Joint working between the wider Frailty Clinical Services Strategy Group continues	Integrated UEC Community Team Co-ordinated with Hub: - Up to 7 days for 'Acute MDT Response' - Step-up Bed; - Re-enablement - Ambulatory Community Pathway - Community Services Services - Home-based services (eg falls) Identification and redesign of pathways to support the Acute Clinical Services Strategy – identification of key services which can be shifted into PCC		
Overarching outcome measures/ metrics:				
- Implement a whole system approach to integrated care - More people to be cared for in their own homes or home of choice - Reduction in duplication - Reduction in silo working - Reduction in various 'hand offs' and referrals - Implementation of Seamless Care - Reduction in unnecessary admissions - Reduction in unnecessary bed days - Increase in the response offered to patients in urgent need - Supporting D2RA process - Improve flow across the whole system - Build resilience across the whole system through robust intermediate care services - Improvement in maturity of locality cluster teams				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Baseline information is currently being collated and a dashboard to identify key performance metrics and also outcomes is being pulled together in conjunction with the Informatics team. Metrics will be in line with the national metrics for healthy days at home and ECC	Dashboard to be published	Dashboard to be refined	
	Quarter 1	Quarter 2	Quarter 3	Quarter 4

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				
Performance Trajectories 24/25	- All GP practices to achieve the phase 1 and phase 2 access standards - All Dental practices to achieve national targets for historic, urgent and routine appointments - Identification of services which could potentially be moved to PCC			
Risks	Risks of Non-Delivery		Mitigations	
	- Increasing demand in PCC is having a negative impact on the independent contractor status and there is a risk that contracts can be handed back. This will negatively impact our ability to improve access. - Redesign of community services is huge and will need the engagement and support of all stakeholders		The PC team will work with the contractors to try and support and reduce the risk of this. Engagement sessions with wide ranging stakeholders will help support the process	
	Risks to Delivery		Mitigations	
	Limited negative risk to delivery			
Critical Enablers	Finance			
	The aim of the redesign to the community services is that it is cost neutral. The additional costs will come from the development of the Navigation Hub			
	Workforce			
	There are huge implications for workforce and this will involve an Organisational Change Process which is being worked through			
	Digital			
	A key enabler for the development of the community transformation is digital. There are huge opportunities from digital to support patients remotely and avoid them unnecessarily having to access appointments in acute, community or primary care.			
	Other (Specify)			
Prevention & Population Health	Opportunities identified:			

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

Priority area(s) to deliver 24/25: Enhanced Community Services				
Key focus should be on delivering		- Enhancing care in the community, with a focus on reducing delayed pathways of care - Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. - Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.		
Ref 3:	Flow and Discharge			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 3	- Integrated Discharge Delivery Board established - Design and delivery of D2RA, - Regular Monitoring and review of discharge data and identification of areas for improvement - Monthly review of POCD and action plan) - Use of standardised data across health and social care - D2RA Hub as an integrated model and management of discharge in acute and community services supporting implementation trusted assessor model in place and operational			
Progress synopsis				

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			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 3:	- Produce new Discharge policy and toolkit - Embed Supported Discharge Notification form and ETOC - Embed Whiteboards system - Finalise community dashboard – launch in Jan 23 - Implementation of Trusted Assessor model end January 24 – funding through Regional Investment Fund confirmed	Continued monitoring and review	Continued monitoring and review	Monitoring, review and identification of further actions, if required.
Overarching outcome measures/ metrics:				
Robust Pathways of Care Delays Data Collection and System Validation Process Robust governance and monitoring of delivery POCD improvement actions Downward trend in Average Length of Stay from Emergency Admission in Acute Hospitals Downward trend in Average Length of Stay – Community Hospitals				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Risks	Risks of Non-Delivery		Mitigations	
	Risks to Delivery		Mitigations	
Critical Enablers	Finance			
	SB and team to complete			
	Workforce			

	Digital
	Other (Specify)
Prevention & Population Health	Opportunities identified:

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

Priority area(s) to deliver 24/25:							
Key focus should be on delivering		- Enhancing care in the community, with a focus on reducing delayed pathways of care - Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. - Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.					
Ref 4:	Further Faster						
Resume of planning Milestones 23/24:							
	Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Ref 4:							
Progress synopsis							
Outcomes of delivering Ministerial Priorities:							
Ref 4 :							
Planned Milestones 24/25							
	Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Ref 4:	- More pathways into the NH /capacity to triage & response - Care home urgent care response / avoid conveyancing – falls service in care homes and wider communities - Introduction of a second daytime ‘mobile’ doctor providing ‘eyes on’ from November - Increasing capacity and reach in our Integrated Community Acute Response team - GP capacity at the front door - Enhance community respiratory service (virtual ward type model) - PTAS C3 over weekends – building on Monday to Friday model - Further progressing risk stratification work to enable Anticipatory care planning for 0.5% people most at risk of urgent care						
	<table><tr><td>Funding Area</td><td>24/25</td><td></td></tr></table>	Funding Area	24/25				
Funding Area	24/25						

Priority area(s) to deliver 24/25:						
	Weekend community nursing	0.44	Nav Hub pathways			
	Weekend/Bank holiday specialist palliative and end of life care nursing	0.11	Second mobile Dr GP Front Door PTAS			
	Anticipatory care planning for 0.5% people most at risk of urgent care	0.35	Risk Stratification			
	Community capacity	0.91	Respiratory Service Community Capacity			
		1.82				
	Overarching outcome measures/ metrics:					
Baseline position 23/24	Quarter 1		Quarter 2	Quarter 3	Quarter 4	
	Sarah Bradley to advise if there is any impact on delivery targets					
Performance Trajectories 24/25	Quarter 1		Quarter 2	Quarter 3	Quarter 4	
	SB and team to complete					
Risks	Risks of Non-Delivery			Mitigations		
	SB and team to complete					
	Risks to Delivery			Mitigations		
Critical Enablers	Finance					
	SB and team to complete					
	Workforce					

Priority area(s) to deliver 24/25:	
	Digital
	Other (Specify)
Prevention & Population Health	Opportunities identified:

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

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		- Enhancing care in the community, with a focus on reducing delayed pathways of care - Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. - Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.		
Ref 5 :	Community Bed Redesign			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 5 :	Focus on two D2RA bed-based pathways of care Workforce assumptions: - Higher ratio of therapies to nursing / medical staff - Reduction in medical supervision - Pathway 2 bridging - Care will be delivered by roles similar to domiciliary care workers - Oversight from registrants will be a 'light touch - reablement approach - Pathway 3 - similar ratio to current community beds with allocated medical support and RNS. Clear interventions provided for - Pathway 2 (rehabilitation/reablement) with specified standards and workforce - Pathway 3 with specified standards and workforce Improved information management, data sharing/ technology – enabling D2RA driven care provision i.e. utilisation of E-Whiteboards system Effective discharge - reduction of 'Red' days during person's hospital stay			

Priority area(s) to deliver 24/25:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref 5:	Performance related outcomes: • Reduced LOS in community hospitals • Reduced PoCD delays from acute sites waiting for P2 & 3 beds • Improved admission time >80% within 48hrs • Reduced delays associated with the CHC and MCA process • Increase in home first discharge pathway (P1 and LTPoC) • decrease in assessment delays • Reduction in days 'lost' to the HD@H measure • Increase in green days Quality and safety related outcomes: • Increase in the time spent at home • Reduction in the care tariff • Reduction in patient deconditioning, improved quality and safety of care (falls prevention, PROMs/PREMs) • Increase in positive patient experience • Reduced hospital related falls • Reduced hospital acquired infections • Reduced hospital related infections • Improved staff experience • Improved patient experience			

Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref :				
	Process	Time	Output	
	Programme Definition	Jan – February 2024	PID / Implementation Plan	
	Programme Delivery – 3 phases	February - June 2024	• Workforce Plan • OCP • Recruitment of revised roles • Revised clinical governance • Data an performance infrastructure • Training • Community integration with intermediate care • Step up model • Demand and capacity Bridgend	
	Programme Closure	June – July 2024	Programme Closure, Closure Report, Review of Benefits Realisation	
Overarching outcome measures/ metrics:				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Sarah Bradley to advise if there is any impact on delivery targets			
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	SB and team to complete			
Risks	Risks of Non-Delivery		Mitigations	
	SB and team to complete			
	Risks to Delivery		Mitigations	
Critical Enablers	Finance			
	SB and team to complete			
	Workforce			

	Digital
	Other (Specify)
Prevention & Population Health	Opportunities identified:

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

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		- Enhancing care in the community, with a focus on reducing delayed pathways of care - Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. - Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.		
Ref 6 :	Palliative Care Strategy			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref :				
	Process	Time	Output	
	Stabalisation	Jan – March 2024	Recruitment of vacant post Review of consultant sessions & decision of re-alignment of resources	
	Design & Engagement	April - June 2024	Clinical lead Review of model Equity of outcomes and service provision Engagement & training plan MDT and AHP alignment Commissioning review	
	Delivery	June – sept 2024	Phase 1 of implementation Integrated community teams Day units Mapping and re-alignment of MDT support National team	
	Progress synopsis			

Outcomes of delivering Ministerial Priorities:				
Ref 6:	• SPC In-Patient Beds • Demand & Capacity • Criteria & model • Equity within re-sources • Education & Awareness • SPC and generalist services – links with community re-design • ACPs • Wider teams • Acute In-reach • MDT support • Shared Care • Demand & Capacity • Consistent model • Community Services (including day provision) • MDT approach • 3rd sector partnerships • Commissioning Actual/desired place of death of death			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref 6 :	Design and Engagement: Clinical Lead Review of Model Equity of outcomes and service provision Engagement and training plan MDT and AHP alignment Commissioning Review	Delivery: Phase 1 of Implementation Integrated Community teams Day Units Mapping and Re-alignment of MDT Support National Team		
Overarching outcome measures/ metrics:				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Sarah Bradley to advise if there is any impact on delivery targets			
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	SB and team to complete			
Risks	Risks of Non-Delivery		Mitigations	
	SB and team to complete			
	Risks to Delivery		Mitigations	

Critical Enablers	Finance
	SB and team to complete
	Workforce
	Digital
	Other (Specify)
Prevention & Population Health	Opportunities identified:

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
- **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.**
- **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**
- **Planned Care and Cancer, with a focus on reducing the longest waits.**
- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

This template has been co-produced with Assistant Directors of Planning

MINISTERIAL TEMPLATE BLANK

All organisations are expected to complete the templates proportionate to their direct or supporting roles and functions.

The completed templates must be collated and submitted alongside the organisation's plan and the completed Minimum Data Set by 29 March 2023.

Send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 24/25:							
Key focus should be on delivering			Primary and Community Care, with a focus on improving access and shifting resources into primary and community care. Support sustainability and development of robust primary care services through the commissioning of services which are value based and support system pathways and new models of care				
Ref:	New priority/ Continued from 23/24 (Delete as appropriate)						
Ref:							
Resume of planning Milestones 23/24:							
	Quarter 1		Quarter 2		Quarter 3		Quarter 4
Ref:	Priority	Key actions	Metrics (performance indicator/ outcome/ output)	Timescale Qtr./ Year	Update – May 2023	Q4 Update	
	General Medical Services and Access	1. Continuing to support practices to find ways to improve access to GMS services 2. Ensure that each practice establishes a PPG 3. Undertake the sustainability desktop exercise on quarterly basis to identify practices at risk 4. Salaried GP Service re-design	1. Ensure 100% compliance of phase 1 & 2 GMS Access Standards 2. Monitor Concerns and complaint for trends, issues and hotspots	Q1-Q4 2023	- Self-assessments received. All 46 practices report 100% compliance. Evidence is being verified. Access forum due to meet on the 24th May. - Sustainability desktop exercise repeated. 4 practices identified at risk have been de-escalated to green following intervention by the PC Team. Continue to support those in need with action plan. Review	1. All contracts have been reviewed to reflect the unified contract variations. 2. Teams actively monitoring and supporting GP practices who are facing sustainability concerns and exploring options which can be pursued. 6 practices receiving direct support. 3. Rolling programme of Practice Development Visits (PDV) is now in place to ensure monitoring and assurance is gained	

Priority area(s) to deliver 24/25:							
					undertaken to ensure changes are embedded. GMS Practice Development Visit completed and action plan is in the process of being produced for areas of improvement and trends and themes.	4. Health Inequalities programme continues to focus in the North Bridgend Cluster.	
	Dental Services Contract Reform and Access	- Robust commissioning of dental services in areas of need during the re-tender of dental contracts - Review of CDS / DTU services - Development of model and workforce plan - Engagement with teams and stakeholders - Encourage participation in the ACD programme	- Monitor the urgent and emergency activity - Monitor the follow up activity - Monitor will be determined by the national dental contract measures - MOS activity - CDS activity - D2S & Gwen a Blyth activity	Q1-Q4 2023	- Activity is being reported into the Heath Boards Performance and Improvement Board. 3 contracts handed back. 1 tender completed and another tender for large contract in Bridgend due to take place. 3rd was taken on by neighbouring practice. Provides opportunity to redistribute dental contract to meet needs of population. - Practices have agreed to work	- No further contract resignations have been received and all contracts have been re-tendered. - New contractor in Bridgend due to commenced in January 2024 and patients are being allocated centrally via the waiting list. - Urgent & Emergency Dental Service continues to manage calls and waiting list – demand is increasing. - First dental collaborative has met and is being	

Priority area(s) to deliver 24/25:						
					with the HB to offer additional urgent access appointments. • Urgent and Emergency appointments now handled through Navigation Hub • Review of salaried Dental Services taking place to ensure in line with WHC and to maximise efficiencies and activity. Part of wider OCP process • HEIW workforce planning event due to take place 24th May • Regular meetings with LDS to ensure smooth transition for contract reform • Engagement with dentists regarding ACD regularly taking place.	funded centrally in the absence of it being included in contract reform. • Regular reporting of Dental activity reported into the Care Group's Planning, performance and Finance Board and through to Operational Management Board. • Final end year and mitigations 2022/23 completed. • Mid-year reviews currently taking.
	Optometry Services Contract	1. Preparation for the phasing of the new	1. Monitoring will be determined by the national	Q1-Q4	• Preparing for the implementation of the new contract.	• Additional post is in the process of

Priority area(s) to deliver 24/25:							
	Reform and Access	optometry contract 2. Engagement with contractors, WG and other contractors on an ongoing basis. 3. Development of team so it is in place to and ready to take on the additional workload 4. Once contract details finalised prepare a plan for the engagement and commissioning of the services from each contractor 5. Further support the shift of activity done traditionally in eye care services from hospital to community optometry, e.g. wet AMD, HCQ, glaucoma and cataract.	measures as agreed by the contract 2. Continue to monitor uptake of the specialist services such as glaucoma, cataract, diabetic retinopathy, IPOS and EHEW and low vision services		- A part of wider HB OCP ensuring the resources are in the team to enable them to manage this additional work. - Regular dialogue with SEWROC. - Optometry collaboratives established. - Delivery of specialist eye care services undertaken in conjunction with secondary are and activity/progress reported through to Care Group and Board governance process. - Joint meetings taking place to discuss the implementation of other specialist services, such as wet AMD and HCQ.	being recruited into as part of OCP - All practices participating in WGOS1-3. - WGOS4 services are in place and further refinement to comply with national pathways is taking place. Good engagement from the Clinical Director and teams in the Hospital Eye Care Service.	
Progress synopsis	Please see above		Please see above		Please see above		Please see above
Ref:							

Priority area(s) to deliver 24/25:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:	Outcome metrics comply with the national metrics agreed in the contracts and deliver accessibility for patients.			
Ref:				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	1.Implement the new independent contract changes and metrics for 25-26 as directed 2.Support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 3.scoping meeting to discuss workshop around new models of care 4, considerations of priorities from Acute Clinical Services Plan to formulate plan for shift in services	1. Assess and support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 2. Continue to explore and implement new models of care across PC through a workshop with LMC and clusters 3. Workshop/mtg to review ACSP and look at opportunities	1.Assess and support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 2.develop service specifications to support the ACSP priorities 3 Mid-Year review of contracts and delivery	1. Continue to maximise delivery of the out of hospital services for optometry, dental and GMS in line with the clinical services plan
Ref:				
Overarching outcome measures/ metrics:				
Key metrics will be as per the NHS Wales Performance Framework 2024-2025 and will include access requirements: 11. Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours 13. Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Risks	Risks of Non-Delivery		Mitigations	

Priority area(s) to deliver 24/25:		
	Impact on patient care in terms of primary care access Impact on the wider system in terms of potential increased urgent care access elsewhere in the system.	
	Risks to Delivery	Mitigations
	Key risks for primary and community care are: • Levels of demand across all elements of primary care. • Ability to recruit key staff across all staff groups and to compete with other Health Board areas where deprivation and workload is less and therefore jobs are more attractive. • Delivery of recurrent cash releasing savings when service delivery is to shift into the community	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
Critical Enablers	Finance	
	Workforce	
	• Through a workforce planning change skill mix in key priority areas – increase workforce capacity and skill mix • Support and improve wellbeing of our teams • Strong & resilient inter-professional leadership & delivery	
	Digital	
	• Improve the availability of performance data for priority areas to inform service planning, monitoring and evaluation • Increase use of technology to support patients to live well in the community, e.g. remote monitoring through telehealth, virtual wards, and digital options to support more prudent delivery of care for example wound care. • IT and digital infrastructure to support the Navigation Hub which will be the single point of access for community services and remote monitoring	
	Other (Specify)	

Priority area(s) to deliver 24/25:	
	Estate & Facilities enablers: • Development of an integrated Primary Care and Community estates plan supporting out of hospital delivery aligned to clinical services strategy • Identification of premises which has the infrastructure to support the integrated monitoring hub • Create environments suitable for integrated teams and patients to access
Prevention & Population Health	Opportunities identified:
	There is an association between health literacy and deprivation. It is accepted that we have challenges with our population accessing health and wellbeing services and understanding the link between lifestyle and wellbeing/chronic conditions. A focus needs to be on finding different ways to engage and connect with patients and this requires different approaches to impact behavioural change.

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

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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

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Send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 24/25:				
Health boards must honour commitments that have been made to reduce handover waits.				
This will be supported by: The provision of equitable Emergency Pressure Escalation procedures				
Key focus should be on delivering		 Unscheduled Care Group - Ministerial Pr		
Ref:		Continued from 23/24		
Ref:				
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Implementation of CTM Emergency Pressures Escalation Procedure. Building existing plans to provide a pan CTM approach to the effective management of capacity and escalation across all areas within the Cwm Taff Morgannwg University Health Board.	Reduction in ambulance lost hours	Emergency Pressures Escalation Plans ability to respond to seasonal variation	Emergency Pressures Escalation Levels shared pan CTM
Progress synopsis	- Trajectories agreed; - Weekly performance meetings in place; - Ambulance Handover Escalation Card in place - Focused improvement programme to reduce Ambulance Handover delays “go live” at Royal Glamorgan Hospital.	- Review adherence to escalation procedure/action and outcomes; - Roll out of handover improvement plan at Prince Charles and Princess of Wales Hospitals; - RCA for any delay >4 hours; - Progress patient flow work streams through Six Goals Programme.	- Review escalation level reporting across CTM by day; - Review ability/timeliness in de-escalation; - Review action cards and supporting documents; - Ensure plans resilient to respond to seasonal variation.	- Launch of WAST - ICT colleagues to collaborate in reporting escalation levels on the intranet
Ref:	4 Hour Ambulance Handovers: Q1 No more than 750 ambulances over 4 hours	4 Hour Ambulance Handovers: Q2 No more than 510 ambulances over 4 hours	4 Hour Ambulance Handovers: Q1 No more than 360 ambulances over 4 hours	4 Hour Ambulance Handovers: Q1 No more than 150 ambulances over 4 hours
Progress synopsis	Q1 – 452	Q2 – 421	Q3 – 619	Q4 – TBC
Outcomes of delivering Ministerial Priorities:				
Ref:	15 minute handover improved from 19.6% (2022) to 26.2% (2023)			
Ref:	1 hour handover improved from 51.8% (2022) to 63.8% (2023)			
Ref:	4 hours handover improved from 81.3% (2022) to 90.8% (2023)			
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	2024/25 trajectories to be reviewed and agreed.	Refine operational processes across acute hospital sites	Refine operational processes across acute hospital sites	Refine operational processes across acute hospital sites

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

	- Agree reporting and monitoring processes in line with new Directorate (following OCP process); - Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report; - Review the impact of the collaborative pilot between WAST and RGH to ensure clinically safe and dignified pathways for patients into ED following arrival by ambulance by reducing, where possible, handover delays and to deliver early diagnosis and treatment; - Explore test of change to introduce a Discharge Lounge into RGH to reduce crowding within the ED.	in response to ongoing feedback from each 4hour breach exception report; Possible roll out of WAST protocol across all CTM sites.	in response to ongoing feedback from each 4hour breach exception report; Emergency Pressures Escalation Plans ability to respond to seasonal variation.	in response to ongoing feedback from each 4hour breach exception report;
Ref:	4 Hour Ambulance Handovers: TBC	4 Hour Ambulance Handovers: TBC	4 Hour Ambulance Handovers: TBC	4 Hour Ambulance Handovers: TBC

Overarching outcome measures/ metrics:

Ref:	15 minute handover rates			
Ref:	1 hour handover rates			
Ref:	4 hours handover rates			
Ref:	Ambulance lost hours			
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Q1 – 452	Q2 – 421	Q3 – 619	Q4 – TBC
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Risks	Risks of Non-Delivery		Mitigations	
	Right patient, right place, right time		Getting the right patient to the right place on time leading to a reduced admission rate	

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

	Risks to Delivery	Mitigations
	In hour v out of hours response Inpatient hospital flow Intelligent diverts	Decreased congestion in Emergency Departments Decreased bed waits within the Emergency Department Shared risk across the organisation Timely de-escalation and return to "Steady State"
Critical Enablers	Finance	
	Funding will be from core service budgets.	
	Workforce	
	• Development of a future workforce plan • Workforce modernisation and exploring delivering services differently • Defined roles, responsibilities and attributes • Integrated workforce models with social care partners	
	Digital	
	• Single care record implementation • Understand and develop a strategy for digital health • Develop Unscheduled Care dashboard	
	Other (Specify)	
	• Estates plan	
Prevention & Population Health	Opportunities identified:	

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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:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services
Progress synopsis			The 3 acute sites are at different points of development. Prince Charles Hospital update; -There is a defined SDEC area however WAST will not have access to SDEC initially however this will follow at later phases. - Medical SDEC environments will be identified by end of year. - Staffing models will exist against defined environments, however for phase 2 onwards additional resource will be required to achieve full realisation of the plans. -SDEC opening hours may be phased starting 8-8. - Medical SDEC will pull from ED/Assessment Units of appropriate patients upon opening – ED will form part of phase 2	Prince Charles Hospital - the capital work is due to be handed over during Q4 with plan to officially implement SDEC during March 2024. The scheme was prioritised by the HB's Capital Board for delivery from its capital funding for 23/24. The delivery model has been developed for SDEC at PCH setting out the flows which will be phased with later phases contingent on additional nursing and medical staffing – over and above significant existing HB resource and an SDEC grant contribution.

Priority area(s) to deliver 24/25:

Implementation of Same Day Emergency Care services that complies with Ministerial priorities:

- Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2
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			however GP 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> - AECU in place in RGH. - Direct access to AECU for GP expected patients arriving by ambulance. - Appropriate patients are directed to AECU where possible. - Staffing establishment in place however not benchmarked against standards (Nurse Safe Staffing Act doesn't cover AECU/SDEC areas). - Defined opening hours, however during winter months AECU used overnight and on weekends as surge capacity. - Suitable patients from ED/Assessment Units are identified continually throughout the day and at PTWR and morning huddle.	
Ref:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:				
Ref:				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4

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
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- Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

Ref:	-Establishment of a 24 hour Navigation Hub -Expanding and Defining Existing Services -Creation of a Directory of Services	-Move to having a 7 day appointment system for Medical SDEC -Begin E-Whiteboard SDEC Development	-Implement WAST direct access -Separation of SDEC and Admission/Assessment Streams	-Explore Virtual Wards utilising data -Direct to SDEC ED referrals
Ref:	-CTM Navigation Hub deployed fully and accessible by GP's, WAST and Nursing Homes to refer patients in to secondary care -Map existing services -Referral routes identified for Existing Services -Gap Analysis completed with opportunity to centralise if possible -Directory of Services to support patients on a pathway approach	-Navigation Hub to have ability to book pre-arranged slots for Medical SDEC on acute sites on a Saturday and Sunday -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

Overarching outcome measures/ metrics:

Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Performance Trajectories 24/25	Quarter 1 -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 -Submission of Capital Estates request to improve environments -Continue against current recruitment plans	Quarter 2 -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 SDEC pathway but "overnight" – these may remain in Assessment Units	Quarter 3 -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 Care will exist on three acute sites -A CTM Standard Operating Procedure for Medical SDEC will be	Quarter 4 -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 patients to demonstrate value

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

	-Process Map current pathways against data points with support from Performance and Information	-Review current demand data to understand any additional workforce requirements	defined to demonstrate how the areas will function to support flow	
Risks	Risks of Non-Delivery		Mitigations	
	Current constraints within the medical workforce in order to deliver on all three sites. 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		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	
	Risks to Delivery		Mitigations	
Critical Enablers	Finance			
	There is a capital requirement of £120,000 to support the development of an identified appropriate environment within Prince Charles Hospital footprint. There is a capital requirement of £20,000 to support the development of an identified appropriate environment within Princess of Wales footprint. Revenue requirements for staff recruitment are costed and within scope for therapies as described above. Revenue in place to recruit an additional 2 x WTE consultant posts, but would still leave a shortfall against aim of 7.4WTE on each acute site.			
	Workforce			
	As part of a standardised offering across Cwm Taf Morgannwg, we aim for a 7.4WTE consultant workforce aligned with Medical SDEC on each acute site - A therapy recruitment plan is in place to improve access within Medical SDEC to support early intervention with patients. This equates to the following across the organisation: - o 2 x Band 6 OT - o 1 x Band 6 Physio - o 1 x Band 7 Physio - o 1 x Band 7 Falls AHP Lead - o 1 x Band 6 Speech and Language Therapist - o 1 x Band 6 Dietician - o 4 x Band 4 Health Care Support Workers			
	Digital			
	Other (Specify)			
	Opportunities identified:			

Priority area(s) to deliver 24/25: <u>Implementation of Same Day Emergency Care services that complies with Ministerial priorities:</u> · 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	
Prevention & Population Health	

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		104-week target for stage 4 RTT (all specialities)		
Ref:	Continued priority from 2023/24			
Ref:	Focus areas: ENT (691), Gynae (230), Ophthalmology (942), T&O (647), Urology (282)			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	5,902	3,808	413	0
Progress synopsis	3,985 (Jun 23)	3,158 (Sep 23)	3,037 (Dec 23)	3,146 (12.02.24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: Focus on number of specialities, insufficient internal capacity to meet demand, added workforce pressures, service structures and strike action			
Ref:				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	D&C TBC	D&C TBC	D&C TBC	D&C TBC
Ref:				
Overarching outcome measures/ metrics: RTT performance				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	3,985 (Jun 23)	3,158 (Sep 23)	3,037 (Dec 23)	3,146 (12.02.24)
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Risks	Risks of Non-Delivery		Mitigations	
	Patient care		Service-level plans to deliver target	
	Risks to Delivery		Mitigations	
	Increasing demand, inadequate capacity, continued strike impact		Increased theatre capacity, cross -cover and insourcing	
Critical Enablers	Finance			
	SH to complete			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity and reduction in elective activity to cover unplanned sessions			
	Digital			
	Single WPAS system, TOMs development and text remind service			
	Other (Specify)			
	Increase theatre productivity, Maximise day case & GA opportunities			
Prevention & Population Health	Opportunities identified:			
	Continued development of transformation, innovation and digital opportunities in designing services and treatment pathways. Shifting resources and making sure that more patients can be seen, diagnosed and treated in Primary Care and the community. Develop longer term disease prevalence modelling aligned to clinical services plan. Maximise opportunities for regional working			

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		52-week target for stage 1 RTT (all specialities)		
Ref:	Continued priority from 2023/24			
Ref:	Focus areas: Dermatology (1,419), ENT (2,651), Ophthalmology (4,710), T&O (976), Urology (1,267)			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	16,317	11,271	7,424	4,187
Progress synopsis	13,045	13,097	14,150	14,795 (12.02.24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: insufficient internal capacity to meet demand, added workforce pressures, service structures and strike action			
Ref:				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	D&C TBC	D&C TBC	D&C TBC	D&C TBC
Ref:				
Overarching outcome measures/ metrics: RTT performance				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	13,045	13,097	14,150	14,795 (12.02.24)
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Risks	Risks of Non-Delivery		Mitigations	
	Patient care		Service-level plans to deliver target	
	Risks to Delivery		Mitigations	
	Increasing demand, inadequate capacity, continued strike impact		Capacity mapping and improvement initials through OP transformation prog.	
Critical Enablers	Finance			
	SH to advise			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity			
	Digital			
	Digital dictation, single WPAS, full rollout of WPRS, Virtual outpatients, Consultant connect, text remind service			
	Other (Specify)			
	Reducing PC referrals through Health pathways programme			
Prevention & Population Health	Opportunities identified:			
	Continued development of transformation, innovation and digital opportunities in designing services and treatment pathways. Shifting resources and making sure that more patients can be seen, diagnosed and treated in Primary Care and the community. Develop longer term disease prevalence modelling aligned to clinical services plan. Maximise opportunities for regional working			

Priority area(s) to deliver 24/25:				
Key focus should be on delivering		75% Cancer target, suspected to FDT (all specialities)		
Ref:		Continued priority from 2023/24		
Ref:		Focus areas: All areas		
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	60.3%	62.8%	67.2%	69.8%
Progress synopsis	47.6%	50.6%	47.1%	51.8% (12.02.24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: Diagnostic & Pathology capacity, ongoing service redesign, increasing USC demand			
Ref:				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	D&C TBC	D&C TBC	D&C TBC	D&C TBC
Ref:				
Overarching outcome measures/ metrics: First definitive treatment ≤ 62 days from susp. cancer				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	47.6%	50.6%	47.1%	51.8% (12.02.24)
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Risks	Risks of Non-Delivery		Mitigations	
	Patient care and timely diagnosis		Service-level plans to deliver target	
	Risks to Delivery		Mitigations	
	Diagnostic and pathology capacity		TBC	
Critical Enablers	Finance			
	SH to advise			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity			
	Digital			
	Single WPAS, full rollout of WPRS, cancer tracker			
	Other (Specify)			
Prevention & Population Health	Opportunities identified:			

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Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

This template has been co-produced with Assistant Directors of Planning

MINISTERIAL TEMPLATE BLANK

All organisations are expected to complete the templates proportionate to their direct or supporting roles and functions.

The completed templates must be collated and submitted alongside the organisation's plan and the completed Minimum Data Set by 29 March 2023.

Send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 24/25:	
Key focus should be on delivering	Mental Health, including CAMHS, with a focus on delivery of the national programme

Priority area(s) to deliver 24/25:				
Ref:	Continued from 23/24			
Ref:	Recover waiting time performance to performance framework standards for under 18 year olds waiting times for intervention (MHM Part 1 B)			
Resume of planning Milestones 23/24:				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	By June 2023 the MHM CAMHS target achievement is : • Part 1b 35%	By September 2023 the MHM CAMHS target achievement is: • Part 1b 42%	By December 2023 the MHM CAMHS target achievement is : • Part 1b 51%	By March 2024 the MHM CAMHS target achievement is : • Part 1b 60%
Progress synopsis	At the end of June CAMHS Part 1b was ahead of the trajectory target at 51% due to increased activity to support interventions	At the end of September CAMHS Part 1b was below the trajectory target at 37%, this deterioration was linked to increased activity in Part 1a assessments which improved Part 1a compliance but increased the number of patients waiting for intervention	At the end of December CAMHS Part 1b was below the trajectory target at 37%, this deterioration was linked to a decrease in intervention activity during December due to increased DNAs and patient choice	TBC
Ref:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:	Reduction in the backlog of patients waiting more than 28 days for intervention Improvement in the waiting times for intervention Reviewed service model to ensure the service is offering a good quality service and options to meet the needs of young people presenting Evaluation of service development to reduce demand on specialist CAMH service			
Ref:				
Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Increase in intervention capacity via third sector agreement Ongoing performance management systems including weekly tracker	Implementation of referral to silvercloud to increase intervention options and capacity Monitor seasonal changes in demand and activity, expected	Monitoring and review of impact of third sector agreement and use of silvercloud to support intervention activity and patient outcomes	Reflect on the learning from national meetings and support from NHS Executive to ensure maximum impact and implementation. Demand and Capacity Modelling to

Priority area(s) to deliver 24/25:				
	shared with clinical leads; maximising attendance and usage of appointments via effective booking processes including text reminders (assumed in place throughout the year) Evaluation of Schools In-reach approach and impact via Whole Schools Approach in supporting prevention and management of demand	to reduce in Q2, and maximise impact of additional capacity. Review of demand and capacity between assessment and intervention in preparation for increased demand over the winter period	Monitor the referral demand to adjust or escalate risks through rising demand alongside implementation of further work to improve liaison with primary care Review outstanding vacancies following nursing streamlining and consider wider MDT opportunities and options where recruitment has been challenging.	be refreshed on data for 24/25 in order to identify any risks and opportunities for improvement/ongoing compliance with performance.
Ref:				
Overarching outcome measures/ metrics:				
Baseline position 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	51%	37%	37%	TBC
Performance Trajectories 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	By June 2024 the MHM Part 1b CAMHS target achievement is : - 65%	By September 2024 the MHM Part 1b CAMHS target achievement is : - 70%	By December 2024 the MHM Part 1b CAMHS target achievement is : - 75%	By March 2025 the MHM Part 1b CAMHS target achievement is : - 80%
Risks	Risks of Non-Delivery		Mitigations	
	Ongoing increased waiting times for children and young people following assessment for intervention. This could impact on the deterioration of the mental health and increase the risk of children and young people requiring access to crisis services		Signposting support from assessment to support during the waiting time Contact number to discuss any concerns with the CAMHS team whilst waiting Access to online platforms like Kooth to support whilst waiting The actions described above to improve waiting times and reduce the overall risk of increased waiting times	
	Risks to Delivery		Mitigations	
	Effective use of the third sector agreement to provide group intervention capacity to meet demand and in a timely way Governance structures and pathways in place to support implementation of silvercloud and clinicians to refer/make use of the service		Regular operational meetings with third sector organisation to monitor activity and timetable and ensure effective working between CAMHS and service Senior nurse taking the lead on embedding clear governance structure and pathways. Implementation being monitored and	

Priority area(s) to deliver 24/25:		
	Recruitment into the service vacancies to embed and sustain the service model and core capacity required to meet demand Increasing demand to the service exceeding capacity with a growing backlog of patients waiting to be seen	reported in CAMHS Senior Leadership Group Proactive approach to recruitment and support to new employees. Focused wellbeing activities to support employees in the teams Ongoing implementation and development of whole school approach providing preventative/level 0/1 support
Critical Enablers	Finance	
	Maintain use of investment via the Mental Health Service Improvement Funds in 22/23 and 23/24	
	Workforce	
	Recruitment via streamlining	
	Review of alternative roles within therapies and non-registered workforce	
	Closer working with 3rd sector to explore the use and impact of non-health traditional roles	
	Digital	
	Use of online platforms like Silvercloud to provide interventions	
	Use of electronic scheduling tools to maximise full use of capacity	
Prevention & Population Health	Use of text reminders to reduce impact of DNAs/last minute CNAs	
	Other (Specify)	
Prevention & Population Health	Opportunities identified:	
	Focused programme with CAMHS Schools In reach and Whole School Approach to provide a systematic preventative programme for all children and young people. Promotion of use of third sector organisations and online services which also support parents and carers and teachers, sharing and supporting understanding and knowledge to support the 'team around the child'	