

CTMUHB Public Board Meeting

Thu 28 November 2024, 09:00 - 13:00

The Hub, Royal Glamorgan Hospital Site, Llantrisant

Agenda

09:00 - 09:10 1. PRELIMINARY MATTERS
10 min

1.1. Welcome & Introductions

Information Jonathan Morgan, Health Board Chair

1.2. Apologies for Absence

Information Jonathan Morgan, Health Board Chair

1.3. Declarations of Interest

Information Jonathan Morgan, Health Board Chair

09:10 - 09:10 2. CONSENT AGENDA BUSINESS
0 min

Information Jonathan Morgan, Health Board Chair

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

2.1. QUESTIONS RECEIVED IN ADVANCE OF THE MEETING

Information Jonathan Morgan, Health Board Chair

Three questions were received ahead of the meeting as outlined below together with the responses provided:

Question 1. Are the board members aware of the lack of pay parity between Princess of Wales Hospital, The Royal Glam and Prince Charles hospitals, and impact that this is causing the staff at Princess of Wales?

Response - Yes - the Board, which incorporates both Executive Directors and Independent Members, has been briefed and is fully aware of the different shift patterns which exist at POW, compared the RGH and PCH. The Board has been apprised on the specifics of the different shift patterns, as well as the fact that this issue has been raised by POW staff on a number of occasions since the Bridgend Boundary Change in 2019.

Question 2. As a result of the damage to the POW roof, are the board prepared to continue to allow POW staff to work alongside colleagues at Royal Glam and Prince Charles knowing that these staff do not share the same benefits.

Response - While it is clear that the position with the POW roof, and the need for POW staff to work alongside RGH / PCH staff, has shone a further light on the shift pattern differences, it is not appropriate to change shift patterns while the work to understand the benefits of the different shift patterns from a quality and safety, and well-being perspective, and prior to any consultation and decision being made.

Question 3. Are the Board aware since 2020 several grievances have been raised and nothing has been done by the trust to resolve these concerns, leaving POW staff feeling failed, disrespected and let down by the trust.

Response - As stated above, the Board is aware that this issue has been raised a number of times since the Boundary Change in 2019. The Health Board has received two formal grievances, one of which was withdrawn, and the other of which was not upheld, as the Health Board's position was that the shift patterns, which still exist across Swansea Bay UHB, were introduced by a fair and appropriate consultation process by the former Abertawe Bro Morgannwg University Health Board, prior to the Boundary Change, and are protected by the Transfer of Undertakings Protection of Employment (TUPE) Regulations.

09:10 - 09:10 **3. SHARED LISTENING & LEARNING**
0 min

3.1. Listening & Learning Story

Due to unforeseen circumstances there will be no Listening & Learning Story shared on this occasion.

09:10 - 09:40 **4. SETTING THE SCENE**
30 min

4.1. Chairs Report

Decision *Jonathan Morgan, Health Board Chair*

 4.1 Chair's Board Report UHB 28 November 2024 JM v2.pdf (9 pages)

4.1.1. Action Log from Previous Board Meeting

Discussion *Jonathan Morgan, Health Board Chair*

 4.1.1 Action Log Health Board UHB 28 November 2024.pdf (10 pages)

4.2. Chief Executives Report

Discussion *Paul Mears, Chief Executive Officer*

 4.2 CEO Board Update Report V1.0 final UHB 28 November 2024.pdf (8 pages)

 4.2a Appendix 1 For PLT - Regional MOU - Cabinet and Health Board cover paper.pdf (8 pages)

09:40 - 11:10 **5. GOVERNANCE, RISK AND ASSURANCE**
90 min

5.1. Update Report on the Princess of Wales Hospital

Discussion *Sally May, Executive Director of Finance/Gethin Hughes, Chief Operating Officer*

 5.1 POWH update for Board - Final UHB 28 November 2024.pdf (10 pages)

5.2. Board Committee and Advisory Group Highlight Reports

Discussion *Committee Chairs/Executive Leads*

5.2.1. Charitable Funds Committee Highlight Report 23 October 2024

Discussion *Ian Wells, Independent Member/Committee Vice Chair*

 5.2.1 Charitable Funds Committee - Highlight Report 23 October 2024 UHB 28 November 2024.pdf (5 pages)

5.2.2. Stakeholder Reference Group Highlight Report 15 November 2024

Decision *Anne Morris, Associate Member/Chair of the Stakeholder Reference Group*

 5.2.2 SRG Chair's Highlight Report 15 November 2024 UHB 28 November 2024.pdf (8 pages)

5.3. Escalation Status Update

Information

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

5.4. Board Assurance Framework (Principal/Strategic Risks)

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

-  5.4a Board Assurance Framework - Cover Paper UHB 28 November 2024.pdf (4 pages)
-  5.4b Appendix 1 - BAF Report - Final Draft November 2024 UHB 28 November 2024.pdf (49 pages)

5.5. Planning Maturity Matrix

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

-  5.5a CTM Board Planning Matrix UHB 28 November 2024.pdf (4 pages)
-  5.5b Appendix 1 Planning and Strategy Maturity Matrix UHB 28 November 2024.pdf (5 pages)
-  5.5c Appendix 2 Draft Planning and Strategy Maturity Matrix Self Assessment UHB 28 November 2024.pdf (4 pages)

5.6. Director of Public Health Annual Report 2024 Diabetes

Decision *Philip Daniels, Executive Director of Public Health*

-  5.6a Director of Public Health Cover Report UHB 28 November 2024.pdf (7 pages)
-  5.6b Appendix 1 Director of Public Health Report on Diabetes 2024 UHB 28 November 2024.pdf (29 pages)

5.7. Annual Presentation of Nurse Staffing Levels

Discussion *Richard Hughes, Deputy Nurse Director*

-  5.7 NSA Nov 2024 annual assurance UHB 28 November 2024.docx (6 pages)
-  5.7a Appendix A Annual Presentation of Nurse Staffing Levels to the Board 2024 V6.docx (3 pages)
-  5.7b Appendix 1 - Summary of Nurse Staffing Levels Final V2 UHB 28 November 2024.xlsx (4 pages)

11:10 - 12:00 6. DELIVERING OUR PLAN

50 min

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

Discussion *Executive Directors*

-  6.1 HB Integrated Performance Dashboard UHB 28 November 2024.pdf (39 pages)

6.2. Month 7 Finance Report

Discussion *Sally May, Executive Director of Finance*

-  6.2 Month 7 Finance Report - Final - 28 November 2024.pdf (23 pages)

6.3. Capital Update Report

Decision

-  6.3 Capital Update UHB 28 November 2024_v2.pdf (17 pages)

12:00 - 12:45 7. STRATEGIC PLANNING

45 min

7.1. Integrated Medium Term Plan 2025-2028 – Development Process

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

-  7.1 IMTP development 2025-28 UHB 28 November 2024.pdf (6 pages)
-  7.1a Appendix 1 - DRAFT CTMUHB Commissioning Intentions 2025-2028.pdf (6 pages)

7.2. Winter Plan Update

Discussion *Gethin Hughes, Chief Operating Officer*

-  7.2 Presentation Winter Plan Progress UHB 28 November 2024.pdf (22 pages)

8. CONSENT AGENDA

8.1. FOR APPROVAL

8.1.1. Unconfirmed Minutes of the meeting held on 26 September 2024

Decision Jonathan Morgan, Health Board Chair

 8.1.1 Unconfirmed Minutes UHB Public Meeting 26 September 2024 Final UHB 28 November 2024.pdf (21 pages)

8.1.2. Unconfirmed Minutes of the In Committee Board held on 17 October 2024

Decision Jonathan Morgan, Health Board Chair

 8.1.2 Unconfirmed Minutes In Committee Board 17 October 2024 UHB 28 November 2024.pdf (3 pages)

8.1.3. Unconfirmed Minutes of the In Committee Board held on 31 October 2024

Decision Jonathan Morgan, Health Board Chair

 8.1.3 Unconfirmed Minutes In Committee Board 31 October 2024 Final UHB 28 November 2024.pdf (6 pages)

8.1.4. Update to the Scheme of Delegation

Decision Sally May, Executive Director of Finance

 8.1.4 Update to Scheme of Delegation UHB 28 November 2024.pdf (4 pages)

 8.1.4a Appendix 1 - Medical Variable Pay Draft FCP 2024 UHB 28 November 2024.pdf (12 pages)

 8.1.4b Appendix 2 Amended Charitable Funds FCP October 2024 UHB 28 November 2024.pdf (20 pages)

 8.1.4c Appendix 3 - Pay expenditure SOD - Tracked changes UHB 28 November 2024.pdf (4 pages)

 8.1.4d Appendix 4 - Pay expenditure SOD - Clean UHB 28 November 2024.pdf (3 pages)

 8.1.4e Appendix 5 - Access to Charitable funds SoD - Tracked Changes UHB 28 November 2024.pdf (1 pages)

8.1.5. Cwm Taf Morgannwg Health Protection System

Decision Philip Daniels, Executive Director of Public Health

 8.1.5 Health Protection Report UHB 28 November 2024.pdf (7 pages)

 8.1.5a Appendix 1 Health Protection Strategy CTMUHB V_FINAL version 4.2 Oct 2024.pdf (44 pages)

8.1.6. Board Committee Legacy Annual Reports

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

 8.1.6 Board Committee Legacy Annual Reports UHB 28 November 2024.pdf (4 pages)

 8.1.6a Appendix 1 Close Down Legacy Annual Report PHP Committee UHB 28 November 2024.pdf (6 pages)

 8.1.6b Appendix 2 PPF Close down Final Annual Report Report UHB 28 November 2024.pdf (6 pages)

8.2. FOR NOTING

8.2.1. Board Annual Cycle of Business

Information Gareth Watts, Director of Corporate Governance/Board Secretary

 8.2.1 Cover Report Board Annual Cycle of Business UHB 28 November 2024.pdf (4 pages)

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

 8.2.1b Appendix 2 CTMUHB Board Cycle of Business UHB 28 November 2024.pdf (4 pages)

8.2.2. Board Forward Work Programme

Information Gareth Watts, Director of Corporate Governance/Board Secretary

 8.2.2 Board Forward Work Programme UHB 28 November 2024.pdf (5 pages)

8.2.3. Board Committee and Advisory Group Highlight Reports

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

-  8.2.3 Board Committee and Advisory Group Highlight Reports UHB 28 November 2024.pdf (4 pages)
-  8.2.3a Appendix 1 LPF Highlight Report 17 September 2024 UHB 28 November 2024.pdf (6 pages)
-  8.2.3b Appendix 2 Quality & Safety Committee Highlight Report UHB 28 November 2024.pdf (7 pages)
-  8.2.3c Appendix 3 RTSC Committee Highlight Report UHB 28 November 2024.pdf (4 pages)
-  8.2.3d Appendix 4 Hosted Bodies ARC Highlight Report 17.10.24 UHB 28 November 2024.pdf (5 pages)
-  8.2.3e Appendix 5 CTMUHB ARC Highlight Report 17.10.24 UHB 28 November 2024.pdf (5 pages)

8.2.4. Clinical Education Annual Report

Information Dom Hurford, Executive Medical Director

-  8.2.4a Clinical Education Annual Report 2023-24 UHB 28 November 2024.pdf (4 pages)
-  8.2.4b Final Clinical Education annual report 23-24 UHB 28 November 2024.pdf (80 pages)

8.2.5. Cwm Taf Morgannwg Regional Partnership Board Annual Report 2023-24

Information Linda Prosser, Executive Director of Strategy & Transformation

-  8.2.5 RPB Annual Report 2023-24 Cover Report UHB 28 November 2024.pdf (4 pages)
-  8.2.5a Appendix 1 Cwm Taf RPB Annual Report Design_English_P5 (Compressed).pdf (29 pages)

8.2.6. Public Services Board Update

Information Philip Daniels, Executive Director of Public Health

-  8.2.6 Public Service Board Update UHB 28 November 2024.pdf (5 pages)

8.2.7. NHS Wales Shared Services Partnerships Committee Assurance Report 19 September 2024

Information Gareth Watts, Director of Corporate Governance/Board Secretary

-  8.2.7 SSPC Assurance Report 19 September 2024 UHB 28 November 2024.pdf (5 pages)

12:50 - 13:00 9. CLOSE OUT BUSINESS

10 min

9.1. Any Other Business

Discussion Jonathan Morgan, Health Board Chair

9.2. How Did we do in this Meeting

Discussion Jonathan Morgan, Health Board Chair

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?

13:00 - 13:00 10. PRIVATE/IN COMMITTEE SESSION

0 min

The following items will be received at the In Committee Board session

- Community Diagnostic Hub & Endoscopy Procurement Process and Business Case (Commercially Sensitive)

13:00 - 13:00
0 min

11. DATE AND TIME OF NEXT MEETING

The next meeting of the Health Board is scheduled to take place on Thursday 30 January 2025 at 9:00am



Agenda Item

4.1

CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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	Jonathan Morgan, Chair

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

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

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

1. Background

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

2. Specific Matters for Consideration

2.1 Chair Update

Princess of Wales Hospital

Since the last public Board meeting our organisation has responded quickly to the escalating risks linked to the integrity of the Princess of Wales Hospital roof. The continued period of heavy rainfall exposed the need for our teams to focus on gaining the financial support to commence the replacement works whilst making all necessary arrangements for patients to be cared for elsewhere. I want to thank all our staff for their support in helping us to address this incredible challenge.

I also want to record the thanks of the Board to our Executive Team for the pace at which difficult decisions have been taken to address the consequences of the roof replacement work being advanced, not least the impact on our planned care affecting many people waiting for their procedures, and the impact on our financial plan.

The CEO and I have agreed that the Board needs to learn from this experience and we have asked the Director of Corporate Governance and Board Secretary to review the information that has been available to Board and its committees over the past few years. The Board will also need to consider what else is now needed to be assured as to the risks associated with all buildings in our ownership, and what measures we are taking to mitigate those risks. This experience also demonstrates that we need to develop at pace an estates plan alongside the development of our Acute Clinical Services plan and community based services.

December's Board Development Session

I want next month's Board Development Session to focus on two substantial areas of our strategic planning for 2025 onwards.

Firstly in preparation for our budget and IMTP submission for the next financial year we need to work through our priorities, particularly our ambitions to radically reshape our digital and technology capacity, and focus on the crucially important prevention agenda. If we are to succeed in building healthier communities we need to harness the opportunities of digital innovation to improve the efficiency and effectiveness of what we deliver and support people to have more control over their own health through technology. Linked to this is helping people to live healthier lives, using more of our resources to tackle and prevent ill health, working with communities to address the causes of long term illness.

Secondly work has been commissioned to reform our primary and community care offer. The recent decision of the Board to invest in our CTM Hospital at Home service with the recruitment of Healthcare Support Workers demonstrates the ambition of shifting support from hospital to home. Alongside this we now need to rethink what primary and community care can offer to address ill health in our communities, giving us a chance to improve wellbeing and supporting those with longer term illness.

2.2 Board Briefing – 10 October 2024

The Board were briefed on the critical incident declared at Princess of Wales on 9th October 2024 due to the roof integrity issues.

2.3 Board In Committee Meeting – 17 October 2024

The Board received and approved the Business Case - Developing a Digital Solution to achieve a Single Clinical Record within Mental Health & Learning Disabilities.

2.4 Board Briefing – 17 October 2024

The Board received an update on the current position in relation to the critical incident at the Princess of Wales Hospital and noted that a business case was being developed for the roof covering replacement works for Board approval prior to submission to Welsh Government.

An update was also provided on the work being undertaken in relation to sexual safety.

2.5 Board Briefing – 24 October 2024

The Board received an update on the following:

- Update on the critical incident at the Princess of Wales Hospital regarding the roof integrity.
- Integrated Medium Term Plan (IMTP) Commissioning Intentions
- Joint Commissioning Committee Update, which included an update on the plans that had been put into place in relation to a Deputy Chief



Commissioner role, the recruitment process that would be followed to appoint a new Chief Commissioner and the steps being taken to finalise the Governance structure. And update was also provided in relation to the Judicial Review regarding the Emergency Medical Retrieval Service.

2.6 Board In Committee Meeting – 31 October 2024

The Board received and approved the Business Case for the Roof Covering Replacement Works at Princess of Wales Hospital, Bridgend in response to the critical incident relating to roof integrity issues.

2.7 Diary Commitments

- Local Authority Leaders/Chair/CEO Meeting
- Independent Members/Chair/CEO Meeting
- 1:1 Chief Executive
- 1:1 Director of Governance
- 1:1 Vice Chair
- Chair Peer Group Meeting
- Welsh NHS Confederation Management Committee Meeting
- Leadership Group
- CTMUHB Public Board Meeting and In Committee Board Meeting
- CTMUHB Board Briefing Meetings
- Social Prescribing Working Group
- Staff Q&A
- Regional Partnerships Leadership Board
- NHS Confederation Workshop
- Welsh Government Honours Event
- Meet with Chris Bryant MP
- Care Action Committee Meeting
- Primary Care Prescribing Meeting
- Structure Assessment Interview with Audit Wales
- Llantrisant Health Park Meeting
- Visit with Health Minister to RGH and LHP
- NICON Conference
- CTM2030 Leadership Group
- Medical Staff Committee Meeting
- Visit to Park Dewi Sant
- NHS Boards / Trusts Assurance Meeting
- Welsh NHS Confederation Annual Conference
- Meeting with Helen Howson
- Chair's Meeting
- Meeting with Peter Stephenson, Internal Audit
- Walkabout Valleys Veteran Club
- Activity Health and Wellbeing Event
- NHS Confed Chair's Meeting
- Welsh Government Visit to BAVO
- NHS Confed Audit & Risk Committee Meeting
- NHS Chairs Assurance Meeting

- Meeting with Dr Chris Jones, Chair of HEIW
- Research and Development Conference
- Introductory Meeting with South Wales Police Commissioner
- Consultant Interviews

Meetings / discussions with Local Politicians

- MS/MP monthly meetings with Chair/CEO

3. Key Risks / Matters for Escalation

3.1 COMMON SEAL

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

- Minor Works Building Contract between Cwm Taf Morgannwg UHB and Steam Plant Engineering Ltd whose Registered Office is at Victoria Works, Victoria Road, Halesowen, West Midlands, B62 8HZ - Replacement of Steam Hot Well Tanks and condensate recovery unit (Royal Glamorgan Hospital Only)
- Minor Works Building Contract -Agreement Between Cwm Taf Morgannwg University Health Board and Raynes Scaffolding & Groundworks whose registered office is at Unit 10 Pant Industrial Estate, Dowlais, Merthyr Tydfil, CF48 2SR in respect of scaffold access to smoke detector locations in plant rooms and atria spaces at Royal Glamorgan Hospital, Ysbyty Cwm Rhondda Hospitals.
- Minor Works Building Contract Agreement Between Cwm Taf Morgannwg University Health Board and Building Controls Maintenance Ltd of 10 Heol Erwin, Cardiff, CF14 6QP - replacement of existing Motor Control Panels in Plantrooms 1-5 at Princes of Wales Hospital.
- Minor Works Building Contract Agreement Between Cwm Taf Morgannwg University Health Board and Building Controls Maintenance Ltd of 10 Heol Erwin, Cardiff, CF14 6QP - replacement of existing Motor Control Panels in Plantrooms 1-5 at Princes of Wales Hospital.
- Intermediate Building Contract Agreement Between Cwm Taf Morgannwg University Health Board and Geoff Tremblett Plumbing and Heating Limited whose Registered Office is at The Coach Yard, High Street, Brynsadler, Pontyclun, CF72 9BX - domestic services pipework replacement at Dewi Sant Hospital, Pontypridd.
- Minor Works Building Contract - Agreement Between Cwm Taf Morgannwg University Health Board and Amberwell Engineering Services Ltd whose registered office is at Unit 3 Plot 120, Village Farm Industrial Estate, Pyle, Bridgend, CF33 6BL - replacement of the existing Main Entrance & A&E Canopy lighting at Princess of Wales Hospital, Bridgend. Works also include

the replacement of the existing floodlights in the car park with new and additional lighting columns.

- Minor Works Building Contract - Agreement Between Cwm Taf Morgannwg University Health Board and Amberwell Engineering Services Ltd whose registered office is at Unit 3 Plot 120, Village Farm Industrial Estate, Pyle, Bridgend, CF33 6BL - new modular UPS and IPS systems to serve POW SCBU department As Section JO1201-CSG-SPEC_TO2 Section-A00 Clause 110 at Princess of Wales Hospital.
- Minor Works Building Contract Agreement Between Cwm Taf Morgannwg University Health Board and M&M Medical Limited whose registered office is at 84 Heol-y-Twyn, Talbot Green Business Park, Talbot Green, Rhondda, CF72 9FG - medical gas pipeline systems at Princess of Wales Hospital.
- Minor Works Building Contract Agreement Between Cwm Taf Morgannwg University Health Board and Amberwell Engineering Services Ltd of Unit 3 Plot 120, Village Farm Industrial Estate, Pyle, Bridgend, CF33 6BL - Periodic electrical testing and production of EICRS for a number of distribution boards as identified within the specification, and their circuits at Princess of Wales Hospital, Bridgend and Glanrhyd Hospital, Bridgend together with the remedial work necessary and replacement of some distribution boards.
- Minor Works Building Contract - Agreement Between Cwm Taf Morgannwg University Health Board and Amberwell Engineering Services Ltd of Unit 3 Plot 120, Village Farm Industrial Estate, Pyle, Bridgend, CF33 6BL - replacement of the existing fuse boards with new MCCB boards across the ground floor and first floor templates of the hospital at the Royal Glamorgan Hospital.

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

3.2 Chairs Urgent Action –UK Covid-19 Inquiry – Core Participant Status Application for Module 10

Under Chairs Urgent Action, issued via email on the 30th September 2024, the Board received a recommendation in terms of applying for Core Participant Status for Module 10 of the Covid-19 UK Public Inquiry.

The Board resolved the following:

- Approved the decision that CTMUHB will NOT apply for Individual Core Participant Status for Module 10.
- Approved that should there be an appetite in NHS Wales for Group Core Participant Status for Module 10 then the Health Board would join this collective, subject to robust governance and legal oversight.

- Approved that if a Group application for Core Participant Status is progressed that the Health Board will inform its legal team and agree to this information being shared internally with NHS Wales Shared Services Partnership Legal and Risk Team to facilitate such arrangements to support a joint application.
- NOTED that the default position if no application is put forward or subsequently approved by the Chair of the Inquiry than the Health Board will move forward with no Core Participant Status.
- NOTED that the Health Board will retain its own Legal Advisors which includes Senior and Junior Counsel (from Crown Office Row) and designated Legal Advisors from NWSSP Legal & Risk Services.

3.3 Chairs Urgent Action – Joint Commissioning Committee – Emergency Medical Retrieval and Transfer Service Judicial Review (Delegation of Decision Making)

Under Chairs Urgent Action, issued via email on the 22nd November 2024, the Board received a recommendation in terms of delegating decision making relating to the management of responses to the Judicial Review.

The Board resolved the following:

- AGREED the immediate delegation of authority to proceed with defending the litigation (with no further Chairs action or Board decision) to the Director of Corporate Governance/Board Secretary with oversight from the Chief Executive Officer.

It is important to note that the above recommendation was in accordance with the model Standing Orders, including delegated financial authority within the Standing Financial Instructions, in place for Health Boards.

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	A Healthier Wales
	If more than one applies please list below:



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	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 Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☒	No: ☐
	Outcome: The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below) Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	

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

5. Recommendation

Members of the Board are asked to:

- NOTE the report.
- RATIFY the Affixing of the Common Seal as captured in section 3.1
- RATIFY the Chairs Urgent Action outlined in sections 3.2 and 3.3.

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)
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 understanding of the work being undertaken.	Director of Strategy & Transformation	23 September 2024	Proposed for Closure Topic has been added to the Board Development forward work programme
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 Now September 2024	Proposed for Closure – Completed An update was received at the meeting held on 26 September 2024
7.1	28 March 2024	Integrated Medium Term Plan and Budget for 2024/2025 G Watts to include the request to consider years two and three finances within a Board Development Session within the next six months to consider the support required for Primary Care, prevention and early intervention.	Director of Corporate Governance/Board Secretary	30 May 2024 Now 23 September 2024 Now 12 December 2024	Proposed for Closure Topic has been added to the Board Development forward work programme



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Agenda Item 4.1.1

3.1	30 May 2024	Listening & Learning Story Review of the story to be undertaken, alongside other Local Authority Directors, outside the meeting to determine the reasons as to why the placements had broken down and whether there were any steps that could have been taken at different stages to prevent the breakdowns.	Director of Social Services	25 July 2024	In progress Discussion held with the Care Group Nurse Director for Mental Health & Learning Disabilities where it has been agreed that the Regional Partnerships Board Care Home Group would review the position, with an aim to establish a system of multi-agency learning from placement breakdowns Further review to be undertaken of the response provided in relation to action log entry 3.1 to determine whether the Board would be provided with an update on what systems of shared learning had been put into place with Local Authorities. Response to be shared outside the meeting.
3.1	30 May 2024	Listening & Learning Story Report to be presented to a future meeting outlining the key actions required that needed to be taken forward	Care Group Nurse Director, Mental Health & Learning Disabilities	28 November 2024 Now 30 January 2025	In progress Report to be presented to the November 2024 Board meeting. As a result of capacity constraints within the Team, this item will now be presented to the Board meeting taking place on 30 January 2025

Agenda Item 4.1.1

4.2	30 May 2024	Chief Executives Report Consideration to be given to inviting some of the Seren Award winners to meet with the Board at a future meeting.	Chief Executive	24 October 2024	Proposed for Closure Director of Communications, Engagement & Fundraising has recommended that this is picked up as part of the wider piece of work being undertaken in relation to staff reward and recognition and has suggested that this action is closed on the Board Action Log. The Board will be kept up to date with progress in regards to the programme of work regarding reward and recognition
6.1	30 May 2024	Integrated Performance Dashboard Report from the multi-agency event held at the Princess of Wales Hospital on 10 April 2024 to be shared at either the Quality & Safety Committee or Planning, Performance & Finance Committee so that learning could be shared	Chief Operating Officer	26 September 2024 Now 29 October 2024 Now 14 November 2024	Proposed for Closure - Completed Report was shared with the Planning, Performance & Finance Committee at its meeting held on 14 November 2024
5.1	25 July 2024	Listening and Learning Story To collectively as a Board take forward the learning from Joanne's shared experience.	Board Members	26 September 2024	Proposed for Closure – Ongoing Action Will be ongoing action and commitment by Board Members.

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7.3	25 July 2024	Board Assurance Framework Review the risk score of Strategic Risk 5 - Delivery of a digital and information infrastructure to support organisational transformation.	Director of Digital	26 September 2024 Now 30 January 2025	In progress While the national reviews have been undertaken, final reporting and distribution has not been completed. It is anticipated that all reports will be finalised by the end of the calendar year.
8.1	25 July 2024	Integrated Performance Dashboard Contact K Palmer outside the meeting to discuss the visibility at Board of the learning disability service.	Chief Operating Officer	28 November 2024	In progress Discussion held with K Palmer where it was agreed that the COO would review learning Disabilities to determine the information that should be shared at Board. An update will be provided at the November 2024 meeting.
8.1	25 July 2024	Integrated Performance Dashboard Bring a report back to a future Board meeting on Neurodevelopment Services activity.	Executive Director of Strategy & Transformation	23 September 2024	Proposed for Closure Topic has been added to the Board Development forward work programme
8.1	25 July 2024	Integrated Performance Dashboard Identify a session in the Board Development programme for further exploration on the optimal design of health pathways from	Chief Operating Officer/Director of Corporate Governance	23 September 2024	Proposed for Closure Topic has been added to the Board Development forward work programme. Scheduled for discussion on 12 December 2024

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		primary care to secondary care, with invites extended to the Service Director and Medical Director of the Primary Care and Community Care Group as well as Community Pharmacists.		Now 12 December 2024	
3.1	26 September 2024	Listening & Learning Story – Robotics Surgery Discussion to be held outside the meeting in regards to undertaking further promotion via social media channels in relation to bowel screening	Director of Communications, Engagement & Fundraising	28 November 2024	Proposed for Closure The Communications Team is part of the Robotic Assisted Surgery Steering Group, which is continuing work to identify a patient suitable and willing to participate in external communications activity. Health board colleagues leading recruitment and retention activities have also been linked in to the steering group to ensure advances in surgery technology feature within relevant recruitment activities. CTMUHB will feature within the All Wales Robotic Assisted Surgery public relations activity this month, celebrating the milestone of 500 patients having now undergone robotic assisted surgery.

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6.3	26 September 2024	Board Assurance Framework Comments to be considered outside the meeting in relation to the reduction of the Likelihood score for Strategic Risk 3 and the comments made regarding the growing size of the report.	Director of Corporate Governance	28 November 2024	Proposed for Closure. The Strategic Risk 3 on the Board Assurance Framework Report has been updated in light of the comments received at the September Board meeting. The updated version is captured at agenda item 5.4 in the agenda for November Board. The Board Assurance Framework Report has also been reformatted to improve the flow of information captured and this has resulted in a significant reduction in the length and size of the report.
6.4	26 September 2024	Effective Management of Board Business Review Further thought to be given to setting some metrics that would help to determine the effectiveness of the change.	Director of Corporate Governance	28 November 2024	Proposed for Closure Success measures have been considered and the intention is to use Office 365 Forms to seek feedback from Board Members at an appropriate time reflecting back on the principles that were set out in the proposal of the Committee Review to test whether the changes have delivered the objectives that were set at the outset. This will be further complemented by Committee

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					and Board Self Assessments and informal feedback at the "How did we do" section in the close out of Committee meetings.
7.1	26 September 2024	Integrated Performance Dashboard Update to be presented to a future Board Development session in the Reset Fortnight that had been undertaken at Prince Charles Hospital	Chief Operating Officer	28 November 2024	Proposed for Closure Topic has been added to the Board Development forward work programme.
7.1	26 September 2024	Integrated Performance Dashboard Ophthalmology plan to be shared with Board members at a future meeting	Chief Operating Officer	30 January 2025	In progress Chief Operating Officer will be presenting this to the Board meeting taking place on 30 January 2025
7.1	26 September 2024	Integrated Performance Dashboard Discussion to be held at future Board Development session in relation to what plans needed to be out into place to address the increase in numbers of patients awaiting a new first outpatient appointment. The work undertaken on Health Pathways and wider pathway redesign to be discussed at this session.	Chief Operating Officer	28 November 2024	Proposed for Closure Topic has been added to the Board Development forward work programme.



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Previously Completed Actions					
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 Now 26 September 2024	Completed Attempts have been made to progress by both teams but this has not been possible. The Executive Director of Therapies and Allied Health Professionals has therefore suggested the action is closed. A document containing information on increasing referrals within Speech & Language Therapy has been uploaded to the documents folder on Admincontrol for Board Members information.
5.3	30 May 2024	Board Assurance Framework (BAF) Consideration to be given outside the meeting regarding the suggestion made to introduce a risk relating to shifting services into the community as it was felt this needed to be more related to the failure to deliver on our strategic goals.	Executive Director of Strategy & Transformation	26 September 2024	Completed This risk relates to strategic planning, past, present and future. In terms of the BAF ACSP delivery has been captured within Strategic Risk 9. In terms of the past and present: This is a long term set of operational activities spanning several years. In 23/24 a large proportion of Ophthalmology



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					services were transferred to community settings (Glaucoma care). The ECC4 plan will see transfer of £1-2m worth of activity from hospital to the community this year. In terms of the future: A risk log has been created for the ACSP. This includes the risk of failure to deliver which has been assessed at a risk score of 20 and will be escalated to Board Committees as appropriate in accordance with the risk management framework process.
6.3	30 May 2024	Getting it Right First Time Productivity Trajectories to be included in future iterations of the Performance Dashboard report to enable progress to be tracked	Chief Operating Officer/Executive Director of Strategy & Transformation	26 September 2024	Completed Trajectories have been included in the report within the quadruple aim and any relevant charts contained within the performance quadrant.
3.1	25 July 2024	Primary Care Update – Taff Vale Practice - Proposed Branch Closures Primary Care and Community Care Group to provide future updates to the Planning, Performance & Finance Committee for assurance	Chief Operating Officer	27 August 2024	Completed Verbal update presented to the August 2024 Planning, Performance & Finance Committee and a written report will be presented to the October meeting of the Planning,

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		and oversight of the implementation of the mitigating actions that will be taken in response to the closure of the two branch sites.			Performance & Finance Committee.
6.2	25 July 2024	Chief Executives Report Add Executive Priorities to Board Cycle of Business.	Corporate Governance Team	1 August 2024	Completed This area have been added to the Board Cycle of Business.
7.1.2	25 July 2024	Quality & Safety Committee Highlight Report 16 May 2024 Share the listening and learning story relating to onboarding with all Board members.	Corporate Governance Team	1 August 2024	Completed Video shared with Board Members by email on 29 July 2024.
8.4	25 July 2024	Development of Plan to address Delayed Discharge Issues Extend invite to the August Committee to all Board Members noting that it will be considering the business case for the plan to address delayed discharge.	Corporate Governance Team	27 August 2024	Completed Invite was extended to all Board Members to attend the August Planning, Performance & Finance Committee



Agenda Item

4.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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
AO	Accountable Officer
CAMHS	Child and Adolescent Mental Health Services
ICCS	Integrated Community Care System
MOU	Memorandum of Understanding
ORS	Opinion Research Services
POW	Princess of Wales
RPA	Regional Partnership Agreement

RPB	Regional Partnership Board
SCP	Single Cancer Pathway
TI	Targeted Intervention

1. Situation / Background

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

2. Specific Matters for Consideration

2.1 Escalation Status

I am pleased to report a revision to our escalation status following the most recent tripartite meeting in October. As a reminder, Welsh Government colleagues meet with Health Inspectorate Wales (HIW) and Audit Wales (AW) at least twice yearly to review the status of each health board.

Following a successful programme of work targeting waiting times under part 1a, 1b and part 2 of Child and Adolescent Mental Health Services (CAMHS), CTM has been de-escalated from Level 4 (targeted intervention) to Level 3 (enhanced monitoring) for this service. We are required to sustain these improvements to secure further de-escalation to Level 1 (routine arrangements) next year. I would like to thank all staff involved in this programme of work for their efforts and dedication that has helped us achieve this important milestone.

Our revised escalation status following the October tripartite meeting is summarised in the table below:

Area	Previous Status	New Status
Planning and Finance	Enhanced Monitoring	Enhanced Monitoring
Performance: Planned Care	Targeted Intervention	Targeted Intervention
Performance: Cancer	Targeted Intervention	Targeted Intervention
Performance: Urgent and Emergency Care	Targeted Intervention	Targeted Intervention
Performance: Child and Adolescent Mental Health Services	Targeted Intervention	Enhanced Monitoring

Across the remainder of this financial year, our focus remains on delivering the required performance improvements to achieve further de-escalation and ensuring our initiatives and plans we put in place to enhance performance are sustainable.

On 25 October, I submitted an Accountable Officer (AO) letter to Judith Paget, highlighting the key risks to delivering our plan caused by the estates issue concerning the roof of the Princess of Wales (POW) Hospital, which has been considered when reviewing our escalation status. Owing to the uncertainty of the overall impact on waiting times and performance, and the risk this poses to delivering a balanced position this year, I am advised that we remain in Level 3 (enhanced monitoring) for finance, planning and strategy.

I am enthused by the significant effort both the planned care and unscheduled care group teams are investing in their respective programmes of work under the escalation framework. It is positively encouraging to see the Single Cancer Pathway (SCP) performance steadily improving, recognising we are on course to deliver our 70% goal by the end of the financial year. Moreover, I have recently visited all of our acute sites to see the tangible benefits our emergency departments are experiencing as the benefits of the portfolio approach to transformation of unscheduled care continue to be realised.

Monitoring and assurance of progress against our updated escalation framework continues via monthly oversight meetings between CTM leads and Welsh Government colleagues, as well as quarterly escalation meetings held at executive level.

2.2 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.

Since the last update, we have successfully procured support from ORS (Opinion Research Services) who will work with us to ensure that our stakeholder map and engagement plans are robust. This is a critical element for the development of the ACSP as we need to ensure that we

involve our population, staff and partners in its development, to make sure it is jointly owned and understood.

The urgent work that has been taking place at the Princess of Wales hospital will also impact on how our ACSP continues to develop. As a health board, we know that these urgent changes are not permanent changes. Work will be undertaken to review and assess the impact of these changes and what this means for best practice/evidence for our future delivery model. We will ensure that we follow due process for any permanent changes, including involving Llais and wider stakeholders.

2.3 Developing an Integrated Community Care System for CTM

As colleagues will be aware from updates at the March and September Board meetings, CTM is working with Bridgend, Merthyr Tydfil and Rhondda Cynon Taf County Borough Councils, and other Regional Partnership Board (RPB) members, to create an integrated community care system for older people and people living with frailty. Person-centred care, within a context of ongoing budgetary pressures, requires seamless, accessible and joined-up support delivered in new and innovative ways. The model seeks to support older people and their carers to live as independently as possible, which requires considerable input from health and social care services.

The Integrated Community Care System (ICCS) will be based on two new community pathways – Urgent Community Response and Population Health Management, where the Urgent Response Pathway may be accessed primarily through a Navigation Hub.

A new management model, comprising integrated management roles and shared resources, is seen as necessary to deliver integrated services effectively. The Cwm Taf Morgannwg Regional Partnership Board (RPB) is an important forum for coordinating this work, but it does not provide a legal basis for integrated operating arrangements between statutory organisations.

A Memorandum of Understanding (MoU) has been developed by senior representatives of each of the partner organisations under the provisions of Part 9 of the Social Services and Wellbeing (Wales) Act 2014. As a demonstration of wide support for the implementation of the ICCS, the RPB has endorsed the draft MoU text prior to it being put to statutory organisations for approval.

Attached as Appendix 1, the MoU sets out the ambition of partners to develop a single Regional Partnership Agreement (RPA), which will be in place from April 2025 and reviewed annually, for delivery of services within the new community pathways set out in the ICCS. A Section 33 Agreement is the appropriate vehicle for achieving this. The new RPA will supersede the following existing legally binding partnership agreements:

- A Section 33 agreement between Bridgend County Borough Council and CTMUHB for the delivery of Adult and Older People's Services, specifically a

- short-term assessment and re-abling team, the Bryn y Cae Reablement Unit and the Acute Clinical Team, via an integrated Community Resource Team;
- A Part 9 Agreement between Rhondda Cynon Taf and Merthyr Tydfil County Borough Council and CTMUHB for the provision of a Stay Well at Home Service.

The MoU also commits to the development of a measurement framework which will be embedded in the RPA to drive delivery.

I am seeking the support of the Board to sign this MoU on behalf of CTM.

2.4 Seren awards

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

In August, our winner was our Head of Engagement and Involvement, Natasha Weeks, who led the health board's participation in the Eisteddfod this summer.

Under Natasha's leadership, we were able to engage countless people of all ages in conversations and activities about health and wellbeing, spanning everything from dental care to fitness. Natasha's nominator said her hard work, and CTM's presence at the Eisteddfod, not only enhanced our reputation amongst our local population, but helped people begin their journey towards a healthier life.

They went on to say: "Natasha will be the first to say this was a team effort, involving colleagues from comms and engagement, Welsh language, public health and those representing a range of services. However, there's no doubt that she deserves special recognition for the energy, creativity and time she put into making this event the great success it was for CTMUHB."

September's winner was Haysam Abdelrahman, Paediatric Clinical Fellow, who has gone above and beyond to help welcome and induct new clinical colleagues.

His nominator said: "Haysam has shown extraordinary commitment and flexibility during the last few weeks which needs to be recognised. He has been extremely supportive to our new junior and middlegrade doctors who started with us during the last couple of months and showed great flexibility extending his rostered shift on several occasions. His clinical skills are outstanding. Thank you for your hard work, Haysam."

3. Key Risks / Matters for Escalation

4. Assessment



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Cwm Taf Morgannwg University Health Board is asked to NOTE this report and APPROVE the signing of the Memorandum of Understanding.

[Paper Header]

Purpose

1. To update the **[Cabinet/ Board]** on work to develop a Regional Partnership Agreement (RPA) for the delivery of services for older people, people living with frailty and their carers across Cwm Taf Morgannwg
2. To seek approval of a regional Memorandum of Understanding (MOU) committing to the development of the RPA and a supporting measurement framework to drive delivery and monitor outcomes

Context

3. The number of people in the Cwm Taf Morgannwg region over the age of 65 is expected to increase over the coming period, most significantly those over the age of 85. Supporting older people and their carers to live as independently as possible requires considerable input from health and social care services. Person-centred care, within a context of ongoing budgetary pressures, requires seamless, accessible and joined-up support delivered in new and innovative ways.
4. Bridgend, Merthyr Tydfil and Rhondda Cynon Taf County Borough Councils and Cwm Taf Morgannwg University Health Board (CTMUHB) have agreed to work together, with other Regional Partnership Board partners, to create an integrated community care system for older people and people living with frailty which is capable of meeting changing and increasing community need.
5. Figure 1 describes the planned Integrated Community Care System (ICCS) where multidisciplinary teams will work on cluster footprints across the region. The ICCS will be based on two new community pathways – Urgent Community Response and Population Health Management, where the Urgent Response Pathway may be accessed primarily through a Navigation Hub. A new management model – comprising integrated management roles and shared resources, is seen as necessary to deliver integrated services effectively.
6. The Cwm Taf Morgannwg Regional Partnership Board (RPB) is an important forum for coordinating this work, but it does not provide a legal basis for integrated operating arrangements between statutory organisations.

Figure 1: A frailty-attuned Integrated Community Care System for Cwm Taf Morgannwg



Memorandum of Understanding

7. Following extensive discussions between senior representatives of each of the partner organisations, a MOU has been drafted under the provisions of Part 9 of the Social Services and Wellbeing (Wales) Act 2014. As a demonstration of wide support for the implementation of the ICCS, the RPB has endorsed the draft MoU text prior to it being put to statutory organisations for approval. Attached as **Appendix 1**, the MoU:

- Sets out the ambition of partners to develop a single RPA, which will be in place from April 2025 and reviewed annually, for delivery of services within the new community pathways set out in the ICCS. It has been agreed that a Section 33 Agreement is the appropriate vehicle for achieving this. The new RPA will supersede existing legally binding partnership agreement:
 - A Section 33 agreement between Bridgend CBC and CTMUHB for the delivery of Adult and Older People's Services, specifically a short-term assessment and re-abling team, the Bryn y Cae Reablement Unit and the Acute Clinical Team, via an integrated Community Resource Team;
 - A Part 9 Agreement between Rhondda Cynon Taf and Merthyr Tydfil County Borough Council and CTMUHB for the provision of a Stay Well at Home Service;

8. It also commits to the development of a measurement framework to drive delivery and monitor outcomes as part of the RPA.
9. Formal ratification of the MOU will enable work to be undertaken on the development of the RPA over the autumn and spring and sign-off in advance of the proposed April 2025 commencement date.

Recommendation

10. That the **[Cabinet/ Board]** approves the MOU to enable the development of the RPA and its implementation from 1 April 2025.

Appendix 1

An Integrated Community Care System for the Cwm Taf Morgannwg Region

Memorandum of Understanding between Bridgend County Borough Council, Merthyr Tydfil County Borough Council, Rhondda Cynon Taf County Borough Council and Cwm Taf Morgannwg University Health Board

Purpose

Over the next 20 years, the number of people living in our communities is predicted to grow further. Notably, we are expecting an increase in people aged 65 years and over, with the most significant rise in those aged 85 years and over. More people living longer is something to be celebrated. It is a trend that health and social care services have played a significant positive role over many decades in creating, and we are proud of this. We also acknowledge that from the perspective of the future planning of our services in a resource constrained environment, meeting increasing needs of greater complexity will require significant innovation and collective endeavour.

For the growing number of older people and people living with frailty, their interacting and cumulating health and social circumstances means continuity and coordination of their care is extremely important. It follows that health and social care services working separately in traditional ways cannot deliver optimal outcomes for people. Anyone with direct experience themselves, or in their family, of living with chronic conditions knows that seamless, accessible health and social care services are essential to maintain as much independence and quality of life as possible for that person. This is equally true for the wellbeing of their carer(s).

Our commitment then as Bridgend County Borough Council, Merthyr Tydfil County Borough Council, Rhondda Cynon Taf County Borough Council and Cwm Taf Morgannwg University Health Board is to work together and with wider partners to create an integrated community care system capable of meeting changing and increasing population need.

A key purpose of this Memorandum of Understanding (MoU) is to set out at a strategic level what our organisations are trying to achieve together through strengthened partnership working for older people and people living with frailty which will be embedded in our system.

In practical terms this will mean developing integrated delivery teams, joint management arrangements, close collaboration on demand and capacity planning, the optimal use of our collective resources and joint commissioning of services. However, as a local health board and councils we are not empowered to work in this way, without taking proactive steps. The Cwm Taf Morgannwg Regional Partnership Board is an important forum for coordinating this work, but it does not provide a legal basis for integrated operating arrangements between statutory organisations.

Therefore we will work towards the development of a binding Regional Partnership Agreement (RPA) which will permit us to delegate functions between bodies and create a formal binding partnership, thus enabling the creation of joint operating arrangements. Through this agreement each partner will retain our respective statutory duties, whilst at the same time achieving greater synergy in the way our services work and avoiding significant organisational restructuring.

This MoU is a precursor to the RPA, acting both a statement of intent and as a means of agreeing areas of focus in the forthcoming RPA. As a confident first step on a much longer journey, this MoU is an important statement in its own right. We collectively sign up to the MoU through Part 9 of the Social Services and Wellbeing (Wales) Act 2014 which supports partnership arrangements in health and social care.

The Intended Scope of our Regional Partnership Agreement

Our forthcoming RPA will be scoped for integrated health and social care support in the community to older people and people living with frailty and their carers, but this can be a template for addressing the needs of other population groups in the years ahead. The RPA will be underpinned by the provisions of Section 33 of the NHS Act 2006 as this provides a clear basis for integrated management arrangements between local authorities and health boards.

In terms of the footprint of services being considered, through the Regional Partnership we are already cooperating on the development of two new community pathways, namely 'Urgent Community Response' and 'Population Health Management', supported by a Navigation Hub and delivered by integrated community teams largely on a cluster footprint. These pathways provide a basis for the services in the scope of a formal partnership agreement (see Annex A for a list of service areas potentially in scope).

In the context of developing these *regional* pathways, a *single* partnership agreement, rather than bilateral arrangements between partners, offers the greatest potential for improved service delivery. We intend to learn from our collective experiences of legal agreements which we are already party to, in order to develop an arrangement here that is flexible and ambitious in scope.

The Aims and Objectives of our Regional Partnership Agreement

Fundamentally we are seeking better outcomes for this population, and we intend to develop a measurement framework which will work at a number of levels in order to drive delivery and provide a high level of clarity that will enable effective scrutiny. This will comprise population indicators, system performance measures, service performance measures and quality performance measures.

Population outcome indicators will describe the improvements people should experience. Fundamentally we want older people living with frailty to have more

healthy days in their home with as high a level of independence and quality of life as possible.

System output measures will reflect and support the structural changes to the health and social care system we want to make. By creating stronger community pathways we aim to increase the count of people receiving enhanced community care, and reduce admission rates and unnecessarily lengthy stays in a hospital environment because of the deconditioning that results in for patients. This is especially important for older people who can be harmed by an admission which may end up being longer than necessary and lead to greater dependency in turn requiring more extensive social care arrangements.

Success here would reduce the intensity of social care support a person may need after a lengthy hospital stay. Such system output measures will help us identify if we are moving closer to or further away from the shape of system we need for the future.

Service output measures will track the performance in key service areas. Access to services, increasing the number of people with anticipatory care plans, reducing re-admission rates and appropriately sizing care packages will feature.

Quality of experience for people we support can be understood through feedback from them. For our workforce, indicators of recruitment/ retention and their own self-reported job satisfaction and wellbeing will be key. Research shows that staff engagement drives quality which in turn drives results and better outcomes for people. Our staff truly are our most important asset.

To enable this we aim to work together as a single system across acute healthcare, primary and community care, social care including Independent Providers, the Third Sector and other partners to make best use of our financial resources.

Ways of working

We will strengthen governance at a regional level to oversee the delivery of our integrated service model. Each statutory organisation will be represented, and there will be a clear reporting line each statutory organisation's own governance and accountability mechanisms and into the Regional Partnership. Rather than reducing the level of accountability, our intention is to increase transparency by making health and social care delivery results more visible as this is essential to learning and improvement.

To support these changes to the ways we will operate our services, the continued growth of a positive enabling culture will be crucial. We will invest in the development of working relationships between our organisations at all levels: for Councillors and Board Members; for executive management, and for front line professional staff. This approach will apply across our wider regional partnership as well as in our own organisations. Integration has to work at an individual and team level, and we will invest time and other resources in this.

Delivery timetable

With this MoU in place, we are working towards the commencement of a formal RPA for the start of the operating year 2025-26. This agreement will evolve over the years ahead. We envisage annual updates as we reflect on progress and implement new elements of our new community pathways.

Annex A to the MoU – Services in scope for Section 33 Agreement

Urgent Community Response Pathway

- Reablement
- D2RA Beds
- Dementia Specialist Services
- Assistive Technology and Mobile Response
- Short Term Professional Interventions
- Hot Clinics
- Palliative Care and Chronic Disease Management

Navigation

- Closer alignment between CTMUHB Clinical Navigation Hub and Local Authority Single Points of Access

Population Health Management Pathway

- Community Health and Wellbeing Teams
- CTMUHB and LA Social Care commissioned Wellbeing provision



Agenda Item

5.1

CTM Health Board

Update Report on the Princess of Wales Hospital

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance & Board Secretary Gethin Hughes, Chief Operating Officer
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Executive Director of Finance Gethin Hughes, Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
An oral explanation as to the urgency of this item was communicated by the Executive Director of Finance to the Board Briefing session in October 2024.	24/10/2024	Members expressed support for the steps being taken
The Business Case was presented to an in committee session of the Board in October 2024	31/10/2024	Board approved the Business Case

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
POWH	Princess of Wales Hospital
NWSSP	NHS Wales Shared Services Partnership
WAST	Welsh Ambulance Service Trust



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

1. Situation / Background

- 1.1 In response to incidences of water ingress at the Princess of Wales Hospital (POWH) during September 2024, a full structural survey of the roof of the main building was initiated.
- 1.2 The health board received a detailed report on 9 October 2024 which revealed serious deterioration to the Phase 1 roof that will require a substantial programme of replacement. The Director of Corporate Governance shared this report with the full Board on 10 October 2024.
- 1.3 Much of the roof of the hospital was constructed 40 years ago, and techniques and materials have improved considerably in that time. The report highlighted that the roof design did not provide ventilation and this has led to the wooden roof battens, which support the concrete roof tiles, rotting and in some places disintegrating completely. To provide an idea of the scale of the work required, the POWH roof is approximately 10,000 square metres, approximately equivalent to the roofing area of 166 terraced houses.
- 1.4 The report recommended that an action plan should be urgently developed to mitigate the risks identified going into the winter months, because large portions of the roof coverings are unrestrained and not fixed as originally designed. The report further noted the risks to the perimeter of the building also needed to be considered. The report identified a risk of the tiles becoming dislodged and falling into the public thoroughfares. Moreover, localised uplift or gusting during the winter period, or a prolonged deluge of rain or a substantial snow load could also dislodge these tiles and instigate a collapse.
- 1.5 Following the Structural Survey report on 9 October 2024, a decision was taken through the health board's Gold command structure to decant services from the first floor of POWH Phase 1 due to the identified safety concerns.
- 1.6 Our Estates and Capital team rapidly developed a capital business case for submission to Welsh Government for the replacement of roof covering, Fire Enforcement Notice and Electrical upgrades at Princess of Wales Hospital.
- 1.7 The full Board considered this business case at an in committee session on 31 October 2024. The business case was received in closed session due to commercial sensitivities. The business case was approved at this meeting for onwards submission to Welsh Government for approval.
- 1.8 Subsequently, Cabinet Secretary approval has been granted and the health board has entered into a contract for the works.

2. Specific Matters for Consideration

Operational Response

- 2.1 A comprehensive programme of work has been taking place, at pace, involving the most senior clinical staff in the health board, to develop safe plans to move patients. Each patient is individually clinically assessed before they are moved to ensure they are transferred to the place that is most appropriate for their needs. Patients who are well enough to be discharged have been transferred home, or to another setting in the community that is more suitable for meeting their needs. This has included into care homes or community hospital beds.
- 2.2 The decant from the top floor of POWH has had a significant impact on our services at the site. The clinical services accommodated on the first floor of the affected building are:
- 8 bedded Intensive Care Unit
 - 6 Main Theatres
 - 2 room Endoscopy Suite
 - Maternity and Neonatal facilities (already relocated to PCH due to the separate electrical improvement programme)
 - Wards 5 – 12, amounting to 204 beds and including the trauma unit, stroke unit and the surgical unit
- 2.3 The decant was completed on 1 November 2024.
- 2.4 In order to relocate aspects of the above services, we have also had to temporarily close the following services:
- The Bridgend Eye Unit, to accommodate the relocation of Intensive Therapy Unit within POWH
 - The Bridgend Day Surgery Unit Theatre 1, to support relocation of the CEPOD Theatre
 - Royal Glamorgan Ward 15 Elective Orthopaedics, to accommodate Trauma demand from POWH
 - Royal Glamorgan Ward 18 Paediatrics, to accommodate female surgery from POWH.
- 2.5 These service changes have necessitated accommodating around 200 patients to alternative settings to continue with their ongoing care and recovery.
- 2.6 Following the significant moves of patients within POWH and to other CTMUHB sites, we are in a position where we have less beds available than we had available, prior to the decant. Clearly, this places significant pressure on our emergency and elective care services across the organisation.

- 2.7 Those patients who have healthcare needs that require ongoing specialist care, treatment or monitoring that can only be provided in an acute hospital, but who are well enough to move to another hospital, have been transferred to another CTMUHB hospital: either the Royal Glamorgan Hospital (RGH) in Llantrisant, or the Prince Charles Hospital in Merthyr Tydfil, depending on which hospital can best meet their needs. Patients with the most serious needs will remain in POWH and be moved to another area in the hospital to continue with their treatment, care and recovery.
- 2.8 We have redirected the acute trauma admission intake from POWH to RGH. Any patients being referred by GPs for medical admission are being assessed, with those needing ambulatory care remaining at POWH whilst those requiring a medical bed are being referred to the RGH. To ensure we can safely move patients from POWH to other hospitals in a timely manner, we have commissioned a specialist vehicle from WAST to effect any patient transfers.
- 2.9 It has been also been necessary to close the six main operating theatres at POWH. Patients who were booked to undergo a planned major operation at POWH, will instead have their operation at one of our other hospitals. We continue to provide day surgery at POWH.
- 2.10 The emergency department is not affected by this incident and remains open as usual.
- 2.11 The intensive care unit at POWH has also been moved to a new space within the same hospital minimising disruption for those patients who require the greatest medical support.
- 2.12 In addition, fencing was erected to mitigate the risk of tiles falling at the perimeter of the building to protect staff, patients and the public.

Planning, Governance and Risk Management

- 2.13 Immediate Gold, Silver and Bronze (EPRR Framework)ⁱ command structure was set up to manage the actions required to be taken, including the management of risks and necessary urgent responses to changes in services.
- 2.14 The Silver group included a number of cells, focusing on Discharge Planning, Decant planning, Demand management along with an Estates Cell. These have been supported with groups on Workforce, Communications, Digital, Facilities and Patient Safety.
- 2.15 Communication and engagement with all stakeholders was also an important consideration during this period. The health board ensured it developed a consistent and effective communication approach during the

challenging period and ensured that its key stakeholders both internal and external were kept fully up to date and developed a series of Frequently Asked Questions (FAQs) which were shared. Regular updates and briefings to Board Members also took place.

- 2.16 An Accountable Officer (AO) letter was sent to Judith Paget, Director General Health, Social Care and Early Years Group Welsh Government /Chief Executive NHS Wales, on 25 October 2024 formally setting out the circumstances regarding the roof at the Princess of Wales Hospital. This letter provides an overview of what has happened at POWH, how the health board has responded and the likely impacts on our performance and finance delivery. The AO letter was circulated via email to Board Members on the 28 October 2024.
- 2.17 Internally, the health board has raised two risks which have been escalated from the command structure to the Organisational Risk Register. These risks record the impact of not acting on the report's recommendations should water ingress continue which could result in significant harm to patients and staff.
- 2.18 There is also a risk around the trust and confidence in the health board should the remedial work not be undertaken at pace, which could also lead to legislative challenge resulting in reputational and financial risks crystallising and impacting the health board
- 2.19 Undertaking an appropriate procurement route is always an important consideration before entering into any type of commercial contractual arrangement. Given the urgency of the works the health board is not able to follow the usual procurement route for entering into contracts. Instead the NHS Wales Shared Services Partnership - Specialist Estates Services, have advised that the health board can engage the provisions of section 32 paragraph 2 c of the Public Contract Regulations 2015ⁱⁱ. This part of the regulations allows contracting authorities to award public contracts by a negotiated procedure without prior publication for reasons of extreme urgency brought about by events unforeseeable by the contracting authority. Therefore, the health board has the sufficient assurance that it could make a direct award owing to the circumstances currently faced at POWH.

Development of the Business Case

- 2.20 The Estates team worked at pace to develop a remedial plan to address the findings of the survey report. This requires a complete replacement of the Phase 1 roof coverings (tiles, battens and felt). This aspect of the work is not technical in nature but hugely significant in terms of scale. The POWH Phase 1 roof is approximately 10,000 square metres. That is roughly the



equivalent of 166 terraced houses, or 100 four-bedroom detached houses. Essentially, the size of a large housing development. Approximately 600,000 tiles will be removed from the roof and replaced as part of the remedial programme.

- 2.21 The programme of work also seeks to address fire compartmentation issues and windows will be replaced on the first floor to improve the u-value (a measure of heat transfer from a building) in accordance with building control requirements. The new roof covering will also include the provision of a 'mansafe' system which will allow users to work safely on roofs to support future maintenance activities; this is not present on the current roof.
- 2.22 Additionally, the health board intends to take the opportunity to refresh the ward spaces. This will not be a full refurbishment, however, spaces will be painted and flooring replaced where necessary and practicable within the programme timeline.
- 2.23 It is intended that as sections are completed, services will be able to reoccupy the space. Further details and timings of this would become apparent as the work progresses and be communicated to the Board and other key stakeholders at the appropriate time.
- 2.24 As outlined above, the Board approved the business case at their in committee session on 31 October 2024 for onwards submission to the Welsh Government. At that point, scrutiny of some aspects of the costs was ongoing and the Board approval was on the basis of a maximum cost. The business case was submitted to Welsh Government on 1 November 2024. The Estates and Capital team continued to work closely with NWSSP Specialist estates colleagues in scrutinising and testing out the business case.
- 2.25 The Cabinet Secretary approved the business case on 8 November 2024. The award of Funding is made on and subject to conditions and under the authority of the Cabinet Secretary for Health and Social Care, one of the Welsh Ministers, acting pursuant to functions transferred under section 58a of the Government of Wales Act 2006.
- 2.26 The approval confirms an award of capital funding of up to £27,910,000 from Welsh Government to Cwm Taf Morgannwg University Health Board in respect of the replacement of roof covering, Fire Enforcement Notice and Electrical upgrades at Princess of Wales Hospital.
- 2.27 Funding of £1.386m has already been provided to CTMUHB in relation to this scheme, it is therefore the balance of up to £26.524m which is available to be drawn down.
- 2.28 Within the amount of £26.524m, £2.500m has been included as a not to exceed figure in relation to the increased capacity works at Ysbyty George

Thomas and Ysbyty Cwm Cynon to mitigate the service impact following the POWH decant and resulting bed reduction. This allocation will be retained by the Welsh Government and held in group 4 of CTMUHB's Capital Resource Limit until the designs have been finalised and costs scrutinised by NHS Shared Services Partnership Specialist Estates Services.

- 2.29 The funding relates to the period 1 April 2024 to 31 March 2026 and must be claimed in full by 31 March 2026, otherwise any unclaimed part of the funding will cease to be available to the health board. The health board are expected to manage any final costs in excess of £27.910m through our discretionary capital allocation. Should any of the funding not be needed, the health board will be required to inform the Welsh Government as soon as possible to allow for the return to the NHS Capital Programme.
- 2.30 Funding must be used solely for the purposes set out in the approval letter. Any deviations from this approved list must be approved by Welsh Government.
- 2.31 In signing the approval letter, CTMUHB has agreed to the following conditions:
- Establish management arrangements for closing out all scrutiny comments raised by Welsh Government / NWSSP Specialist Estates Services within 6 weeks of this approval
 - Establish management arrangements to allow NWSSP SES access to the works for inspections and witnessing testing / commissioning.
 - Share all Project Management and Cost Advisor monthly reports.
 - Establish a suitably resourced and represented Project Board, with delegates from Welsh Government or their nominees to oversee delivery of the project.
 - Maintain a risk log, particularly covering management of opening up, and firming up provisional sums
- 2.32 There were some non-material changes made post Board approval arising from ongoing cost scrutiny, as referenced at Board and the inclusion of solar PV installation at the request of Welsh Government.
- 2.33 Arrangements to establish the required Project Board is underway and will be chaired by Sally May, Executive Director of Finance, the health board is also seeking a Welsh Government nominee to join this Project Board.
3. Key Risks / Matters for Escalation
- 3.1 The works to remedy the issues identified with the roof at POWH will be on-going into the summer of 2025.

- 3.2 The Board will be kept apprised of progress and developments in relation to this work with reports at relevant committees and the public Board meetings to provide assurance.
- 3.3 Risks which arise either directly or indirectly as a result of the work will continue to be managed in accordance with the health board's risk management framework.
4. Assessment

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

Impact Assessment		
Ansawdd	Yes: ☐	No: ☒



Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Outcome:	Owing to the urgent nature of this item this a quality impact assessment has not taken place.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Given the urgency of the item it is not deemed necessary on this occasion.
Cyfreithiol / Legal	Yes (Include further detail below) The health board will now be required to use the funding allocated to it in line with the terms of the approval letter which has been allocated to the health board in under the Cabinet Secretary's authority in accordance with Section 58a of the Government of Wales Act 2006.	
Enw da / Reputational	Yes (Include further detail below) Failure to undertake the works in accordance with the terms of the approval including within agreed funding limits and	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) The requirements of the works have been set out and will now be closely monitored by the Programme Board.	

5. Recommendations

5.1 The Board is asked to:

- NOTE management's response to this incident to date and the proposed next steps.
- ACKNOWLEDGE, with thanks, the stakeholders, patients and partners for their support and patience during the management of the urgent internal incident at POWH; and CTMUHB staff who have worked tirelessly to manage the safety and care of our patients throughout this period.

6. Next Steps

6.1 The health board will:

- Continue to monitor and review impact on services, patients, staff and financial implications.
- Complete programme of work at pace within the identified phases, monitoring any changes to risk and safety.
- Continue to communicate with stakeholders, patients, partners and staff of any updates.
- Prepare and plan for returns as the programme of work progresses.
- Carry out a learning review following the Internal Critical Incident.

ⁱ Emergency, preparedness, resilience and response (EPRR)

ⁱⁱ <https://www.legislation.gov.uk/ukxi/2015/102/regulation/32/made>



Agenda Item

5.2.1

Charitable Funds Committee

Highlight Report from the Charitable Funds Committee

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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, Committee Vice Chair
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
	Click or tap to enter a date.	

Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
CCLA	Churches, Charities and Local Authorities (Investment Management Limited)



1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Charitable Funds Committee at its meeting on 23rd October 2024
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of the Committee is to provide an update on the arrangements for the control and management of the CTMUHB's Charitable Funds.
- 2.2 The Charitable Funds Committee will:

Make and monitor arrangements for the control and management of CTMUHB's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with legislative framework.

Provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.

Oversee the strategic direction and development of the CTMUHB Charity.

3. Highlight Report

Alert / Escalate	Positive Escalation – The Committee approved the proposal to support the purchase of new high specification glaucoma diagnostic equipment required to diagnose/manage new glaucoma patients in Glaucoma Diagnostic Hub at Maesteg Community Hospital. It was highlighted that diagnostic imaging from this device boosts clinic capacity, cuts consumable use and frees senior staff for complex care, and reducing the risk of patient harm due to appointment delays within ophthalmology services. The Committee considered that the proposed purchase was an enhancement to core NHS provision.
Advise	- The Committee was asked to consider a business case request in principle to match fund a new Arts Manager post for CTMUHB. The Committee DEFERRED the Arts council Business Case due to further clarity being required on a number of points. - It was AGREED by the Committee to ENDORSE for onward approval of the Charitable Funds Financial Control Procedure to the Audit & Risk Committee and amendments to the Scheme of Delegation to the Audit & Risk Committee for



	endorsement, and then onto full Board for approval in accordance with the Standing Orders. The Committee received a detailed update by the Investment Manager (CCLA).
Assure	- The Committee were assured on the programme of work led by Head of Charity and Income Generation to develop the charity strategy and the priorities set out in the charity forward plan. - It was advised the Health Board's charitable investment policy would be revised and reviewed due to its limited content and scope, which had raised concerns. Additional guidance on investment Policies and Finance Charity Funds will be sought by the Head of Corporate Finance to enhance the review process. - The Committee suggested a future Trustee Development session on the CTM Charity Strategic Direction of Travel and Priorities.
Inform	- The Committee APPROVED of change to Charity Commission contact details from an individual who has since left the organisation to the new Head of Charity & Income Generation The email address provided to the Charity Commission will be a shared mailbox The Committee NOTED; - The Charitable Funds update - The Audit plan, provided by Audit Wales - The Audit Enquiries Letter
Appendices	Nil

4. Assessment

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



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Required
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not Required



Impact Assessment Screening?		
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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



CTM Health Board

Highlight Report from the Stakeholder Reference Group

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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
IMTP	Integrated Medium Term Plan
SRG	Stakeholder Reference Group
POWH	Princess of Wales Hospital

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the CTMUHB at its meeting on 15th November 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of the 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	New Member Nominations We received 3 new member nominations for consideration of ENDORSEMENT at SRG prior to Board APPROVAL. Carer Forum Wales replacement member – Expression of Interest has been received from the, Head of Clinical Care at Caron Group Wales, who informed us that 'I would really appreciate if the board would consider me for inclusion on to the Cwm Taf Morgannwg University Health Board Stakeholder Reference Group. I believe that my previous roles, working within regional operations in the locality, and more recently as Head of Clinical Care for Caron Group, provides me with the experience and exposure to contribute to working in partnership with the health board, in order to improve and enhance service delivery across the sectors'. Local Authority Elected Member Merthyr Tydfil – Expression of interest was received via Lisa Curtis Jones of Merthyr Tydfil County Borough Council, which outlined that the proposed was elected in May 2022 for Park Ward in Merthyr Tydfil. Since the time of being elected the proposed has been chair of the Social Services Scrutiny Committee and Older Persons Champion for



the Authority. There has been a change of administration in the authority and this nominated member has now been selected by the Leader to be part of the Cabinet with Social Services Portfolio. As Cabinet member she is a member of the Regional Partnership Board, Corporate parenting Board, Safeguarding Board and Adoption Panel. The proposed member for consideration is also the outside body representative for Citizens Advice Merthyr Tydfil, who also volunteers in the Community and has volunteered recently for Twyn Community Hub. In addition was a founding member of Merthyr Pride and is now a trustee.

The proposed member started her working career in Adult Nursing but changed her career path and went to work in the Charity and Voluntary sector. Also worked with street homelessness for 13 years in Cardiff, then went to work for Gofal (now called Plattform) and her role was working with Homeless clients who had significant Mental Health support needs and needed crisis intervention, this was for 3 years. The proposed then moved to another charity called Safer Merthyr Tydfil where she still currently works, and has been there for 9 years. Her current role is advocating the needs of victims of domestic abuse through the family court system. The proposed member is an IDVA (Independent Domestic Violence Advisor) and works alongside family court and CAFCASS.

She is passionate about working with people and has a keen interest in health and social care due to her work roles (current and previous).

Town Council Representative – An expression of Interest has been received via Maria Malcahy of One Voice Wales who had considered the nomination at the One Voice Wales Area Committee prior to nomination. The information was considered at the One Voice Wales Area Committee prior to the resolution that he should represent One Voice Wales on the Stakeholders Group.

The Expression of Interest outlined that “I serve as a councillor on Ynysawdre Community Council. I have been forwarded your address by our clerk [name supplied]. I am very interested in taking a seat on the Cwm Taf Morgannwg Health Board Stakeholder Reference Group.

Although I have not sat on any similar boards in the past, I have a keen interest in the Local Health Board and how it serves my constituency. My parents were both nurses (my mother a ward sister in Princess of Wales, Bridgend and my father a charge nurse in East Glamorgan hospital – my dad was also a trade union rep and secretary of C.H.O.S.E.)



	Having grown up with the hospitals and various trusts as a background, I am keenly interested in making a positive contribution to Cwm Taf's future." The SRG members endorsed the expressions of interest for inclusion in the SRG. The board is now asked to consider the SRG's recommendation for approval to include these new members in the group.
Inform	• Update on Development of Llantrisant Health Park (LHP) The LHP Infrastructure Programme Director gave an update on the development of the Llantrisant Health Park, setting out the background to the development, the proposed scope of works and the latest status and likely timelines for delivery. It was noted that this is an ambitious programme and the programme team is working closely with the design team and local authority planners to ensure this development is rigorously constructed to meet the needs of our patients and in the shortest timeframe possible. There were a number of questions from SRG members: Workforce The ability to recruit sufficient workforce to staff the LHP was queried. This concern was acknowledged and further information was provided on the work to develop new ways of working and use a variety of clinical roles to develop the site. Should it be necessary, a phased approach to opening theatres could be facilitated. Assurance on delivery timeframes The time from commencement to delivery was noted and the confidence to delivering this. It was confirmed that a period of five years from concept to build is an extremely ambitious timeframe for a healthcare building. The programme team is consistently comparing with other similar healthcare sites and it was noted that this is the largest elective care centre that has been planned. There are exacting building standards and policies that must be adhered to in order to ensure safety for our most vulnerable patients who access our services and these requirements result in a longer timeline.



The SRG was given assurance that the delivery time for the LHP programme is monitored closely through the governance mechanisms and there is scrutiny with contractors to ensure that the quickest way to deliver the building is deployed.

Key support from Local Authority Planners and the Cabinet Secretary for Health and Social Care was highlighted as an enabler supporting the health board in progressing this important work programme.

- Feedback from Members – Visit to Prince Charles Hospital Development.

Following a presentation by Bill Rogers at the July 2024 SRG where an invitation was extended to members to visit the developments at the Prince Charles Hospital site. Visits were arranged for SRG members on 5th September 2024 and 12th September 2024. Members provided feedback from their visit. The visits had been very welcomed and colleagues were pleased to note the significant development of the facilities at Prince Charles Hospital. Particular note was given to the allocation of parking spaces to particular clinical areas to make it easier for patients to access the part of the site where their appointment would take place.

- Update Progress of Development Maesteg Hospital

The Assistant Director of Transformation (Maesteg), Strategic & Operational Planning provided a further presentation on the development of Maesteg Hospital and engaged with members. There was positive feedback regarding the connectivity with third sector colleagues through links with BAVO in the Maesteg development programme.

- IMTP Update

The Assistant Director of Transformation, Strategic & Operational Planning gave an update on IMTP. The update provided members with the context for the planning cycle for the 2025-2028 period. It was noted that the planning will be supported by commissioning intentions setting out the key priorities for the plan (in addition to existing work programmes) These commissioning intentions will be shared with SRG members for consideration once the document has been reviewed and approved by the board. There was a commitment given to continue to update members throughout the process so that members have the opportunity to engage on CTM's planning for the next three years.

	- Update Temporary Service Change Neonatal and Maternity Units, Princess of Wales Hospital The Head of Planning & Partnerships and Service Director for Children's & Family Care Group provided a further update to members on the temporary service change which commenced in September 2024 involving Neonatal and Maternity Units, Princess of Wales Hospital. Members were informed that these critical upgrade works are on schedule for completion within the timescales communicated by the University Health Board. However there has been a critical incident relating to the roof at the POWH site and a programme of structural work has been commenced following an external survey of the roof structure. A comprehensive plan has been authorised by the health board's executive team. Roof replacement work has commenced in November with anticipated completion next Summer (2025). This extensive programme of investment will ensure the future of POW hospital is a better and safer place for patients to receive care and for our staff to work. The Executive team, however, have confirmed that the Special Care Baby Unit, Labour Ward, Ward 12 Maternity and Ward 11 Gynaecology will be part of the first phase of the roof repairs to ensure that these areas are progressed at pace to enable the return of these urgent services to site as soon as possible. This critical work though, will result in a delay to the return of the Special Care Baby Unit, Labour Ward and Maternity Wards to ensure safety is in place to undertake these critical works and the current anticipated date of return for maternity services is January 2025. The health board will be keeping all key stakeholders informed of progress and any changes to the return date for maternity and neonatal services. - Work Programme and Forward Planning Members were asked to forward any additional topics to the Committee Secretariat. There were no topics requested for consideration at this meeting.
Appendices	

2. Assessment

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



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg	Yes: ☐	No: ☒



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

3. Recommendation

- 3.1 The Board is asked to NOTE the highlights outlined in section 3 of this report and to consider approval of endorsed new members.



CTM Health Board

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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	October / November	Reviewed and signed Off
Executive Leadership Group	11 th November 2024	Risks reviewed and management sign off received.

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework



1. Situation / Background

- 1.1 It is good practice for the Health Board to have a Board Assurance Framework (BAF) that clearly sets out the risks, actions and relevant sources of internal and external assurances to provide a clear picture of the 'health' of the organisation and the high level risks threatening delivery of the Board's strategic goals.

2. Specific Matters for Consideration

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

3. Key Risks / Matters for Escalation

- 3.1 The critical incident regarding the integrity of the roof at the Princess of Wales Hospital has impacted the Strategic Risks this period as captured in the detailed updates in Appendix 1.
- 3.2 Please refer to Appendix 1 which outlines the key risks for discussion and review. Amendments have been highlighted in red.
- 3.3 In addition to updates significant changes have been made as follows:
- Strategic Risk 1a – Sufficient capacity to meet elective demand, the risk score has been reviewed and increased on this occasion, due to the impacts of the critical incident.
 - Strategic Risk 10 - Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government, the risk score has been reviewed and increased on this

occasion as there is a significant risk that the forecast break-even position for 24/25 will deteriorate in the coming months.

- The People Team have undertaken a thorough review of the following risks to ensure they remain reflective of the current risks.
 - *Strategic Risk 3 - Sufficient workforce to deliver the activity and quality ambitions of the organisation*
 - *Strategic Risk 6 - Leadership and Management – this risk is likely to reduce to its target score in coming months.*
 - *Strategic Risk 7 – Culture, Values and Behaviours*

3.6 The Executive Director of Finance is continuing to consider the development of 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).

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

5. Recommendation

5.1 The Health Board is asked to:

APPROVE

- The updates to the BAF Report for November 2024 as captured in Appendix 1.
- The changes outlined in Section 3 of this report.

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)
1a	Sufficient capacity to meet elective demand Click Here for Risk1a	Improving Care 	Chief Operating Officer	Quality and Safety; Planning, Performance and Finance	20 (C4xL5)	↑ Risk score increased from a 16 to a 20 this period.
1b	Sufficient capacity to meet emergency demand Click Here for Risk1b	Improving Care 	Chief Operating Officer	Quality and Safety; Planning, Performance and Finance	20 (C4xL5)	↔
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)	↔
3.	Sufficient workforce to deliver the activity and quality ambitions of the organisation Click Here for Risk 3	Sustaining our Future 	Executive Director of People	People & Culture Committee	16 (C4xL4)	↔
4.	Community and Partner Engagement Click Here for Risk 4	Creating Health 	Director of Communications, Engagement & Fundraising	Population Health & Partnerships	12 (C4xL3)	↔
5.	Delivery of a digital and information infrastructure to support organisational transformation Click Here for Risk 5	Improving Care 	Director of Digital	Digital & Data	16 (C4xL4)	↔
6	Leadership and Management Click Here for Risk 6	Inspiring People 	Executive Director for People	People and Culture	12 (C4xL3)	↔
7	Culture, Values and Behaviours Click Here for Risk 7	Inspiring People 	Executive Director for People	People and Culture	12 (C4xL3)	↔
8	Fulfilling our Environmental and Social Duties and ambitions Click Here for Risk 8	Sustaining our Future 	Executive Director of Strategy and Transformation	Population Health and Partnerships	16 (C4xL4)	↔
9	Healthy Life Expectancy Click Here for Risk 9	Creating Health 	Executive Director of Public Health	Population Health and Partnerships	20 (C5xL4)	↔
10	Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government Click Here for Risk 10	Sustaining our Future 	Executive Director of Finance	Planning, Performance & Finance Committee	20 (C4xL5)	↑ Risk score increased from a 16 to a 20 this period.

[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

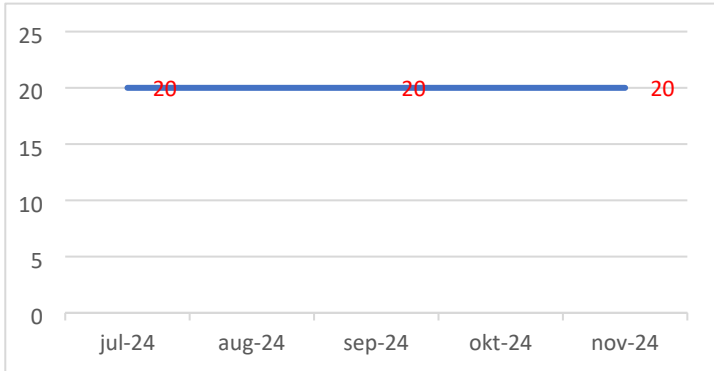
Target risk scores in *grey italic*

Consequence	5					
	4		3,4,8,7,8	4,6,7, 1a,2,5,9,10	2,3, 5,8,9, 1b	1a, 1b, 10
	3					
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

SECTION 3 – STRATEGIC RISKS

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: ↑ Risk Score increased from a 16 to a 20 this period.
Initial	4	5	20	
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			Risk Score Trajectory 
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				- Critical incident declared at Princess of Wales on 9th October 2024 due to the roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity - There has been continuous planning on clinical pathways and diversion of emergency intakes, which again has impacted on the capacity and resilience across the full CTMUHB system. - There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. - There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident. - Planning continues on recovery phase following critical incident with the impact not yet quantified. - The risk score has been reviewed and increased on this occasion, due to the impacts of the critical incident.

	- Until there has been continuous improvement against trajectories for elective demand for a range of services including Mental Health and Learning Disabilities. - The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. - The large-scale capital programme at Prince Charles Hospital will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. - The current Fire enforcement notice at Princess of Wales hospital will be completed as part of the Critical incident response and reduce the number of operating theatres until early summer 2025. Plans are ongoing for the temporary location of the theatres. - Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. - Regional working continues and the positive and negative impact of this will be continuously reviewed. - It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by the incident, workforce, financial and environmental constraints on the service.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures	
Productivity, improvement and transformation programme (PIT) - Increase Planned Care Capacity - Transform the way Planned Care is delivered - Prioritise both diagnosis and treatment - Provide better information and support to patients Progress has been made against these four commitments; however, patients are still waiting too long for both diagnosis and treatment, and there is now a national requirement to outline how the waiting times for elective treatment in Wales will further improve. In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for Planned Care, with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource. The key areas for improvement each Health board are expected to incorporate into their improvement programme are: - Effective Waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management - Outpatient & Preoperative Modernisation: utilisation of SOS and PIFU; additional advice & guidance services; virtual preoperative clinics - Theatre Capacity: reduction of fallow lists; efficient scheduling; increased utilisation; improved productivity - GiRFT & Clinical Implementation Networks: identifying opportunities for full implementation of high volume, low complexity; adopting procedure time best practice; maximising day case surgery - Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice All areas of the programme will focus on the following crosscutting themes: - Increased efficiency: streamlining processes to reduce waiting times, eliminate unnecessary delays, and ensure all services are delivered in a cost-effective manner. - Enhanced Quality of Care: ensuring our patients receive the right care at the right time, by sharing best practices, standardising procedures, and improving coordination between services. - Optimised resource utilisation: making better use of the available resource, including staff, equipment, and facilities, to ensure maximum productivity and minimal waste. - Improved Patient Outcomes: focusing on patient-centred care to improve outcomes, satisfaction, and overall experience, whilst ensuring our care is well-co-ordinated and effectively managed. - Reduction of Variability: minimising variations in clinical practices and outcomes by implementing evidence-based guidelines and protocols, delivering consistent and high-quality care. - Data utilisation: using our data and intelligence to pinpoint areas for improvement, regularly monitor key performance matrix and empowering data-driven decision-making to drive continuous improvement	

7. Support Workforce Development: training our staff to develop the right skills and knowledge to help implement and sustain necessary changes and create the environment for effective cross-sector working.

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

Planned Care Recovery Programme

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

Current Control Measures Cont.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW.

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

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

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

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

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

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

Escalation Status programme work

Regional Working

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

Governance Structures

- Operational Services Management Board (Health Board wide)
- Improving Care Board (Health Board wide)
- Six Goals/Unscheduled Care Board
- Cancer Board
- Weekly Cancer Meetings
- Planned Care Recovery Board/ Planned Care Recovery Operations Board.
- Innovation Board

Operational Processes

- Clear criteria to prioritise based on clinical need
- Centralised decision-making around use of spare capacity across the organisation.
- Robust Interventions Not Normally Undertaken (INNU) application.
- Weekly performance tracking.
- Robust Demand and Capacity with mitigating actions.
- Service improvement and transformation

Sources of Assurance (Internal and External)

- Integrated Performance Report
- Harm Reviews
- Assessment Dashboard
- Update reports on specific services experiencing pressure, e.g. Ophthalmology, Urology
- Performance RTT, Cancer trajectories
- Follow-up reports on outpatients not booked
- PIT Programme reports
- Planned Care Recovery Update report
- Escalation processes leading to Chief Operating Officer Report to Quality & Safety Committee including Care Group performance review meetings.
- Organisational Risk Register via Care Group Risk Registers.
- Planning, Performance & Finance monthly report.
- TI meetings
- Audit Wales commencing a Planned Care Audit in August 2024.
- Audit Wales commencing a Health Protection Audit in August 2024.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps
1. CTMUHB digitally-based enabling systems	• Manual processes in areas of no system. • Scope of digital Pre-assessment system • Digital dictation consolidation and standardisation • Theatre system update • Need for digital outpatient system • Consultant connect implementation • Attend anywhere use for virtual activity • WPRS full roll out
2. Robustness of cancer tracking and specialty-specific elective data	• Weekly performance meeting • Implementation of online escalation process for all patients outside of agreed component waiting times.

	• Canisc replacement ongoing. Implementation of Breast, Urology & lower GI datasets • Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance
3. Improvements being made in elective care trajectories albeit not fully embedded.	• Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commenced in November 2023 to September 2024 • Regional Ophthalmology service with increased activity across the region for CTMUHB patients. • Reconfiguration of elective surgery has seen an increase in activity. This will continue to be monitored and developed Completed, will move to control at the next iteration. • Reconfiguration of Trauma ongoing assessment • In sourced additional staff to open up additional theatre activity until theatre plan fully recruited to. • Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). • In Development – Clinical Services Plan.

Linked National Priority Measures

Access to Timely Planned Care

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

Current Performance Highlights

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

- Theatre
- Outpatient
- cancer
- and diagnostic indicators



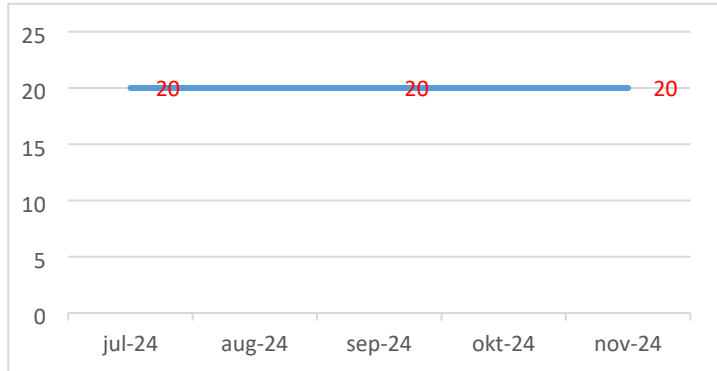
Were there any significant incidents affecting this strategic Risk this period:

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

Associated Risks escalated to the Organisational Risk Register		
5932	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.	20 – New risk escalated to the Organisational Risk Register in November 2024.
5961	Remedial roof works to resolve the water ingress at POWH.	20 - New risk escalated to the Organisational Risk Register in November 2024.
4071	Failure to sustain services as currently configured to meet cancer targets	20
4103	Sustainability of a safe and effective Ophthalmology service	20
4491	Failure to meet the demand for patient care at all points of the patient journey	20
5462	Adult weight management service - Insufficient capacity to meet demand. New escalation to the Organisational Risk Register in July 2023.	20
5730	~~No Health Board MRI Pacemaker Service~~ New risk added to the organisational risk register in July 2024.	20 Risk de-escalated from the organisational risk register in November 2024.
5821	Provision of secondary care immunology services by external provider (this is a service that is not provided by CTMUHB). New risk added to the organisational risk register in July 2024.	20
5417	Paediatric dentistry – General Anaesthetic theatre list. New risk escalated to the Organisational Risk Register in March 2024.	20 - Risk Score increased to 20 in November 2024. ~~16~~
4152	~~Back log for Imaging in all modalities / areas and reduced capacity-~~	~~16~~ —Risk de-escalated from the organisational risk register in November 2024.

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	5	20	No change to risk score this period.
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			Risk Score Trajectory
				
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				• Critical incident declared at Princess of Wales on 9th October 2024. Roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity • There has been continuous planning on clinical pathways and diversion of emergency intakes that again has impacted on the capacity and resilience across the full CTMUHB system. • There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. • There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident. • Planning continues on recovery phase following critical incident with the impact not yet quantified. • There has been some improvement against trajectories for emergency demand. Specifically in total reduction of lost ambulance hours. • The risk score has been reviewed and despite critical incident remains unchanged, due to the following potential impacts. - o There has been a reduction and re-alignment of bed capacity at POW and RGH. - o There has been a diversion of emergency intakes from POW to RGH.

	- There remains a high number of clinically optimised patients in core capacity that is impacting on patient flow. - The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. - Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. The conversion from locum to substantive and establishing COVID un-commissioned capacity remains a priority. - Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures
Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023): - Admission Avoidance - Integrated Front Door - Acute Hospital Flow and Discharge - Integrated Discharge In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for urgent care with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource. The key areas for improvement each Health board are expected to incorporate into their improvement programme are: - Effective waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management - Outpatients and Planned Services within USC: utilisation of SOS and PIFU; additional advice & guidance services - Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice - GiRFT/SEDIT: - Clinical Implementation Networks: Emergency Medicine All areas of the programme will focus on the following crosscutting themes: - Increased efficiency: streamlining processes to reduce waiting times, eliminate unnecessary delays. Ensuring patients receive the care in the lowest acuity setting for their needs. - Enhanced Quality of Care: ensuring our patients receive the right care at the right time, by sharing best practices, standardising procedures, and improving coordination between services. Reducing overcrowding within the UEC system to reduce harm and improve patients and staff experience. - Optimised resource utilisation: making better use of the available resource, including staff, equipment, and facilities, to ensure maximum productivity and minimal waste. Lowering the number of avoidable attended to ED by directing patients to more appropriate urgent and community settings. - Improved Patient Outcomes: focusing on patient-centred care to improve outcomes, satisfaction, and overall experience, whilst ensuring our care is well-co-ordinated and effectively managed. - Reduction of Variability: minimising variations in clinical practices and outcomes by implementing evidence-based guidelines and protocols, delivering consistent high-quality care and minimising harm. - Data utilisation: using our data and intelligence to pinpoint areas for improvement, regularly monitor key performance matrix and empowering data-driven decision-making to drive continuous improvement. - Support Workforce Development: training our staff to develop the right skills and knowledge to help implement and sustain necessary changes and create the environment for effective cross-sector working.

Programme

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

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

- Optimise Project Board
- SDEC Project Board
- UTC Project Board
- FLS Project Board
- Frailty Project Board
- Diabetes Project Board

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW

Lessons learnt from Winter Planning process currently being analysed from a 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 Demand and Capacity Plan established to manage demand and making best use of capacity.

Escalation Status programme work

Regional Working

- A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented.
- Alternative bed options being worked-up by all CTM local authorities to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of hospital stabilisation and onward decision-making.
- Welsh Government supporting intervention with Bridgend County Borough Council regarding backlog of patients Medically Fit for Discharge.
- South Central Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams e.g., Stroke

Governance Structures

- Operational Services Management Board (Health Board wide)
- Improving Care Board (Health Board wide)
- Six Goals/Unscheduled Care Board
- Cancer Board
- Weekly Cancer Meetings
- Planned Care Recovery Board

Operational Processes

- Clear criteria to prioritise based on clinical need
- Centralised decision-making around use of spare capacity across the organisation.
- Robust Interventions Not Normally Undertaken (INNU) application.

- Weekly performance tracking.
- Robust Demand and Capacity with mitigating actions
- Service improvement and transformation.

Sources of Assurance (Internal and External)

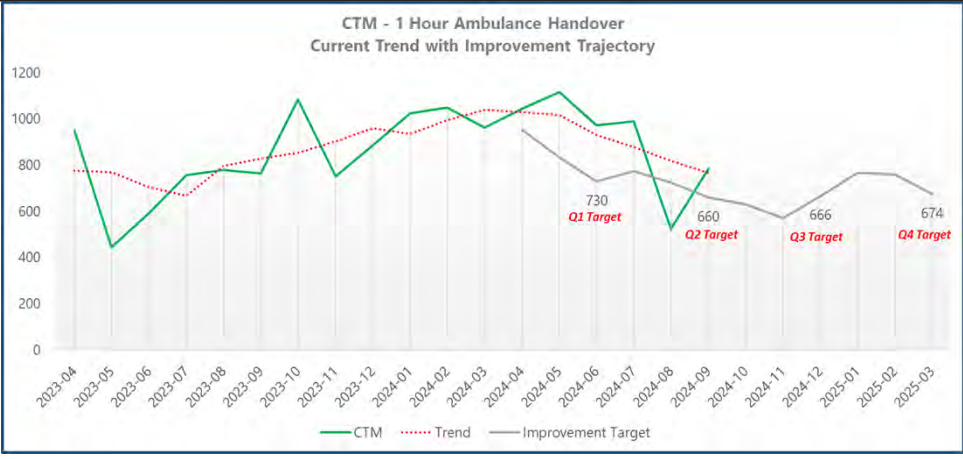
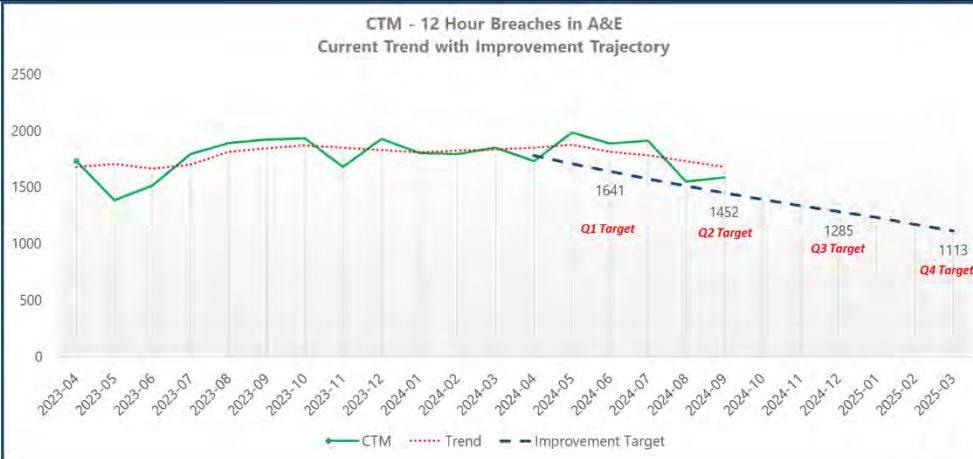
- Integrated Performance Report
- Assessment Dashboard
- Update reports on specific services experiencing pressure, e.g. Neurology, Stroke
- Performance RTT, Cancer trajectories
- Follow-up reports on outpatients not booked
- Stroke Programme Board
- SDEC Programme
- Optimise
- Ambulance Handover and ED Improvement Plan
- Escalation processes leading to Chief Operating Officer Report to Quality &
- Safety Committee including Care Group performance review meetings.
- Organisational Risk Register via Care Group Risk Registers.
- Planning, Performance & Finance monthly report.
- TI meetings
- Audit Wales commencing an Urgent and Emergent Care Audit.
- Reset fortnight commenced week commencing 19th August 2024 – sets out Care Group plans with an aim to resetting and de-escalating sites ahead of winter.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps
1. Improvements being made in urgent care trajectories albeit not fully embedded.	• Update escalation plan for 1 Hour handover for Ambulance • Update escalation plan for 12 Hour reduction • Reconfiguration of ED footprint • Re-alignment of ward capacity • Establish un-commissioned capacity with substantive workforce • Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing). • In Development – Clinical Services Plan. • Task Group established with Chief Executive Officer Leadership to address clinically optimised patients in Pathway 1 – with a view to creating a model of care delivery for patients closer to home.

Linked National Priority Measures

- Ministerial Measures:
- Access to Timely USC Services
- 12 Hour ED Performance requires a reduction of 20% by September 2024 and an additional 20% by March 2025
 - 1 Hour Ambulance Handovers require a 30% reduction on March 2024 baseline
 - Improvement in 4-hour performance with a current baseline of 65%. To achieve an 80% target by March 2025,
- Access to Timely Planned Care Services in USC
- As per Planned Care BAF

Current Performance Highlights



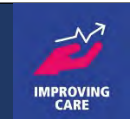
National Improvement Trajectories 24/25															
MEASURE	TARGET		BASELINE	PERFORMANCE TRAJECTORY											
			Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of ambulance patient handovers over 1 hour	Improvement trajectory towards a national target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

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

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

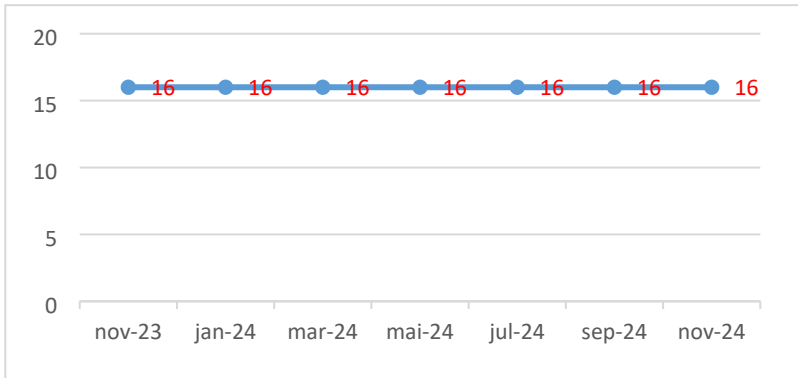
Associated Risks escalated to the Organisational Risk Register

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

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

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	5	20	No change to risk score this period. ↔
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			Risk Score Trajectory 
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. Phase 2 of the Organisational Change Process is complete however, as the structure matures and develops the risk score will remain unchanged with a review in coming months. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service. It is also recognised that cultural change can only be achieved over time.
Risk Treatment Assessment <i>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 action section.

Current Control Measures

Quality Frameworks and Policies

- Strategic review of Infection, Prevention & Control (IP&C) **has been completed and has been aligned to the IP&C Strategy 2024-2027**. Review outcome received at the Quality & Safety Committee in May 2024. IPC Strategy received at the May 2024 Quality and Safety Committee (QSC) and approved by Board in May 2024. **A work plan is being developed to imbed the strategy and a new operating model for IPC.**
- Development of the CTM Safeguarding Strategy 2024-2027. **This has been completed and submitted to the Safeguarding Executive group on 21/10.24 and will now be presented to the January 2025 QSC and Board.**
- Quality & Safety Framework approved by the Board in January 2023, which is aligned to the Care Group Model, is fully embedded across CTM. Internal Audit review on "Embedding the Quality Framework" completed and final report awaited. Any recommendations will be acted upon and managed via the audit tracker.
- Quality Strategy action plan updated and an update received at the Quality & Safety Committee in July 2024
- Clinical Guidelines;
- Suite of Standard Operating Procedures;
- Clinical Education Framework;
- The Incident Management Framework, was launched in June 2022 to reflect national changes in national incident reporting; following consultation across CTM, the Incident Management Framework has been updated and was approved in January 2024 at the Quality & Safety Committee.
- Incident Investigation training established and being rolled-out across the Health Board on a monthly basis;
- Clinical Education Forum (providing overarching Governance) established and continuing through 2024. The Board received the annual report in November 2023.
- Listening & Learning Framework launched and implemented at the Listening and Learning Event in September 2022. A further Listening and Learning Event was held in May 2023 and event took place on the 26th June 2024. Awareness of the new Quality Act was shared at this session, along with other learning for the organisation. We are looking to plan the next event for November 2024, and thereafter, every six months.
- Quality Strategy. A Quality Strategy, Annual Action Plan supports the achievement of the deliverables within the Quality Strategy. Update received at the Quality & Safety Committee in January 2024. Annual Quality Work Plan received in January 2024. The Action Plan was updated and presented to the Quality & Safety Committee in July 2024.
- Ward Accreditation Programme Framework established and is in the process of being rolled out
- Nursing and Midwifery delivery plan was received at the May 2024 Quality & Safety Committee and formally launched in July 2024.
- Implementation Board for the Duty of Quality and Candour being established – inaugural meeting undertaken. Board Briefing held October 2022. Change Team supporting implementation of Duty of Candour arrangements as of April 2023 including the roadshow events mentioned above. The duties within the act are integral to the Quality Strategy and have been built into Board and Committee report templates from November 2023.
- CTM Allied Health Professionals and Health Care Science Delivery Plan.
- **Assistant Medical Director for Quality & Safety post in recruitment process.**

Learning from Experience

- New Patient Experience Forum established, with the inaugural meeting held in April 2024, with regular meetings to be held moving forwards.
- Executive and Independent Member Patient Safety Walkabouts framework complete and implemented. Evidence based review underway which will inform the ongoing format and approach to IM walkarounds.
- Citizen's Voice bodies (Llais) launched in place of CHCs. unannounced visits by Llais has recommenced and monthly meetings have been set up with Llais and the corporate team for early escalation and assurance of issues.
- The mortality team is finalising a standardised mortality dashboard which will establish a consistent process for mortality scrutiny, with key information regularly reported to a Mortality Board. The aim is to complete this in Q4. **~~Mortality Review programme secondary care established and continues to embed. Medical Examiner reviews fully incorporated. Focus level 2 / 3 reviews across CTM; From September 2024, community deaths will need to be included in the Mortality Review Programme with new processes and systems developed to accommodate this requirement.~~**
- Shared Listening and Learning Forum will meet four times per annum: 2 listening and learning events and 2 information sharing meetings, commencing in November 2024.
- Community Acquired Pressure Ulcer Collaborative. A new collaborative has been created for falls reduction / harm reduction. Forum for shared learning on prevention and improvement with internal and external stakeholders and Local Authorities. Steering Groups established and inaugural meetings have taken place with continued reporting to Quality & Safety Committee.
- **Working with the COO and wider operational teams, the Deputy Executive Nurse Director has mapped the harm free care agenda, including Hydration and Nutrition, Inpatient Falls and Pressure Damage Steering Groups through the existing Improving Care Board structure, resulting in planned bi-annual reporting to Quality & Safety Committee.**
- Weekly executive-led patient safety meetings;
- Service Level Patient Safety meetings incorporate learning from events;
- Patient and Staff Stories received at Board Meetings and Quality & Safety Committee;
- Active Forums such as "My Maternity My Way" which includes past and present service users;
- Real-time patient feedback (current system Civica) being rolled out across the Health Board (PREMS), now rolled out across Emergency Departments. New software procured to replace Civica and to collect PREMS and PROMS - 2024 roll out plan in development with new supplier and CTM teams. System set up and ready for phased roll-out.

- Following discussions in relation to the operating model that will support the new Care Groups it is considered that Quality Assurance has been embedded within the quality reporting structures.
- Patient Safety Clinics, targeting service areas with high or low incident reporting;
- Learning from events coordinator role in place, with lesson of the week via social media and a monthly newsletter is shared across the Health Board sharing learning around incidents and concerns;

Current Control Measures Contd.

- Patient Reported Outcomes Measures system procured and piloted in Heart Failure / Cardiology services and plans in place to roll out across HB (PROMS); PROMS provider selected for CTM wide – procurement complete and roll out plan for 2024 in development. (Linked to PREMS and Civica replacement update above). PREMS now live in Emergency Departments. System set up and roll out planned.
- Staff ideas scheme launched across CTM for staff to provide ideas for improvement and collaborate on solutions; **Over 1,700 individuals registered and using the system. Over 270 staff ideas generated since its launch.**
- RADAR (Recognition of Acute Deterioration & Resuscitation) Committee. – Training standards and compliance. This is now a work stream within the Unscheduled Care Group;
- It is anticipated that the New Operating Model will support the triangulation and learning across the Health Board as one CTM;
- Advanced Clinical Practice Board established to provide governance oversight concerning advanced practice professionals.

Innovation & Improvement Programmes

- Quality Improvement showcase event held in July 2023 to highlight and share best practice improvement initiatives across CTM. 2024 event took place in July 2024.
- Improvement Community of Practice implemented with over 30 QI champions currently in place.
- Healthcare Pathways Initiative completed – writing and establishing guidelines from primary to secondary care referrals.
- Theatre Utilisation Group established to pilot the WG initiative to drive efficiency and standardise theatre processes across the Health Board.
- iCTM (Improvement & Innovation) department in place and 2022-2025 iCTM business plan developed aligned to CTM 2030 focusing on Experience, Efficiency and Effectiveness all underpinned by Improved outcomes and Patient Safety; Team working 2026-2028 business plan.
- Leading for Patient Safety with Improvement Cymru and Institute for Healthcare Improvement (IHI) launched. Work plan established and programme continuing for 2023/2024; Shared learning event held in November 2023. Working with Improvement Cymru to develop the continuation of the collaborative, following its completion in May 2024. **Phase 2 of the Safe Care Collaborative from Improvement Cymru launched in October 2024 focusing on Acute Deterioration, Deconditioning and Quality Management Systems; Improvement and Innovation CTM are actively supporting a number of services, a full list is available from iCTM;**
- ICTM developed and delivering a QI Capacity and capability programme;
- Related escalation Status activity;
- Monthly Quality Improvement (QI) training commenced from June 2022 and ongoing on a monthly basis, **over 490 CTM people trained in numerous improvement techniques.**
- Investigation and Putting Things Right (PTR) Training commenced during July 2022;
- Value Based Healthcare programme in place aligned to national Value in Health priorities;
- Enhanced resources in place for business analysis / data analysis to identify areas of improvement and change through data;
- Innovation programme aligned to Value Based Healthcare principles;
- Leading and empowering Improvement and Innovation built into the new Ignite, Aspire and Inspire leadership programmes;
- Implementation of Care Group Improvement Faculties;
- Medical Workforce & Nursing Workforce Productivity Programme established. Medical Workforce Productivity Group has been recently repurposed to allow scrutiny at senior level across Care Groups. **Additional scrutiny in place from August 2024 with Executive Director meetings with Care Group Operational and Medical leads;**
- Appointment of the Bereavement Clinical Lead to support the implementation of the All Wales Care of the Bereaved Framework and Pathways.
- The Improvement Team have aligned resource to care groups and are meeting care group management on a monthly basis to discuss quality improvement activity.
- The Deputy Executive Director of Nursing is a steering group member led by WG on the national safeguarding review for health, commissioned by the CNO. This will be due for completion in June 2024. Completed and awaiting final approved report.
- The Deputy Executive Director of Nursing is a steering group member, working with WG on a program of work following a recent national report on Sexual Safety and associated safeguarding concerns. There are currently delays in terms of scheduling from an All Wales perspective and will update accordingly. First all-wales NHS Executive Led meeting on Sexual Safety held to define the structure of this programme of work.
- Duty of Quality and Duty of Candour Training will be ongoing as required as the Act is embedded within the Health Board. Data on Duty of Candour now routinely reported through weekly Executive Director Led Patient Safety Weekly meetings. Duty of Quality will continue to embed into services.
- A Clinical Effectiveness Committee has been introduced to be an effective and efficient forum for high-level clinicians, leaders and managers to support continuous quality improvement in clinical care in CTMUHB. It will monitor the implementation of the clinical audit program and implementation of NICE/national guidelines/standards to ensure best practice across the Health Board. It will provide support and strategic direction for the Health Board's national and local clinical audit programme, receiving assurance reports from the sub groups and following analysis escalate issues or provide assurance to the Q&S committee and Board.
- **Falls and pressure ulcer collaborative for acute sites launched October 2024.**

Research - Research & Development Programme. Healthcare Research Wales have validated the Health Board's self-assessment of its Research and Development strategy and the feedback will be used to shape ongoing strategic direction. Flow Efficiencies and Productivity - Nursing Productivity Groups operational - Reset Fortnight / Optimise

Sources of Assurance (Internal and External)

External Reports HIW / AW – Quality Governance Arrangements Joint Review Follow-Up – August 2023: The follow-up review found the Health Board has made significant progress in addressing the concerns and recommendations of the 2019 report. It has a stronger strategic focus on quality and patient safety, and there is greater clarity on roles and responsibilities in relation to quality and patient safety compared to 2019. The organisation's scrutiny of quality and patient safety has also improved considerably, with greater openness and transparency. There is also greater awareness of risk management across the organisation, and clearer processes in place for identifying, managing, and escalating risks. The Health Board's concerns and complaints processes are much clearer, and new corporate roles have been created to support implementation and ensure consistency. There is also an improved culture of learning, with a series of arrangements now in place to support the sharing of learning and improvement across the organisation. Outcome letter for the above follow up review submitted to Audit & Risk Committee in August 2024, which concluded that given their overall view that the Health Board has made good progress in addressing the outstanding recommendations and areas of further work identified, they do not propose to undertake any further formal joint follow up work in these areas. Instead, they will continue to monitor the Health Board's progress in addressing these matters through their routine audit and inspection work Annual Reports - Clinical Audit Annual Report; - Clinical Education Annual Report; - Safeguarding Annual Report; - Putting Things Right Annual Report; - Infection Prevention and Control Annual Report; - Medicines Management Expenditure Committee Annual Report; - Organ Donation Annual Report. - Health and Care Standards Annual Report; (incorporating patient survey) - GMC Survey - Improvement to be reported through Improving Care Board / Change to be reported through Strategic Transformation Board; - ICTM (Improvement and Innovation) Annual Report - Annual Duty of Quality Report Quarterly Reports - Quality Dashboard; - Integrated Performance Dashboard; - Quality Governance – Regulatory review progress updates; - IPC Highlight reports; - Care Group reports; - High level update on mortality indicators; - Research and Development Update; - National Clinical Audit and NCEPOD studies; - Maternity and Neonatal Improvement Programme Highlight Report; - Llais briefing papers; - RADAR Reports; - Improvement portfolio report; - Multiple engagement events underway.

Internal Assurances

- Executive and Independent Member Patient Safety Walkabouts framework. The revised framework now implemented which includes 'Purpose, Form and Function' of IM Walkaround Visits.
- The Health Board has strengthened the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. HIW Tracker is now in place;
- Launched Nursing & Midwifery Delivery Plan and agreed a set of nursing care related audit standards monitored via the Senior Lead Nurse Forum with onward reporting on annual basis to the Quality & Safety Committee.
- Medicines Safety Group, Access to Medicines Group established. Replacing the Medicines Formulary Committee with a broader remit.
- Health Inspectorate Wales unannounced visits;
- Medication Prescription and Administration incident update, which reports into the Medication Steering Forum.
- All Safeguarding Hubs working collaborative across CTM population;
- Planned Level 3 Safeguarding training for all Senior Clinical leaders (Execs – Care Group directors); Completed. Plan in place to roll out to all Care Group Clinical Directors and equivalents within this financial year.
- Multi-agency training days established and being rolled out in terms of Safeguarding training, with the aim of maintaining robust and strong engagement and relationships with agency partners.
- Recruited a Safeguarding Practice Development Nurse to support Safeguarding Education across CTM.
- Contacted (letter, key message and verbal reminders) all medical teams to emphasise, and expect, need to complete level 2 Safeguarding training and certain areas level 3;
- Community Acquired Pressure Damage / Falls Reduction Collaborative / **Hydration and Nutrition Group**;
- Patient Safety Solutions – safety alerts and notices;
- Mental Capacity Act (LPS);
- Ad-hoc visits to Ty Llidiard (CAMHS) facility and ad-hoc review of clinical records;
- Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.
- HIW undertake adhoc reviews of medical training within the Health Board.
- Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.

Qualitative Intelligence

- Ongoing weekly safety huddles taking place with Executive Directors and Care Group Directors, and Quality and Safety Team to review concerns and complaints compliance across the Health Board;
- Development of high level dashboards accessible to Ward Managers and to Nurse Directors to support high level overview and decision making using Workforce and Quality Indicators;
- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers;
- Service User and Staff Stories;
- Executive & Independent Member Walkarounds;
- Executive Nurse Director and Deputy Executive Nurse Director undertake weekly clinical focussed site visits;
- Improvement case studies;
- Social Media feedback and intelligence;
- Listening and Learning forum;
- Weekly executive/deputy executive led patient safety meetings;
- Performance and Assurance Directorate of the NHS Executive-Dashboard reports inform the Health Board in terms of compliance across the Patient, Care and Safety portfolio;
- CTM now have access to the All Wales Beacon Dashboard which allows us to benchmark quality metrics.
- iCTM joint working with academic partners to explore cutting edge quality and safety activity to support the Health Board's continuing improvement journey;
- The Health Board is represented at the Duty of Quality & Duty of Candour all Wales meetings which concluded in March 2024, however, additional meetings will be held in the future as required to benchmark and share learning;
- Partnership Working with Cardiff & Vale re South Central Regional Stroke Network;
- Board Briefing regarding Regional Stroke Developments held in December 2022 and followed up in January 2023;
- Discussions are urgently being undertaken with C&VUHB to mitigate CTMUHB's stroke service fragility. **Two Locum posts have been secured to ensure safe service delivery while options are considered for improvements to local service delivery and regional conversations are progressed**
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.
- **Falls and pressure ulcer steering groups in place since September 24 giving strategic oversight of falls and pressure damage across the HB**

External Assurance

- National Neonatal Audit Programme provided report identified Prince Charles Hospital as 'Outstanding' for the NNAP 2023 audit measure two year follow-up. PCH neonatal service has been identified as scoring 100% (National average result was 77%).
- Letter from Public Health Wales complimenting CTMUHB on the excellent Bowel Screening service provided for patients requiring a bowel colonoscopy for suspected cancer.

- External audit in June 2024 in collaboration with Arjo Huntleigh regarding pressure ulcer prevalence and results are awaited.
- Ombudsman's Annual Letter;
- Internal Audit Review – CSG & Care Group Quality Assurance. August 2022 – outcome of Reasonable Assurance;
- The Health Board is in the process of strengthening the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. Local governance of HIW actions will take place through our new Care Group quality and safety committees. The system will allow for the Care Group leads to have a dashboard of all their HIW Inspection activity and continuous monitoring of the improvement plans;
The AmAT Inspection Module is being implemented for HIW Audit Recommendations with the first report received in May 2024 at the Quality & Safety Committee, which will be a hybrid approach as CTM fully transitions to the new automated system.
- Performance and Assurance Directorate of the NHS Executive governance and incident management;
- Performance and Assurance Directorate of the NHS Executive Maternity and Neonatal SI closures;
- Annual Undergraduate Review;
- General Medical Council National Survey Feedback;
- MSOP stood-down as of December 2022, oversight and scrutiny now conducted through internal Board mechanisms and to Welsh Government via IQPD and escalation meetings;
- Positive IHI and Improvement Cymru visit feedback (autumn 22) as part of Leading for Patient Safety received and feedback to Board received;
- National Safe Care Collaborative Programme Audit. Presented findings to the Board in December 22;

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps
1. Roll out of the Clinical Ward/Department Assurance Programme.	Rolling programme commenced and 10 wards have been completed.
2. Strategy & Framework Reviews and Development Safeguarding Strategy - o Safeguarding Strategy completed and submitted to safeguarding executive committee on 21.10 24 - o Development of a safeguarding dashboard - o Development of an IPC dashboard	Timeframes: • Development of a strategy, timeframe end of quarter 3 2024. National review undertaken and final report awaited. •
3. Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation;	• Mortality Data Improving – should be in place by end of September 2023. Baseline position established by the end of September with dashboard development to follow in the coming months. Implementation delayed due to Digital and Data Team capacity constraints. Progress meetings scheduled with a new timeframe to be agreed. To further support the pace of this activity, the Medical Directorate have engaged the Chief Information Officer to support data intelligence. Data should be available for the purpose of analysis by April 2024. Progress being made, remains on track for April 2024. Proforma agreed – data validation in progress. Availability of the proforma for use is planned for July 2024. The data once the proforma has been implemented will be reviewed initially circa September 2024. • CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Executive-to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Executive are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting. Timescales dependent on external sources; • Ambition to develop live clinical quality dashboard – live for maternity and neonatal services– to be rolled out for other areas by the end of the financial year; Work in progress for other areas. • Improving Care Board has developed a portfolio of improvement programme and projects. Monthly governance meetings established. Move to control next period. • National Safe Care Collaborative Programme Audit recommendations and action plans led by IHI and Improvement Cymru – by the end of 2024; next steps currently being explored to ensure sustainability.
4. Feedback from staff and our communities on the ability to raise ideas, freedom and support to make	• Staff ideas scheme implemented (May 22) for raising ideas for improvement – to increase participation in 23/24 – Implemented. Ongoing and numbers increasing through the year. Onsite events planned for Quarter 1/ Quarter 2 2024-2025 – completed. Ongoing programme. • Improvement into practice training taking place every other month.

change and empowerment. Holding engagement sessions for staff;	Permanent funding secured for PREMs and full deployment across the Health Board is planned. Further activity is also scheduled to increase awareness around the mechanism for sharing feedback using the “Have Your Say” process. Recruited and appointed to posts.
5. Improving flow and efficiencies and productivity	Medical & Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.

Linked National Priority Measures

Care Closer to Home 6. Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes; 7. Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months. Patient Safety Solutions Infection Prevention and Control - Six Tier One IP&C Targets; - National IP&C Guidance – to include implementation of respiratory and non- respiratory pathways; - NHS Wales National Framework – Management of patient safety incidents following nosocomial transmission of Covid-19. Children’s Charter To reinforce children’s rights and endorse CTM’s commitment to upholding these rights within its services. Safeguarding - National Improvement Plan; - Further Mental Capacity Act (MCA) awareness being funded by Welsh Government along with measures to strengthen current Deprivation of Liberty Safeguards until MCA becomes the dominant legislation. - Independent Review (by HIW/CIW) being undertaken of CTM Region Safeguarding Boards in relation to Child Protection Practices including the sharing of information. Chief Nursing Officer’s Launch of the Nursing and Midwifery Priorities – 2022-2024 New national nurse education standards Dementia Standards - which include standards for inpatient hospital admissions. NHS Wales Quality and Safety Framework: Learning & Improving. Published by WG September 2021. The Health & Social Care (Quality & Engagement) (Wales) Act 2020 Improving quality and public engagement in health and social care. National Value Based Healthcare Strategy – alignment of CTMs programme of work to meet national priorities

Current Performance Highlights

Please refer to the following sections of the Integrated Performance Dashboard to triangulate risk, assurance and performance: - Quality Dashboard - Maternity & Neonatal Dashboard - Cancer Standards; - Unscheduled Care; - Six Goals Programme (Emergency & Urgent Care, D2RA);

- Waiting List Delays;
- Mortality Indicators;
- Tier 1 IP&C Indicators;
- Nurse Sensitive Outcome Measures – Falls, Pressure Ulcers, medication administration;
- Sepsis;
- Mental Health Measures;
- Putting Things Right Compliance;
- Patient Safety Solutions compliance

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

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

Associated Risks escalated to the Organisational Risk Register

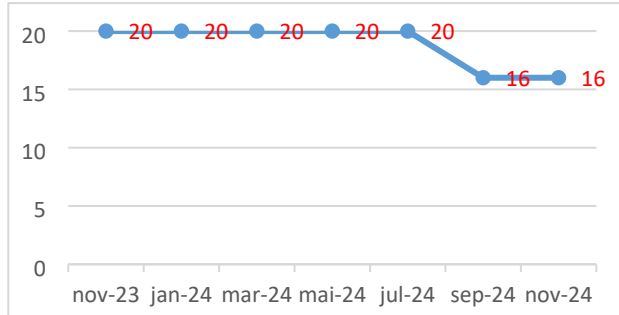
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	20
4907	Failure to manage Redress cases efficiently and effectively	16
4417	Management of Security Doors in All Hospital Settings	16
4908	Failure to manage Legal cases efficiently and effectively.	16
5646	Impact of Right Care Right Person approached. New risk escalated to the organisational risk register in January 2024.	16
3993	Fire enforcement notice – POWH Theatres	15
4691	New Mental Health Unit	15

Strategic Goals: Sustaining our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value based healthcare - Ensuring our estate is fit for the future	Risk score 20

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

Risk Lead	Executive Director for People	Assurance committee	People and Culture

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	5	20	No change to risk score this period. ↔ Risk Score Trajectory
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			



Period	Score
nov-23	20
jan-24	20
mar-24	20
mai-24	20
jul-24	20
sep-24	16
nov-24	16

Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes	This risk is complex and reflects increasing recruitment & retention challenges with skills shortages across health and social care on a local, national and international scale. Therefore, although we are “treating” this risk it is recognised that significant progress on this will not be achieved in the short term. Workforce gaps due to lack of available skilled workers either in local or national labour market and we are having to look at alternative options to meet demands and reduce variable pay. International recruitment is being explored but is expensive and not sustainable. This is a short-medium term solution while we develop alternative plans to build skills with the intent of ceasing international recruitment or using in exceptional circumstances. Alongside this, innovative solutions such as developing new roles/additional/extended skills take time to grow. The wellbeing of our workforce is at the heart of all we do and we remain focussed on reducing the impact on the workforce if sickness and turnover rates remain high. Sickness rates had reduced in June 2024 to 6.26% in but increased in August to 6.52%. Turnover reduced to 10.95% in July 2024 and again to 10.89% in September 2024.

	The risk score has been reviewed in accordance with the Risk Domain/ Scoring Matrix. The following consequences have not been seen, as outlined at L5, which suggests the original risk score may have been overstated previously and was reported too high, on the basis of the points below • Non-delivery of key objectives/services due to loss of several key staff – there are references in the risk register at a risk score of 20 for failure to deliver some services e.g. immunology in secondary care, stroke services, laboratory information system, sustaining cancer targets, imaging and failure to meet the demand for patient care at all points of the patient journey but there are controls in place and action plans to address any shortfalls • Ongoing unsafe staffing levels or competence/skill mix. The same as above • No staff attending mandatory/professional training - mandatory training for the UHB is at 72.33% as at October 2024. The workforce risk remains significant. The reduction in the likelihood is to correct the scoring which places the risk score more appropriately represented within the risk domains at L4. • Late delivery of key objective/service due to lack of staff. • Unsafe staffing level (>1 day)/competence. • Low staff morale. • Poor staff attendance for mandatory/key professional training. We continue to treat and mitigate the risk as follows in the report.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	This risk will be treated and managed through the expansion of programmes of work focused on improved data analytics and strategic workforce planning: workforce transformation, attraction recruitment/ development, retaining our workforce, building skills and flexible workforce options which are aligned to current and future workforce requirements, which are more affordable and sustainable.

Current Control Measures
Recruitment • Vacancy Scrutiny Panel. • Bank modernisation action plan • Online recruitment through Trac. • Review of the CTM ‘reducing the time to hire, ownership of the journey’ aligned to the NWSSP Recruitment Modernisation Group. • International recruitment of clinical professionals: Despite the International Educated Nursing proposal for a four year programme (2024-2028) Was unfortunately, not progressed due insufficient funding , a review of the IEN proposal will be undertaken for a 3 year programme for 25/26 and beyond. Discussions are ongoing around international medical recruitment having successfully recruited 4 doctors in early 2024. • 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 and working with NWSSP on possible international recruitment. Initial focus is on job description standardisation which is a key action for the MWPP Framework Group for a once for CTM approach. A schedule for this to be progressed and approved is being agreed at the next Framework meeting (Nov/Dec 2024). • Attraction and Resourcing Key priorities: increased social media presence, employer branding, student streamlining and attendance at careers fairs to promote CTM as an employer of choice learning to inform future events. • Actively involved in senior key critical appointments across the Health Board. • Reviewing the CTM approach to the selection process to standardise the approach to the use of psychometrics and assessment centres to improve appointment decision making. • Work experience pathway established. • Bank recruitment plan in progress focussed on proactive recruitment across 12 months. • A ‘Loop’ app launched in July 2024 to improve access for bank workers to book shifts. • FCP approved at Audit Committee confirming the controls and escalations for medical bank and agency shifts. • Non-Consultant rate card was launched 19 October 2023 and Consultant rate card launched on 24 June 2024 to provide consistent rates of pay. • Reviewing M&D fixed term contracts and agreeing a more robust approach and controls with the Executive Medical Director.

- Review of support for nurses recruited via IEN Programme to improve experience, CPD, career pathways, wellbeing and retention.

Retention

- Engagement in All Wales Nursing Retention group and HEIW Retention Community of Practice. Retaining and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan & HEIW Retention Resources launched 25th September 2023 with local plan developed including key areas of focus: lateral moves, flexible working and moving on questionnaire.
- A CTM Retention Steering Group has been in place since 2023 but re-focussed during June 2024 to ensure appropriate stakeholders, priorities and alignment with other Groups/Committees. A retention action plan has been developed which includes national and local actions and this group will have oversight. Career development opportunities, e.g. Apprenticeships, Qualifications & in-house learning and development offer e.g. Leadership & management programmes
- The Moving on questionnaire is under review with aim of increasing completion rates and providing us with a valuable data on turnover. This is being reviewed to establish links to other workforce data and to ensure the process is robust.
- The Starting Well Survey will be re-launched in January 2024 with a focus on Attraction, Onboarding, Employee Experience and Retention and will improve understanding.
- Internal Lateral Moves Scheme for Band 5 Nurse and Midwives was launched in February 2024. The Scheme has agreed 18 moves, with a further 25 requests in progress. The scheme will be expanded to include, Band 2 Health Care Support Workers and Band 5 Allied Healthcare Professionals and Health Care Scientists. Expansion will take place in December 2024 and a further rollout plan to other areas will be discussed in January 2024.
- All Wales Flexible Working Policy launched with accompanying promotion and implementation of oversight mechanism in place which align to retention as a key initiative. Work is taking place to move the Flexible Working requesting process onto ESR to allow for better data intelligence and a more robust monitoring process.
- Wagestream as a mechanism for regular pay
- Organisational Induction launched
- PDR “Your Conversation” promoting safe and productive environments for managers to interact with and listen to their staff

Temporary staffing solutions

- Medical Bank
- Review of Retinue M&D Bank to ensure better controls and improved active management by Retinue.
- FCP updated and agreed at Audit Committee in October 2024 with increased controls, monitoring and assurances for M&D Agency with Retinue.
- Modernised processes for Bank workers
- eRostering and Bank KPIs in development.

Day-to-day management of staffing levels

- Electronic rostering
- A e-job planning cleanse was completed along with confirmed the sign off managers
- Job Planning Guide to be updated to reduce sign off period from 10 weeks to 4 weeks in development.
- Medical job planning compliance to achieve 85%.
- Junior doctor rota monitoring. A rota monitoring paper and scheduler is in development to prioritise activity and meet UHB responsibilities.
- Sickness absence management process

Workforce Planning

- Health Education Improvement Wales (HEIW) Workforce Planning Tool and Skills for Health modelling tool.
- CTM approach to workforce planning developed and shared at Inspiring People.
- Development of tool for workforce modelling/forecasting, including projecting the impact of interventions. Internal action plan and next steps underway include working with HEIW on the Workforce Modelling Tool.
- HEIW all Wales Strategic Workforce Plans across: Dental, Mental Health, Perinatal, Pharmacy and Primary Care with AHPs and Genomics out for consultation. Nursing is in development. Guidance for Radiology is also available.
- The Head of Workforce Planning and Head of People Analytics are aligned to the HEIW Workforce Planning Network.
- 2 Physicians Associates posts agreed in MH Care Group for 2024 intake- building on our commitment to expand into alternative roles.
- SWP Audit by Audit Wales completed and reported in March 2024.
- Medical establishments in development to align ESR and ledger data to be agreed with CGs. Initial focus is C&F as a pilot CG by Nov 24.
- Work to plan and prepare for the Registered Nurse Associate (RNA) as a result of the all Wales work is in development across workforce planning, clinical education and corporate nursing.

Sources of Assurance (Internal and External)

- Workforce and Organisational Development Metrics report (includes key performance indicators such as staff in post, turnover, sickness) which is regularly reported to the CTM to People & Culture Committee and UHB LPF. Data also included in Integrated Performance Report to the Board, and included in Nursing Productivity and Medical Productivity which reports into Values & Effectiveness Board.
- Medical Productivity Performance and Escalation (PEG) meeting includes data on bank usage, agency spend, job planning compliance and trajectories, sickness absence. The Framework meeting which reports to the PEG focuses on recruitment, retention and consistent policies and practices with the aim of a 'Once for CTM' approach.
- Annual Education Commissioning Submission and IMTP Chapter and MDS. This year's IMTP Education and Commissioning submission was approved at ELG on 8 April 2024. The next cycle of IMTP Education Commissioning commenced in October 2024 for a draft submission to HEIW at end of January 2025, with a final Board approved submission by 31 March 2025.
- Quarterly data return submitted to Welsh Government for NHS vacancy statistics
- A suite of BI People dashboards launched, and dashboards are in development with the nursing dashboard launched through a phased approach with phase 1 delivered during April 24 These have been well received, giving easy access to timely, relevant and accurate People data to inform decision-making. Further reporting automation and dashboards are progressing.
- In partnership with Digital and Finance, development of one source of workforce data to help inform the vacancy position.
- In partnership with Finance, the development of establishment reporting has commenced with the aim of a phased approach to implementation
- In partnership with Digital, developing a CTM strategic approach to the use of Robotics.
- In partnership with the National Data Resources (NDR), piloted ONS's data Masterclass within the people directorate to enhance data and analytical capability for leaders to improve data driven decisions. Exploration is being undertaken with the NDR to incorporate a masterclass into CTMs Leadership programme
- Positive Review of Workforce Planning Arrangements undertaken by Audit Wales with six recommendations which have been developed into an action plan with agreed deadlines. The audit report and actions were shared at the CTM Audit and Risk Committee on 18 April 2024.
- Retention and Workforce Planning Lead is a key part of the Health Education Improvement Wales (HEIW) retention community of practice, which will encourage sharing best practice and utilizing networks across Wales.
- CTM are connected to stakeholder events such as the Physician Associates (14 May 2024) and key stakeholders at the Physician Associate Recruitment Group and Medical Associate Profession (MAPs) groups.
- International Nurse Recruitment (IEN) Paper shared with NWSSP for WG Funding but unfortunately this year's programme could not continue due to insufficient funding. A revised paper is being developed for 2025.
- CTM is aligned to the all Wales International Medical Recruitment Group and considering opportunities for January 2025 depending on funding arrangements and agreed speciality being recruited from Kerala, India.
- Attraction questionnaire developed to seek information on the elements which influenced staff joining CTM. The questionnaire was initially sent to all AFC staff who joined CTM in last 12 months and to date 125 responses to formulate a report on themes and next steps to inform our CTM attraction strategy. Next step is to send out to M&D new starters to support M&D attraction.
- Establishment of a multi-disciplinary workforce shape and supply steering group to discuss workforce supply pipelines. First meeting was held on 4 July 2024 and a workshop developed on 15 August 2024 with stakeholders to develop content. T&F Groups are being set up to develop information and data on workforce pipelines with the first groups to start Dec 2024/Jan 2025.
- Work is underway aligned to activity and finance to review the workforce data modelling that is needed to inform the ACSP service plans.
- Horizon scan work underway in accordance with the Audit Wales audit recommendations.
- Update on Workforce Planning was discussed at People and Culture in August 2024.
- Workforce Planning and People response to the HEIW Nursing Strategic Workforce Plan was provided on 21 June 2024. Update awaited. Assessment of the CTM progress against HEIW Strategic Workforce plans was undertaken and discussed at People and Culture in August 2024.
- Two PAs vacancies identified within Mental Health services with a possible additional post in Unscheduled Care. The education commissioning submission for PAs graduating in 2025 was 20.
- HEIW PA student streamlining postponed from early June 2024 to September/October 2024 across Wales due to low vacancy numbers, this process is now underway. .
- Workforce Planning and People response to the HEIW strategic Perinatal workforce plan for NHS Wales was sent on 11 October 2024
- Initial discussions are underway to prepare for the work and communications required for the Future NHS Workforce System with the all Wales and England plan to transition to a new supplier in the summer, 2025. Implementation and roll out planned for 2027-2030.
- A review of our medical workforce systems (due to contractual expiry) is underway to develop a proposal to meet our current and future requirements and with improved interoperability between systems and alignment to the new future NHS workforce system (where time and information is available to join up).

Gaps in Controls / Assurances	
1. Workforce Planning - Workforce Planning process not yet in place – currently at very early stage - Establishment control not in place and ongoing challenges in vacancy reporting	Designed and developed an all-encompassing workforce planning approach. This will include establishment control and improved workforce analytics - to ensure we understand whom CTM has and who it needs, to improved attraction and recruitment approaches to employ the best people from the widest possible pool. Enhancement of our people data (quality & provision), analytics and intelligence. This will support the development of our workforce both for now and the future. The following Workforce Planning activity is also now underway: - Neonatal SWP workshop held on 26 February 2024 with a further workshop to build the plan scheduled for May 2024. This has been postponed due to moves in Children and Families with the next session proposed for October 2024. - Facilitating the development of workforce plans in Regional Ophthalmology and Orthopaedics, the latter aligned to Llantrisant Health Park. This has been postponed and awaiting further updates from the Regional Ophthalmology Group. - The Health Board is building a framework for local, operational workforce plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised. - This strategic lens approach will drive consideration of the shape of the workforce, seamless workforce models that are multi professional and multi-agency and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace. - The plans under development will consider all the above, alongside workforce trends and horizon scanning, to inform consideration of future models of care and an understanding of the skills and capabilities needed and education required to deliver the future health needs of the CTM population. Alongside development of our approach to workforce planning we are also developing a framework regarding new roles - Establishment of PA Working Group July 2024 - Delayed until November/December 2024. - The Head of Workforce Planning is representing CTM on the All Wales Registered Nurse Assistant Band 4 post to support the development of a CTM action plan. - Workforce planning alignment to the ACSP to promote opportunities to maximise workforce productivity, integrated working, redesign and new role developments. - Establishment control paper in development. This should be finalised for consideration in the second quarter of 2024. This has been superseded by the Medical Establishment reporting and phased implementation. There is ongoing national work for Establishment reporting which we are part of to ensure the work we are undertaking will align. - SWP Audit Wales Recommendations Action Plan in place and progress will be updated at People & Culture Committee in August 2024.
2. Recruitment & Retention The Health Board does not currently have a signed off Recruitment & Retention Plan.	- A draft retention action plan is in place, aligned to the 10 HEIW nurse retention themes. The plan is being monitored and updated by the Retention lead and discussed within the CTM Retention Steering Group. - Retention updates being provided on an ongoing basis via the People and Culture Committee.
Linked National Priority Measures	
Workforce 23. Agency spend as a percentage of the total pay bill 27. Percentage sickness rate of staff	
Current Performance Highlights	
The following key metrics are set out within the Workforce and Organisational Development Metrics section of the Integrated Performance Report: - Turnover remains high within the Health Board (10.95%in July 2024). This is an agreed area of focus for the Retention Group now the Retention and Workforce Planning Lead is in post to develop initiatives to reduce turnover and to encourage staff to stay. - Job Planning compliance is now a key agenda item on the V&E; MWPP Performance Escalation Group to improve job planning compliance. - A Framework Group is also in development to address key medical and dental productivity and performance feeding into the V&E MWPP Performance and Escalation Group. This will focus on standardised policies and practice alongside review of implementation plans.	

- Sickness absence currently high reporting as 6.26% in March 2024; Rolling 12 months' rate for the same period was 6.82%

	Absence FTE %	Rolling 12 Months Absence FTE %
Add Prof Scientific and Technic	3.72%	3.87%
Additional Clinical Services	8.15%	9.24%
Administrative and Clerical	5.38%	5.79%
Allied Health Professionals	4.37%	4.26%
Estates and Ancillary	10.03%	10.73%
Healthcare Scientists	4.44%	4.32%
Medical and Dental	2.04%	2.41%
Nursing and Midwifery Registered	6.31%	6.83%
Students	7.21%	5.75%
Grand Total	6.26%	6.82%

- Staff in post stands at 12,907 headcount and 11,254.60 FTE as at 29th August 2024.

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

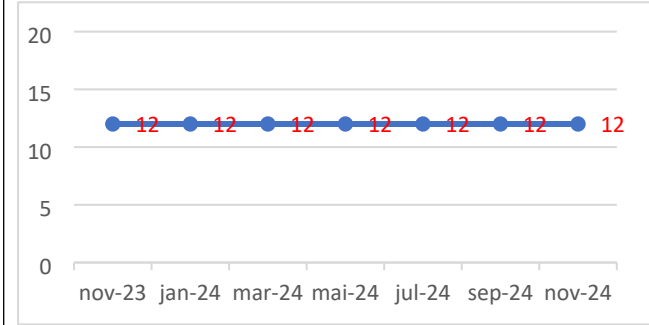
Were there any significant incidents affecting this strategic Risk this period:

Associated Risks escalated to the Organisational Risk Register

5658	Lack of Dietetic service provision to Princess of Wales Critical Care.	16
4809	Non Compliance with Mandatory Violence and Aggression Training	15
4080	Failure to recruit sufficient medical and dental staff	15

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score this period.
Initial	4	5	20	↔ Risk Score Trajectory
Current	4	3	12	
Target	4	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				This risk remains unchanged, as engagement with communities and partners is ongoing. It is hoped that CTMUHB will be in a place to update on the community engagement work for the Acute Clinical Service Plan in the next iteration of the BAF.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk is being actively managed via the communications team and wider engagement. As above, we will need to tolerate the fact that management of the risk will need to be ongoing.

Current Control Measures
Strategies & Plans 2030 Strategy – ‘Our Health Our Future’ - Implementation of key actions in the Population Health Plan approved by Board in May 2021. <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
- Community Voluntary Councils (Interlink RCT, BAVO, VAMT)
- OPAG (Older Person's Advisory Committee)
- CTM 50+ Forums
- Maesteg Stakeholder Reference Group
- Partnership with CTM WISE (Wellness Improvement Service)
- Regional Mental Health Forum
- Partnerships with colleges and education providers
- **CTM Strategic Engagement Forum (established Sept 24).**

Needs Assessment & Consultation Processes

- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Organisational Structures

- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars

Sources of Assurance (Internal and External)

Board Development Session – held on the 14th December 2023 in relation to community engagement and the maturity journey for the Health Board in further developing its approach to being an engaging organisation.

Routine discussions with Board undertaken in relation to the engagement strategy for the Acute Clinical Services Plan.

Reports to other committees

- Community Health Council briefing papers to Quality and Safety Committee
- People & Culture Committee consider reports in relation to culture and behaviours.

Gaps in Controls / Assurances

Review the Becoming and Engaging Organisation Strategy

Actions taken to Mitigate Gaps

- 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. **Consultation desk review now complete. This will be removed on the next iteration. The content of the review is informing engagement planning going forward.**

Timeframes: ~~1st July 2024.~~

- Development of specification for procurement of consultation partner to support creation of hyperlocal stakeholder mapping to enable improved targeting of engagement activities and resources.
Collaboration with Regional Partnership Board on use of stakeholder management system to provide increased rigor and improved data capture.

Linked National Priority Measures

Nil

Current Performance Highlights

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

New Terms of Reference under development with CTM Leaders Forum to embed shared purpose.

Stakeholder mapping workshop jointly facilitated by CTM with the Consultation Institute taking place on 17 April to improve understanding and identification of stakeholders.

External expertise commissioned from Opinion Research Services in October '24, to develop stakeholder mapping. Outputs will provide broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement. Outputs will be delivered in last quarter 24/25.

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

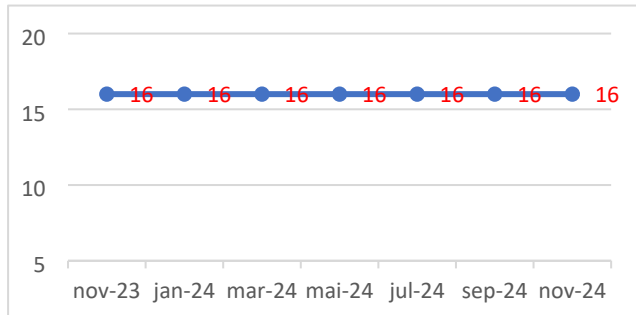
The Communications Cell, part of the escalation framework for managing the POW disruption and decant, has produced resources to inform public, patients and stakeholders, including am FAQ, web and social content, and media opportunities.

Associated Risks escalated to the Organisational Risk Register

Nil

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

Risk Lead	Director of Digital	Assurance committee	Digital & Data

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

	This risk score has been reviewed and the assessment is that it remains unchanged from a score of 16 on this review.
Risk Treatment Assessment <i>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.
Current Control Measures	
- Digital & Data Strategy - Population Health Strategy - Digital & Data Delivery Programme - IT Infrastructure Review - Digital Delivery Board - Digital Investment Fund - Information Security, Records Management and Information Governance Policies and Improvement Programmes - Project Portfolio Board	
Sources of Assurance (Internal and External)	
Reports to Digital and Data Committee - All-Wales Information Governance Toolkit and ICO Audit Review. - NIS-D Cyber Assessment Framework and Improvement Plan (CRU). - Digital Programme Assurance Report - Internal Audit Reports - Coding Improvement Plan - Bridgend Aggregation Programme - Medical Records Assurance Report Reports to other committees - Progress updates against Population Health Strategy - Planning, Performance & Finance	
Gaps in Controls / Assurances	Actions taken to Mitigate Gaps
1. Closing the gap in Digital Helplessness	Investment required in training resources to embrace and use existing technology, digital tools and basic troubleshooting. Publicise and expand the use of digital material already available. Included within the IMTP Proposal – funding to be determined. Timeframe: 2-3 year programme of work.
2. Training and Awareness Programme	Resources required to prioritise the development of a training and awareness programme. Included within the IMTP and identified as a requirement within the functional proposal for Digital & Data Timeframe: 2-3 year programme of work.
Maintaining a healthy cyber posture	Delivery of the cyber improvement plan (business sensitive) Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint.
3. Tested and integrated cyber incident management plan	Continued testing of our cyber incident plan with periodic table-top exercises. The Digital SMT and Health Board emergency planning lead undertook a table-top exercise on 26 th July using the facilities in the University of South Wales. We are working in conjunction with the Health Board emergency planning lead to ensure greater understanding of risk to service delivery (from a service perspective) and with external service providers most notably Swansea Bay University Health Board and Digital Healthcare Wales and the private sector Timeframe: This action will not have a specific timeframe as this activity will be subject to undergoing periodic testing and iteration of the management plan.
4. Develop a baseline Asset Register and product catalogue	Development and maintenance of our asset register and product catalogue as part of NIS-D and data protection improvement plans. Cyber Resilience Unit's Assessment of our organisation's maturity has taken place, and we are awaiting the final report.

5. Poor adherence to policies	Recognised requirement for policies to balance enablement with protection. National discussions ongoing as to whether national policies should be 80:20 based, so that local circumstance can be incorporated within policies, improving adherence. This needs to be undertaken alongside increased training and awareness of policies as part of the OCP process. Timeframe: It is anticipated that this activity will take 24 months to complete recognising the need to ensure it is managed through the new Care Group Structure.
6. Insufficient capital and revenue resource allocation and the capacity of the skilled workforce – exacerbated by the short-term nature of funding and seldom meets post implementation requirements.	Prioritise existing resources and available funding to meet the highest risk areas. We have allocated additional revenue resources this year and a recruitment plan is forming Timeframe: No timeframe set as this action is dependent on external parties. There remains a gap in the required Capital and Revenue to meet several core system deliveries and wider improvement opportunities, which is a continuing National challenge that organisations are facing.
7. Integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board	Programme agreed with WG, DHCW and Swansea Bay University Health Board and year 1 delivery exceeded milestones. Year 2 ongoing however constraints exist most notably with regards to availability of capital funding. May 16th 2025 has been identified as the agreed merger weekend for WPAS. Timeframe: 2-3 year programme of work.
8. Lack of an open architecture	As part of the review of our EPR strategy, we are working with WG, Health Board partners and national services to develop existing commitments for delivery of an open architecture for NHS Wales and exploring alternatives for addressing gaps in functionality. Consideration of CTMUHB's requirements for clinical and administration management to be undertaken and incorporated into the architectural design and EPR strategy. Ongoing development of CTMUHB's own clinical data repository to nationally agreed technical and data standards. Increasing representation for National Data Resource programme to accelerate benefits realisation. Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.
9. Widespread non-adherence to data standards	New clinical applications are now required to meet data and technical standards. A clinical safety assurance process has been described and tested, to support an options appraisal. Education and Training required for staff to develop their data literacy. Seeking further assurances from DHCW for roadmap that will see their products come into compliance with standards. Improvement and greater multi-disciplinary management of the changes to service models, counting practices and consequent impact on measures which carry significant effect on both the efficiency and reputation of the Health Board (e.g. mortality rates and quality measures, income, bed capacity planning) is required. Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.
10.Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales	Need to develop a more robust SLA and contract monitoring and management process for critical suppliers. Timeframes – 1 Year. The Health Board is in a planned programme of work with the relevant critical suppliers to ensure delivery against key objectives in year 1)
11.Capacity within current team to deliver digital transformation agenda	Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities. Adoption of self service for basic Business Intelligence Recruitment to vacant posts. Resources required for CTMUHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exist when compared to other HBs and DHCW Timeframe: Timeframe: Q2 24/25 – The majority of the recruitment for the ePMA project is now complete. The project has now started and the recruitment has enabled us to bring in a wide range of skills which will enable to develop the digital transformation agenda.
12.Delayed delivery of the digital patient notes programme	Resourcing required to increase activity and accelerate completion of the programme Timeframe: 2-3 year programme of work.
13.No function within CTMUHB focussing on benefits realisation	There are no dedicated benefits realisation resource however the function will form part of the wider Digital Transformation team as part of business analysis and business change roles.
14.Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record	Scoping of a business case to implement an integrated health record complemented by a digitally enabled patient centred contact programme is now the focus for the Digital and Data team. The July 2024 Board approved the recommendation to proceed with the preparation of relevant documentation to procure a strategic partner to support and deliver a modular electronic patient record.

	National data resource programme has delivered University Health Board's clinical data resource, which supports capture and transfer of clinical information in line with common language, terminologies and standards. Proposal being made to the Digital Services for Patients & the Public which will enable the use of the NHS Wales patient portal and secure, authenticated digital communications between patients and clinicians in line with technical, information and clinical safety standards. Timeframe: 2-3 year programme of work.
15. Recruitment challenges due to short term funding allocations leading to an increased use of contracting arrangements.	Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Integrated Medium Term Plan (IMTP). Timeframe: Additional resources are being added to the team this year however recurrent funding is still a challenge for some of the National Programmes.
16. Information Commissioner Office (ICO) Audit planned to be completed March 2023.	Mitigated - ICO have signed off their audit engagement with CTMUHB as completed and satisfied sufficient plans are in motion.

Linked National Priority Measures

Digital and Technology
National Clinical Framework (WHC 2021/03) Welsh Government, March 2021),
Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021)
Value Based Health and Care
Coding standards

Current Performance Highlights

- Risk relating to the removal of the current video consultation solution has been identified – current arrangements have been extended to March 2025
- **The ePMA has formally launched in September 2024 as planned.**
- Digital and Data team are supporting the procurement of Regional Diagnostic Hub at the LHP site.
- The rollout of new desktop PCs, replacing older thin client devices is continuing.
- The rollout of new Wireless Access Points is almost complete in Princess of Wales (POW). Further rollout is planned for the wider Bridgend locality providing the more advanced Wi-Fi network across the Health Board.
- The patient contact and medical records transformation business case has been finalised and ongoing discussion with WG regarding next steps.
- **Activity relating to Critical Care services is now on hold until a decision on a single system is for CTMUHB is understood and progressed.**
- **A business case for a digital mental health platform has been developed in partnership with BCU has approved by the CTMUHB Board. The Business Case has been submitted to Welsh Government, awaiting feedback.**
- Progress continues to be made with Bridgend disaggregation programme with a further consolidation of clinical systems. WPAS merger is on track to deliver in May 2025.
- **Disaggregation of the telephone system in Bridgend from Swansea Bay has been completed.**
- **The RISP national project is progressing to plan and is expected to deliver to the current project timelines. The LIMS2 project timelines are under review with a potential delay.**

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

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

Associated Risks escalated to the Organisational Risk Register

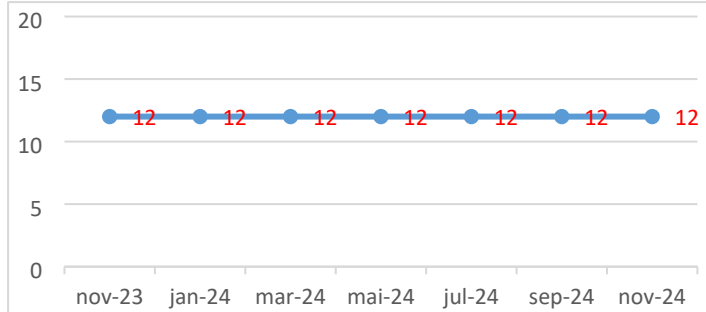
5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	20
4664	Ransomware attack resulting in loss of critical services and possible extortion	20
~~5669~~	~~Increased cost of Citrix Subscription. Risk de-escalated from the Organisational Risk Register in November 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

	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.6)

<i>If</i> we fail to provide compassionate and effective leadership at all levels of the organisation and all professions to empower and enable our workforce	<i>Then</i> there will be lack of confidence to enable informed decision-making at the appropriate level and to implement organisational change	<i>Resulting in</i> lack of commitment and engagement, poor communication, deterioration of staff wellbeing, and difficulty in recruiting and retaining the staff we need

Risk Lead	Executive Director for People	Assurance committee	People and Culture

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score this period. ↔ Risk Score Trajectory 
Initial	4	5	20	
Current	4	3	12	
Target	4	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				The Health Board is emerging from the Phase 1, 2 and 3 Organisational Change Programmes (OCP) that have seen CTMUHB move from a locality-based model, to one that operates services on a pan-CTM basis. We recognise through the OCP lessons learned, and through workforce metrics and surveys that we still need to work on developing our leadership capability. We need to make clear what good leadership looks like and ensure there is support to enable implementation in order to deliver on our IMTP objectives. In recognition of the controls set out under this risk, and with new programmes and tools launching into the system, the aim will be to decrease this score further (to the target of 8) once the final initiatives and programmes have been made available in early 2025 with the first module of Inspire underway.
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.

Current Control Measures

Leadership Development

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

Leadership Engagement with the workforce

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

Employee Wellbeing

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

Sources of Assurance (Internal and External)

Internal Assurances

- Inspiring People Board established and scheduled for each quarter
- Workforce and Organisational Development metrics report
- Employee Relations Update
- Medical Workforce and Efficiency Report
- Statutory and Mandatory Training Compliance Report
- Targeted intervention process incorporated as business as usual.
- Annual Wellbeing surveys undertaken, last one launched in May 2023.
- Internal Audit took place in January 2024, with action plan created to meet requirements

- PDR – *Your Conversation* training package launched October 2022 and being expanded into 2024
- Living Wage Employer Status – achieved in February 2023.
- Disability Competent Leader awarded in February 2023 for a further three years.

External Assurances

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

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

Linked National Priority Measures

Culture, Values and Behaviours

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

Current Performance Highlights

This question is not specifically asked in the Wellbeing Survey. We know that, on average, 64% of referrals to Vivup are from Managers. Please refer to latest performance dashboard information under the people services section.

Inspire programme commenced with first phase 'Discovery' in place, which includes Clevery psychometric profile, 360 feedback, Competency Framework and Leadership PDR. Learning and development offers in place with 11 in person development sessions delivered (July-Sept), highlights from feedback include "this is the first tangible training of its kind that has been provided and as well as teaching us new things, it was also good to affirm that we are already using aspects of the frameworks that were highlighted this morning". Investment in psychometric assessors has enabled use of individual leadership psychometric tool for 121 leadership development. This is being used to give leaders insight on their preferences and impact, encouraging leaders to share their reports with each other, fostering calibration of desired leadership behaviours and developing their informal support networks.

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

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

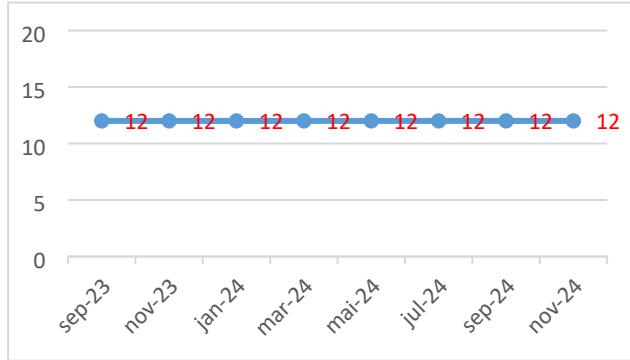
Associated Risks escalated to the Organisational Risk Register

Nil

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

Strategic Risk: Culture, Values and Behaviours – (Risk No.7)		
<i>If</i> the Health Board fails to put the values of the organisation into practice	<i>Then</i> we will not have a culture that embraces inclusion, openness, innovation and teamwork	<i>Resulting in</i> poor experience for staff and patients alike, diminishing the trust and confidence of our population

Risk Lead	Executive Director for People	Assurance committee	People and Culture

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score this period. ↔ Risk Score Trajectory <table border="1"><thead><tr><th>Period</th><th>Risk Score</th></tr></thead><tbody><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><tr><td>mai-24</td><td>12</td></tr><tr><td>jul-24</td><td>12</td></tr><tr><td>sep-24</td><td>12</td></tr><tr><td>nov-24</td><td>12</td></tr></tbody></table>	Period	Risk Score	sep-23	12	nov-23	12	jan-24	12	mar-24	12	mai-24	12	jul-24	12	sep-24	12	nov-24	12
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Current	4	3	12																			
Target	4	2	8																			
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)																					
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>																						
The score remains unchanged although progress continues to be made as the Health Board's work on Culture, including values and behaviours becomes more defined with a focus on how we are working to address inequalities within CTMUHB. Changes in People Leadership function has paused broader work in this area, post holders in place from December 2024, with strategic engagement on this risk planned.																						
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>																						
This risk will be treated and managed through the expansion of programmes of work that supports culture change – this is following a Culture Current State Analysis which was undertaken during the Summer 23 and a framework for a draft Culture Plan developed. Strategic Equality Plan (SEP) consultation now closed and-action plan has been signed off by the Board in March 2024 and subsequently published. The SEP underpins the health board's strategic goals and aims to create an inclusive environment that welcomes diversity and helps to build a workforce that better represents our communities.																						

Current Control Measures

- Policies and Frameworks
- Workforce Policies, e.g. Respect and Resolution, Standards of Behaviour.
 - Values and Behaviours Framework – co-produced with staff.
 - Emerging Culture Plan, **developed in 2023/24, assessment of work to date planned with forward strategy development, for example People Plan development, Inspiring People Board activity.**
 - Equality, Diversity and Inclusion Working Group chaired by Linda Prosser (Exec Director for Strategy and Transformation)
 - Restorative Just and Learning Working Group, Chaired by Lauren Edwards (Exec Director of Therapies).
 - Strategic Equality Plan including alignment to Welsh Language Plan
 - Raising Concerns Procedure.
 - All-Wales work to promote speaking up safely, led by the Director of Corporate Governance / Board Secretary. Speaking up Safely program aligned with Restorative, Just and Learning WG – June 2024.

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

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

Sources of Assurance (Internal and External)

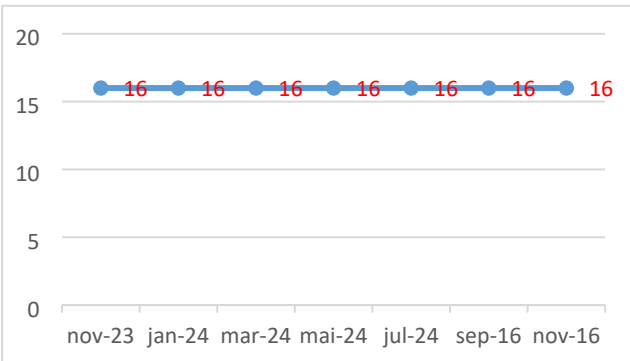
- National Staff Survey was conducted in autumn 2023 with results published in spring 2024. Due to be repeated on October 2024
- Annual Wellbeing Survey (Follow Up survey timing to be confirmed).
- Values and Behaviours Update.
- Equality Annual Report.
- Gender Pay Gap Report.
- Workforce Race Equality Standards.
- Strategic Equality Plan.
- Welsh Language Standards Annual Report
- Living Wage Accreditation awarded in February 2023.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps
1. Themes from culture current analysis shows further work in role-modelling and embedding values and behaviours is required	Developed a Values & Behaviours work plan that looks at: review of current behaviours framework; update current resources and tools; update current education and support offer; looking at impact and sharing good practice; linking and aligning to emerging Culture Plan
2. Empowering staff to feed back on, or challenge behaviour which is inconsistent with the organisation's values	• Further work ongoing in collaboration with Staff Network Groups. • Speak up Safely Campaign launched in Oct 2023 and further alignment to the Restorative Just and Learning Approach. • Restorative; Just & learning approach launch (soft) in Oct 2023. • Targeted work on Staff survey for 2023 to support developing a baseline for Culture Plan. High level priorities identified with associated action plans in development. • Dedicated education and leadership offering around managing behaviours and conflict; restorative conversations and providing feedback through the emerging Culture programme.
4. Cultural Health Check diagnostic tool now been superseded by the Affina OD diagnostic model	• National Staff Survey complete and results made available from May 2024 with action planning now taking place.
5. Current Strategic Equality Plan (SEP) has been updated to align with the changing national context.	• The Strategic Equality Plan (SEP) has been approved at the Board and now published. Action complete and will be removed.
Linked National Priority Measures	
Culture, Values and Behaviours • 24. Overall staff engagement score • 28. Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	
Current Performance Highlights	
NHS Staff Survey 2023 results demonstrated a 71% engagement score based on an 18.1% return rate. CTMUHB was the only Health Board in Wales to not see a reduction in engagement score. 61.65% of the organisation have had a PDR/Appraisal within the last 12 months.	
NHS Staff Survey 2024 has been launched with Staff Roadshows planned across key sites in October 2024 and free coffee offered to those who complete it.	
In August 2024 a Speaking Up Safely exploration workshop was held with key stakeholders, to reflect on key activities in the last year, and to plan activities to accelerate practices – this has resulted in SharePoint site review, SUS telephone number for reporting incidents moving into Governance.	
Team Development offer live and socialised with Heads of People (including Affina diagnostic tool mapped to CTM's leadership competency framework).	
October 2024 three teams were awarded the Black, Asian, and Minority Ethnic Cultural Competence Certification from Diverse Cymru.	
Were there any significant incidents affecting this strategic Risk this period:	
None identified for inclusion in the BAF.	
Associated Risks escalated to the Organisational Risk Register	
Nil	

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

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk score this period. ↔ Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce and financial capacity constraints, which limits the available investment into environmental infrastructure.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are however, ongoing risk treatment activity outlined in the mitigating actions section particularly around the Climate Adaption Plan.

Current Control Measures

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

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

Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties

- Wellbeing Statement accompanying Annual Plan
- Progress reports against the Annual Plan
- Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement

Environmental Sustainability – Net Zero

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

Commenced reporting to Board / committees regarding Net Zero.

Independent Assurance

NWSSP Internal Audit Services review of Decarbonisation Action Plan delivery and compliance is underway. All Health Boards are subject to this review. Outcomes will be reported to the appropriate committee and associated actions added to the strategic risk as appropriate.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps
1. Climate Adaptation Plan (moving away from mitigation). Plan to be produced in line with national deadline of April 2026.	Climate/Environmental Adaptation Plan proposal went to Executive Leadership Group in July 2023 who accepted recommendations that the Health Board develop a Climate/Environmental Adaption Plan. Environmental Sustainability Group established a sub group to undertake this work and this has now commenced. This work aligns with PSB Climate Change Risk Assessment in the region
• Dedicated resource to manage and deliver Net Zero programme across the whole Health Board. Completed – Resource now in place.	Ensure resourcing to manage Net Zero work programme across the Health Board, taking into account potential savings in energy costs. The delivery of the Health Board's decarbonisation plan 2030 is dependent on capital. Timeframe: Ongoing subject to capital availability. The Health Board recognises that there is a risk that the pace of change may slow in light of the current financial environment and challenges faced. Team restructure.
2. 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.
3. 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.
4. 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

Economy and Environment

- Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach

- Qualitative report detailing the progress of NHS Wales’ contribution to decarbonisation as outlined in the organisation’s plan
 - Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme
- Wellbeing of Future Generations Act

Current Performance Highlights

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

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

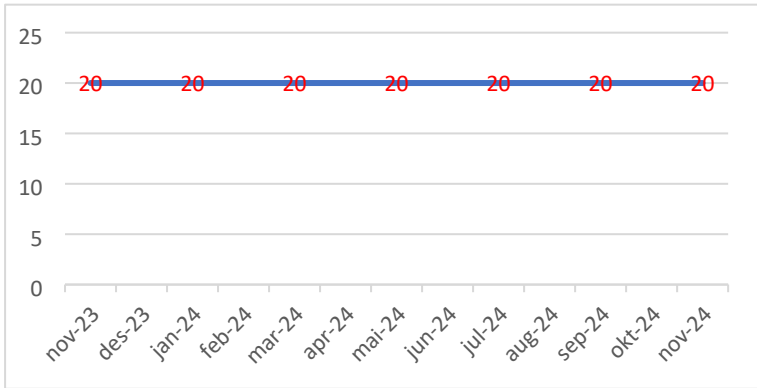
Were there any significant incidents affecting this strategic Risk this period:

Associated Risks escalated to the Organisational Risk Register

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

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

Risk Lead	Executive Director of Public Health	Assurance committee	Population Health and Partnerships

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	5	4	20	No change to risk score this period. ↔ *The consequence score has reduced for the target score assessment, as there will be an element of both mitigation and adaptation. The Health Board aims to reduce the behaviour and health risks (primary, secondary, tertiary prevention), however, the organisation will still need to adapt as appropriate. Risk Score Trajectory 
Current	5	4	20	
Target	4*	2	8	
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 not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities. Capacity to support a prevention and population health approach continues to be a challenge linked to short term funding and competing priorities for existing resources across the health board.
Risk Treatment Assessment i.e. Treat, Tolerate, Transfer etc.				This risk will be treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.

Current Control Measures

Strategies & Plans

- Welsh Government strategies/ plans: “Healthier Wales”, “Healthy Weight Healthy Wales”, “Smoke Free Wales”.
- CTM 2030 Strategy – ‘Our Health Our Future’
- Work programme set out in ‘Becoming a Population Health Organisation: a discussion and options paper for Board’, May 2021, updated November 2022.
- Public Service Board – Well Being Plans.
- Creating Health delivery plan ~~awaiting sign off. under development.~~
- CTM Health Protection Strategy ~~drafted and approved. under development~~
- Development of Acute Clinical Service Plan (ACSP).

Engagement Forums

- CTM Creating Health Portfolio Board
- Regional Partnership Board
- Public Service Board
- Area Partnership Board
- CTM2030 Leaders Groups
- Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well
- Engagement with community groups by Lead Independent Members
- meetings with the three local authorities
- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- Forum with local authority Chief Executives to address health inequalities.
- CTM Health Protection Board
- Welsh Government Health protection Operational and Resilience Group

Needs Assessment & Consultation Processes

- Population Segmentation & Risk Stratification
- Pharmaceutical Needs Assessment
- Health Needs Assessments, e.g. Homeless People, Prison Health, staff wellbeing
- Wellbeing Assessment (PSB)
- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Organisational Structures

- CTM Leaders Network
- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars
- Primary Care clusters

Services:

- Integrated Level 2 and Level 3 Weight Management Services – established in September 2022.
- Smoking Cessation Service
- All hazards Health protection Service

Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties

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

Reports to Board

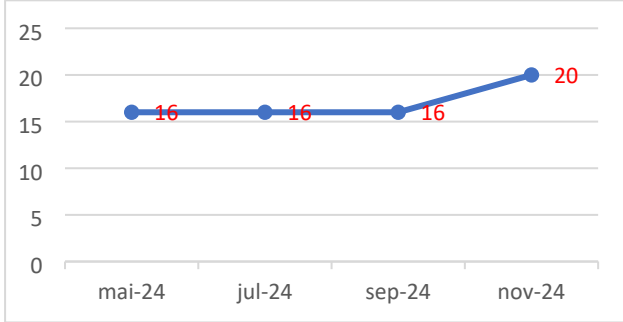
- Annual Director of Public Health Annual Report
- Creating Health Portfolio Board reports to the transformation board

Reports to Population Health & Partnerships Committee - Population Health Management Programme - Health Protection Programme - Vaccination Programme Reports - Regional Partnership Board Annual Report - Transformation Fund and Leadership Board Updates - Mental Health Strategic Update - ACSP updates provided to the Committee.	
Gaps in Controls / Assurances	Actions taken to Mitigate Gaps
1. Recurrent funding to support the development and implementation of the Acute Clinical Service Plan	Review of resource options underway.
2. Delay in developing health protection / immunisation capacity	Recurrent funding for 24/25 onwards now secured. All Hazards Health Protection plan signed off for implementation. Development of a HP strategy and associated priorities. Scoping exercise to follow to identify any continuing gaps in HP provision against the budget allocated for discussion with WG.
3. Strategic Focus on prevention/ inequalities	CTM2030 strategy; Creating Health Portfolio board Creating Health Delivery Plan drafted in Q4 2023/24. Draft Health Protection Strategy.
4. Capacity for population health management	Population health management programme maturing alongside primary care clusters; implementation within health board Review of resource options underway, consideration for external short term capacity Work underway to consolidate a shared clinical record.
5. Impactful action to address health inequalities	- Whole system approach to Healthy weight - Help me quit/ hospital programme - WISE - Cancer inequalities group - Implementation of Stroke equity Audit recommendations. - HP intervention plan for vulnerable groups to be developed once HP posts recruited e.g. Prison health, vulnerable communities events - Vaccination equity strategic plan in place
6. Coherent prevention (1,2,3) for high burden diseases	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc.
7. Ability to influence wider system partners/ determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)
Linked National Priority Measures	
Population Health – Ministers Measures Phase One - Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway - Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway - Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally. - Percentage of adult smokers who make a quit attempt via smoking cessation services - Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates	

NHS Performance Framework Quadruple aim one: - Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) - Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 - Percentage uptake of the influenza vaccination amongst adults aged 65 years and over - Percentage uptake of the COVID-19 vaccination for those eligible - Percentage of adult smokers who make a quit attempt via smoking cessation services - Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks - Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol) - Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment - Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks - Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life		
Current Performance Highlights		
Please refer to Integrated Performance Dashboard - Quadruple Aim 1.		
Were there any significant incidents affecting this strategic Risk this period:		
No		
Associated Risks escalated to the Organisational Risk Register		
5462	Adult weight management service - Insufficient capacity to meet demand	20
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16
5726	Public Health Funding for Microbiology Testing	15
5820	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding.	12

Strategic Goals: Sustaining our Future - Becoming a green organisation - Ensuring our Services financial sustainability Embedding value based healthcare - Ensuring our estate is fit for the future			Risk score 16
Strategic Risk: Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk 10)			
If the Health Board fails to plan and manage its revenue resources within the Revenue Resource limits set by WG.	Then we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3 year period) and also the planned break-even position for 2024-25.	Resulting in inability to fund planned improvements and new services, and increased regulatory scrutiny and enforcement.	

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: Risk score increased this period. ↑ Risk Score Trajectory 
Initial	4	4	16	
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				The Health Board has maintained a forecast break-even position at M6. This forecast excludes any revenue costs associated with the roof integrity issue at POW, both the direct repair costs and any other costs arising from consequential service changes such as decanting wards etc. It is important to highlight that the level of risks that the Health Board is trying to manage remains high with a net risk of £10.2m, excluding the POW roof integrity risks. At this stage, there is a significant risk that the forecast break-even position for 24/25 will deteriorate in the coming months.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				The financial plan highlights a number of significant risks for 24/25. This risk will therefore be <i>treated</i> until there is confidence that the Health Board can achieve the planned break even position.

Current Control Measures
Financial Management - Financial Accountability letters issued by CEO. - Budget setting process and Budgetary control - Standing Financial Instructions - Scheme of Reservation & Delegation - Local Counter-Fraud Service - Monthly financial performance reviews for Care Groups and corporate directorates

Sources of Assurance (Internal and External)		
Financial Management - Annual Report and Accounts - Monthly Finance Reports - Monitoring Returns to Welsh Government - Internal Audit Programme - External Audit Programme - Losses and Special Payments Report to Audit & Risk Committee		
Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	
1. Understanding of budgetary control and procurement processes in some services	Deliver budget holder training within Care Groups/Directorates – <i>Ongoing throughout 2024-2025.</i> Deliver procurement training to departments where compliance with procurement processes is low - <i>Ongoing throughout 2024-2025.</i>	
2. A recognised risk of shortfalls in savings delivery	- Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 24/25. - Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. - Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	
Linked National Priority Measures		
1. YTD position 2. Savings plan position		
Current Performance Highlights		
- The M6 position was a £0.6m surplus and the M6 YTD position is now a £3.3m deficit. - The main driver for the £3.3m YTD deficit is a £8.1m shortfall in savings delivery compared to the straight-line YTD savings target of £13.2m (£2.2m per month). This has been offset by £4.8m of other improvements. - The Health Board has maintained a forecast break-even position at M6. This forecast excludes any revenue costs associated with the roof integrity issue at POW, both the direct repair costs and any other costs arising from consequential service changes such as decanting wards etc. It is important to highlight that the level of risks that the Health Board is trying to manage remains high with a net risk of £10.2m, excluding the POW roof integrity risks. At this stage, there is a significant risk that the forecast break-even position for 24/25 will deteriorate in the coming months.		
Were there any significant incidents affecting this strategic Risk this period:		
Critical incident regarding the roof integrity issue at the Princess of Wales (POW) Hospital.		
Associated Risks escalated to the Organisational Risk Register		
5932	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.	20 – New risk escalated to the Organisational Risk Register in November 2024.
5961	Remedial roof works to resolve the water ingress at POWH.	20 - New risk escalated to the Organisational Risk Register in November 2024.
5764	Failure to achieve the planned break even position in 24/25	20 ~~16~~
5765	Failure to reduce the £19.4m recurrent deficit at the start of 24/25 down to the planned £2.1m recurrent surplus at the end of 24/25.	20 ~~16~~



CTM Health Board

Planning Maturity Matrix

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Linda Prosser Vicki Wallace Elle Beadle
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
EMB	28/10/2024	Endorsed for Board approval

Acronyms / Glossary of Terms	
EMB	Executive Management Board
WG	Welsh Government

1. Situation / Background

- 1.1 On the 28th August 2024, WG representatives wrote to Health Board Chief Executives and Directors of Planning to introduce the Planning Maturity Matrix.
- 1.2 This letter sets out a requirement for organisations within escalation to undertake a regular (6 monthly) self-assessment against an agreed planning maturity matrix. One of the de-escalation criteria is 'Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix'.
- 1.3 All health boards within escalation now have to undertake a self-assessment of their planning maturity and complete a plan (specified within the matrix) which has to be signed off at Board level. Once completed, a copy of the assessment, evidence and plan has to be submitted to the performance and escalation team within Welsh Government to inform the evidence for de-escalation criteria.

2. Specific Matters for Consideration

- 2.1 CTM Board are asked to consider and discuss the Planning Maturity Matrix set out in Appendix 1 and the draft self-assessment set out in appendix 2 to this document.
- 2.2 CTM Board are asked to discuss the self-assessment and agree or amend the proposed level of maturity set out within the document. This has previously been discussed at EMB who endorsed the document for CTM Board approval.
- 2.3 The agreed self-assessment from the discussion at CTM Board will be submitted to Welsh Government.

3. Key Risks / Matters for Escalation

- 3.1 Progress must be clearly highlighted to WG against the planning maturity matrix over time to inform our escalation level.

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: Inspiring People Creating Health Sustaining our Future
Dolen i Feysydd Strategol BIP CTM /	Starting Well
	If more than one applies please list below:



Link to CTMUHB Strategic Areas	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:
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 would take place at service level change
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This would take place at service level change
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	



Enw da / Reputational	Yes (Include further detail below)
	This relates to the escalation level of the health board
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)
	There are financial implications of undertaking some of the future activities set out within the action plan

5. Recommendation

5.1 CTM Board are asked to consider and discuss the attached maturity matrix and draft self-assessment.

5.2 CTM Board are asked to discuss the self-assessment and agree or amend the proposed level of maturity set out within the document.

6. Next Steps

6.1 The agreed self-assessment from the discussion at CTM Board will be submitted to Welsh Government.

Appendix 1 – Planning Maturity Matrix

Appendix 2 – Draft Planning Maturity Matrix Self-Assessment

CTM Planning and Strategy Maturity Matrix - Self Assessment

Progress Levels ➡	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Key Elements ↓						
a. Strategy development /clarity of purpose, vision and strategy: Evidence of a clear purpose, vision and strategy for the organisation. Responds to national, regional, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.	No	Agreed vision, scope and methodology with clear leadership at a Board and strategy programme level. An understanding of all Wales national, regional, local and partnership priorities. Establishment of a governance structure to provide oversight and direction.	National targets, regional and local priorities have been agreed with stakeholders. Purpose and vision are affirmed in public and internal documents. Development of a co-designed long term integrated organisational strategy with evidence of strong stakeholder and public engagement and involvement throughout. Identified leads that own and drive strategic developments. The statutory duties of the Well Being of Future Generations Act's five ways of working, along with the Health Board's well-being objectives and the principles of A Healthier Wales are apparent and embedded.	The strategy reflects national, regional and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health. Board approved organisational strategy with aligned governance process.	Local and regional plans and national policy are aligned showing contribution to the wider local economy, impact on health and well-being and effectiveness. Key enablers such as quality, safety, workforce, finance, digital technology and research are fully aligned. Have regular board debate, at least annually, on organisational purpose, vision and strategy and how in-year achievements or issues impact on this. Translation and implementation of the strategy via the development of an agreed clinical services plan	The strategy is responsive to national /regional/local and partnership priorities with clear links to the Regional Partnership Board and Public Service Boards. At the forefront of new skills and techniques. Strategic achievements and learning for improvement are shared elsewhere via conferences and publications. Capacity to support strategic planning is evident and is not perceived as separate to core business. Demonstrable working across public and third sector with clearly described outcomes and benefits to the local population, those with protected characteristic and socio-economically disadvantaged groups. Success has allowed both the board and the organisation to redefine/extend strategy.

CTM Planning and Strategy Maturity Matrix - Self Assessment

			The strategy is embedded into organisational plans and is informed by population health needs, locality needs assessments and patient / carer experience. The duties of quality and engagement act are integral to the implementation of the strategy.			
b. Strategy alignment and development of a 3-year Integrated Medium Term Plan (IMTP): Evidence of alignment of strategy with components of the plan.	No	Alignment is visible between the annual plan or IMTP and strategy. The organisation plans on a continuous annual cycle. Linked to the business case planning process and informed by local, regional and national evidence base. The Board sets out commissioning intentions.	Evidence of triangulation between services, activity workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity. Directly linked to performance and accountability and informed by detailed and future facing modelling.	The business case planning process informs the development of an IMTP. Prioritisation framework agreed and implemented. Agreed governance and accountability framework to underpin development and monitoring of the IMTP at a programme level. Robust gateway review process and prioritisation framework in place. The IMTP is tailored to deliver clear service transformation.	Coherent aligned plans, including a commissioning plan are performance managed, with staff owning, adapting, acting on and learning from variation to reduce inequity.	Plan is achieving the quadruple aim (cost, outcomes, clinical and patient experience). Elements of our IMTP are shared and adopted elsewhere across Wales and the UK.

CTM Planning and Strategy Maturity Matrix - Self Assessment

				Impact of and prioritisation of commissioned or supporting organisations taken into consideration.		
c. Dynamic and engaged planning: Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes. Organisation identifies fragile services and has plans in place to address / mitigate risks and proposals in place for more robust service models eg via regional solutions, consolidation of services etc.	No	Staff and partners are aware of strategy/plans and engaged in development. Organisational staff respond to corporate requirements but may not 'own' the process. Sufficient capability and capacity within the planning team to embed planning throughout the organisation.	Stakeholders are engaged in and co-design priority setting using the 'engagement cycle' model and a person-centred approach. Engagement at individual, team and organisational level is improving. Strengthened partnership working arrangements. Statutory NHS Wales Planning Framework requirements are embedded in the planning process. Development of a co-designed clinical services plan with evidence of strong clinical, stakeholder and public engagement and involvement throughout. A patient led approach is evident.	Joint development and communication of strategy / plans with key partners including other NHS organisations, local authorities, third sector, patients, carers and members of the public. Organisational engagement is evident in practice and reflected in the strategy/plans. Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments. Board approved person-centred clinical services plan that delivers sustainable health and well-being outcomes for the local population.	The strategy/plans benefits patients, carers, the public, partners and health communities. Planning is embedded and co-ordinated throughout the organisation. Feedback from engagement activities influences and challenges the plan. Track record of continuous engagement with stakeholders. Has robust plans in place to address / mitigate risks and proposals in place for more robust service models eg via regional solutions, consolidation of services etc.	Feedback and learning from continuous engagement activities including protected characteristic groups and socio-economic disadvantaged groups informs local priority setting and the development of the strategy/plans.

CTM Planning and Strategy Maturity Matrix - Self Assessment

d. Operational planning: Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance. Embedding a culture of reducing unwarranted variation, improved performance and outcomes and evaluation of improvements.	No	Operational plans, basic demand and capacity work is undertaken and contain an appropriate level of detail to support service delivery. Sufficient capability and capacity within the planning team to embed operational planning throughout the organisation.	Operational plans are regularly reviewed and remedial action undertaken. Demand and capacity planning undertaken at speciality level. Identified clinical leads to drive service and performance improvements. Evidence of triangulation between operational services, activity workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity are used to inform the development of the IMTP.	Demonstrable improvement in the triangulation of plans based on a clear and consistent approach to demand and capacity modelling. Ensuring there is a clear monitoring and tracking process for all. Robust clinical leadership and engagement in operational planning with teams contributing to future direction services in line with clinical services plan. Proactive approach to reducing unwarranted variation and improved outcomes.	Coherent aligned plans, including, with staff owning, adapting, acting on and learning from variation and inequity.	Demand and capacity modelling is at the core of planning processes across the health board. Data driven decision making processes underpinning all operational pathways. A demonstrable correlation associated with the shifting of resources, predicated on the increased equitable deliverability or the non-fulfilment of the original resource allocation.
e. Best Practice approach to improvement: Ambition to deliver best practice levels of equity, efficiency, effectiveness, quality and safety.	No	Published commitment to best practice with training, improvement and innovation strategy in place. Commitment to and engagement with national programmes.	Utilises a value-based healthcare approach to planning. Undertakes benchmarking with other NHS to help deliver improvements.	Demonstrable improvements that can be evidenced and delivered.	Maintain the value-based healthcare approach. Plans are future proofed and based on changes in technology and healthcare innovation reflecting clinical excellence and patient experience.	Centres of excellence for clinical and / or teaching services. High performing across non-clinical measures e.g. staff survey, corporate standards.

CTM Planning and Strategy Maturity Matrix - Self Assessment

f. Realistic and deliverable: Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	No	Development of robust plans that builds assurance as a key step towards submission of an approvable IMTP and includes a finance and delivery framework.	Development of an approvable outcomes focused IMTP that reflects the strategy and clinical plan priorities and includes a robust 3-year financial plan. IMTP to reflect return on investment, evidence of impact and key success factors. Key risks (quality, service, access, workforce, finance) identified with evidence of controls.	Evidence of plans for delivery and implementation. Clear processes to track progress and delivery of plan and any associated accountability conditions.	Forward look risk assessments anticipate problems to assure resilience.	Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.

Key Element	Discussion feedback (eg. rating and reflections)	Justification Evidence (eg. links to documents)	Next steps and agreed actions	Potential support required
a. Strategy Development/Clarity of purpose, vision and strategy	Level 2: CTM2030 in place with vision, values and 4 strategic drivers Not yet 3 as we are working on developing Acute Clinical Services Plan (ACSP) which is key to delivering CTM2030 but resourcing issues impacting on ability to deliver. CTM 2030 was developed on robust stakeholder engagement and work soon to commence with an independent organisation to ensure this is as thorough with ACSP.	Have Your Say - Cwm Taf Morgannwg University Health Board (nhs.wales) Regular updates to board on CTM2030 and ACSP Board Meetings & Papers - Cwm Taf Morgannwg University Health Board (nhs.wales)	Development of ACSP programme subject to available recurrent resource	
b. Strategy alignment and development of a 3-year Integrated Medium Term Plan (IMTP)	Level 4: IMTP is informed by: - CTM20320 and ACSP - Quality and safety, R&D and VBHC - Population needs assessment - Cluster planning - Demand and capacity assessments - Triangulation of service delivery and development, workforce and financial planning - Performance monitoring and review.	- Internal framework for IMTP - Agreed documentation - Plans on a page - Care group plans - Risk assessment - Commissioning Intentions - Steering Group in place	We continue to review our structures and processes for planning to ensure continuous improvement.	
c. Dynamic and engaged planning	Level 2/3: Whilst we feel that we can evidence achievement across all domains at level 2, our higher level attainment is	See record of all CTM 2030 community leaders' groups, setting out priorities and plans for discussion and input.	Formal systematic engagement on ACSP	Anything that helps resource the ACSP process.

	hindered by our inability to have formally engaged with all stakeholders on our strategic plans	Strategy group work – see monthly update slides - work across segments to secure long-term improvements in UHB activities that secure population health (and Future Generation) improvements. Based on data, evidence and stakeholder inputs. Stakeholder reference group papers. Llais briefings. Various clinical meeting papers: Consultants' away day, Care Group launch, SEW and LHP pathway development, LHP SOD. CHD business cases. IMTP 2024-27 (and relevant board papers) – signed off by minister SEW programme papers evidence regional properties plans and performance, showing how plans flex according to updated regional demcap. RPB governance review in 2023 established more proactive Range of aligned emergency service changes	Building healthy Communities work to develop SMARTer plans Further progress on consistent use of EIA's and adapted plans as a result. Fulfilment of this year's approach to IMTP including internal commissioning intentions approach and cycle of learning.	
	d. Operational Planning	Level 3: Whilst we feel that we can evidence achievement across all domains at level 3, IMTP / MDS demonstrates intention to align operational plans. Hindered by some date	Ongoing strengthening of Building Healthier Communities	Will require political cover

	our higher level attainment can be evidenced across many programmes but we are aware of more work to make this consistent.	quality issues. Finance, analytics and workforce teams are working on an integrated tool to support planning for 25/26. Good performance management via Operational Management Board - see papers. Supported by PMO. Recent OCP aligns management and clinical leadership. Delivery depends on best-in-class efficiency and savings plans. Includes pan system actions to improve community / individual resilience and health literacy AND Primary Care development to shift to early identification, early intervention and self-care. Also referral management via Pathways and Advice and Guidance to GP's. Improving Care board papers evidence work to reduce unwarranted variation.	– development of Community Health and Wellbeing role. Integrated community hub development to shift care to community settings. ACSP – must nail the plan	
e. Best Practice approach to improvement	Level 3: Whilst we feel that we can evidence achievement across all domains at level 3, our higher level attainment can be evidenced across many programmes but we are aware of more work to make this consistent.	See Strategy group work re use of evidence, data and new care models. GIRFT – orthopaedics and Ophthalmology Grant Thornton recommendations and response 2024. Shows how strategic review is being implemented. Audit recs – responses.	Ongoing Development of iCTM and PMO.	

		VBHC programme – very effective however narrow in scope. Service and financial performance improvements provide some evidence of outputs. Positive engagement of staff with the programmes, report optimism and enthusiasm.		
f. Realistic and deliverable	Level 4: We feel that we can evidence achievement across all domains at level 4.	The fact that we have an IMTP with good levels of delivery and have the resilience to adjust to the POW roof impact	Obviously we are not without risk and need to continue to work to deliver performance and financial requirements.	



CTM Health Board

Director of Public Health Annual Report 2024 Diabetes

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Diabetic Clinical Planning Group Members	Click or tap to enter a date.	Ongoing
Population Health & Partnerships Committee	14/11/2024	Endorsed for Board Approval

Acronyms / Glossary of Terms	
CTM UHB	Cwm Taf Morgannwg University Health Board

1. Situation / Background

- 1.1 The purpose of the paper is to inform the Board members of the Annual Report of the Director of Public Health and promote discussion and subsequent approval of the recommendations relating to the Health Board which are set out in this cover report. The main report is aimed at a wider audience of partners in CTM's system of health & well-being but this covering paper highlights aspects particularly relevant to Board members.
- 1.2 Between 2009/10 and 2021/2022 the number of individuals diagnosed as diabetic, in Wales increased by 40%. Prevalence is predicted to continue rising. Diabetes is associated with the risk of a number of complications, increased healthcare needs and increased likelihood of premature mortality. It is estimated that 10% of the NHS Wales budget is spent on people with diabetes. 90% of individuals with diabetes are classified as Type 2. A number of the risk factors associated with Type 2 disease are modifiable. It is estimated that around half of type 2 diabetes could be avoided with lifestyle changes to achieve healthy weight, a better diet and increased activity.
- 1.3 The current position has led to a call for action both nationally and locally, with Public Health Wales working with partners nationally and at Health Board level to develop and roll out the 'Tackling Diabetes Together Programme'. This programme will complement and support the various improvement workstreams already underway in CTM and allows sharing of good practice across Wales.
- 1.4 While diabetes is a concern across Wales, the scale of challenge in CTM is considerable. We have the second highest prevalence of diabetes of all Welsh Health Board areas with 8.59% of adults in CTM UHB registered as diabetic. One of the main risk factors for type 2 diabetes is living with overweight or obesity, in CTM 68% of adults in CTM are overweight or obese, with childhood obesity amongst the highest in the UK.
- 1.5 CTM also has a higher percentage of more deprived areas than other Health Board areas in Wales which has a clear association with poorer health outcomes. Changing Health Board boundaries together with ongoing restructuring and current financial challenges has left differences and gaps in practice across sites adding to inequities in service provision.
- 1.6 The key public health implication for type 2 diabetes is the opportunity for prevention. There are three stages of prevention where we can positively impact upon the trajectory of type 2 diabetes:

Primary prevention

- *Prevent individuals from becoming overweight/obese,*

- *Encourage a healthy diet and uptake of recommended levels of physical activity*

Secondary prevention

- *Support those with overweight/obesity to become and maintain a healthy weight*
- *Identify people at risk of type 2 diabetes and test them for pre-diabetes/diabetes*
- *Support those with pre-diabetes to achieve remission through lifestyle changes*

Tertiary prevention

- *Ensure all people living with diabetes are appropriately monitored*
- *Achieve NICE recommended treatment targets for blood glucose (HbA1c), blood pressure and cholesterol*
- *Promptly identify and treat complications of diabetes*

2. Specific Matters for Consideration

2.1 CTMUHB is currently facing a considerable number of challenges relating to type 2 diabetes but key features include: -

- The challenge of the obesogenic environment of CTM coupled with the lack of capacity and funding for weight management services across the life course. The profile of overweight and obesity in CTM is fuelling our diabetes crisis.
- Prevention and early intervention services such as the pre diabetes programme are unable to be fully developed and/or rolled out due to the instability of continuous temporary funding or as in the case of remission services have no funding identified.
- The need to improve public and professional understanding of the risks associated with diabetes and the importance of optimising self/clinical management to prevent disease when possible and improve outcomes when not.
- Sub optimal and inequitable provision of routine diabetes care with lack of capacity in primary care and specialist services. Services often operating in silos with duplication of effort and lack of communication between both human and digital systems.

3. Key Risks / Matters for Escalation

3.1 Effective diabetes prevention presents the challenge of needing to invest upstream to make a real difference while still having to care for those already in advanced stages of disease. A degree of improvement can be achieved by working differently but unless there is some shifting of resource towards primary and early secondary prevention the challenge of diabetes will continue to escalate.

3.2 The key risks to the Health Board failing to meet its objectives are: -

- o Potential loss of partner commitment to support system wide working around healthy environments and tackling obesity in current economic climate.
- o Seriously insufficient capacity of weight management support across the life course preventing timely care.
- o Short term funding of successful approaches such as the All-Wales Diabetes Prevention Programme creating instability and recruitment issues that adversely affect delivery and restrict development of effective pathways.
- o Potential limited success in utilising improved access and behavioural approaches to improve engagement and compliance, through lack of operational resource to push through and monitor changes in practice.
- o No funding identified to deliver approaches such as psychological support and the offer of remission services despite these being identified in the WG Quality Statement for diabetes as key components of a good service.
- o Insufficient and incomplete coverage of services for early recognition and management of complications
- o Issues with data quality and link up affecting planning and monitoring functions
- o Inequitable offer across the Health Board area

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: Improving care, Inspiring people
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below: Starting Well, growing well, aging 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 more equal Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below: Leadership, Learning, improvement and research



Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Effective
	If more than one applies please list below: Equitable
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? / Quality Have you undertaken a Quality Impact Assessment Screening Impact Assessment Screening?</i>	Yes: ☐	No: ☒
		If no, please include rationale below: Individual components of work will be subject to IA as applicable
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</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: As above
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Requirement to deliver evidence based, best practice care	
Effaith Adnoddau (<i>Pobl / Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	Yes (Include further detail below)	
	This work will review and reinvestment as applicable.	

5. Recommendations

5.1 The Board are asked to APPROVE the report.

6. Next Steps

- 6.1 Type 2 diabetes has the dual challenge of balancing optimum management of those already diagnosed, with the need to prevent the development of new cases if we are to achieve a sustainable, effective approach. However, the human and financial costs of diabetes cannot be overstated and despite its scale this challenge needs to be tackled. As an organisation we need to consider systematically and sequentially shifting funding upstream towards prevention to improve the health and well-being of the local population and ultimately decrease poor outcomes and unsustainable costs downstream.
- 6.2 To achieve change there also needs to be a focus on universal, evidence-based care pathways, workforce development, improved communication and engagement, and enhanced monitoring and data analysis. Use of behavioural approaches and maximising technology to improve outcomes are also key components of this work. Running along all workstreams an increased commitment to research and evaluation at both a local and national level will promote best practice and shared learning.
- 6.3 We need our statutory and community partners to work together with us, prioritising actions that will make a real difference. Socioeconomic factors not only influence outcomes for people with diabetes but deprivation increases the risk of developing type 2 disease due to its influence on lifestyle factors. Obesity is a major challenge for our population and one that requires a full system approach to effectively achieve change.
- 6.4 A number of key actions have been identified that are currently being developed into a three-year strategic plan for diabetes across CTM UHB. Initial next steps for type 2 diabetes include:
- Continue to develop a whole systems approach to healthy environments and tackling obesity
 - Review of potential funding opportunities to allow expansion of key services as outlined for weight management, education and early complication management and commencement of remission and psychology services. This will include exploration of recognised tools to assist difficult decision making ensuring highest value interventions are prioritised.
 - Ensuring continued collaboration with all stakeholders nationally and central coordination and oversight of activity across the whole pathway at a UHB level to maximise resource, expertise and learning.
 - Explore opportunities and approaches to increase professional and public awareness of diabetes prevention, management and complications
 - Work with clinical colleagues to further explore completion rates for core care processes/ annual reviews and determine improvement actions required
 - Utilise the learning from the behavioural systems mapping event and behavioural science evidence base to identify areas for action and different approaches to working.

- Prioritise optimal use of data/health intelligence to target action most effectively and monitor progress and return on investment.
- Strengthen stakeholder engagement particularly with public/patient groups

(Workstreams addressing paediatrics, Type 1 disease and gestational diabetes will be included within this 3 year plan but are outside the main scope of this paper).



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

A circular inset image showing a magnifying glass held over a medical document. The word "Diabetes" is clearly visible through the lens. The background of the document is slightly blurred, showing other text and a blue graphic.

Diabetes

DIRECTOR OF PUBLIC HEALTH REPORT ON DIABETES

November 2024



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FOREWORD

Diabetes is one of the leading health issues of our age, with those affected experiencing a host of complications, reduced quality of life and reduced life expectancy. It is also a major draw on NHS resources, which can then not be used to improve health in other areas and for other conditions, as well as impacting on the wider economy through ill health and unemployment.

The human and financial costs of Diabetes cannot be overstated; without concerted effort to address them, they are also set to rise.

Type two Diabetes Mellitus (T2DM), which accounts for approximately 90% of diabetes is, however, largely preventable, both in terms of onset and the development of complications and outcomes. This should galvanise all of us to work together to stem its increase.

The major risk factor for developing T2DM is unhealthy weight. CTM currently has the some of the highest levels of overweight and obesity in Wales. As with the risk of developing complications from diabetes, unhealthy weight is strongly linked to increased financial deprivation. These are “wicked issues”, which require a whole-of-society approach to address.

The coming wave of increased diabetes cannot be withstood. This report highlights a range of challenges driving the increase of diabetes in our communities, but it also outlines what we can do, collectively, to avert it.

This will require significant investment of both effort and resource. Whilst recognising our current financial constraints, we must also face the unsustainable human, social and economic cost, were we to fail to act decisively.

It is my hope that the information held within this report helps to frame the arguments, forge alliances and precipitate those decisive, co-operative actions.

Philip Daniels
Executive Director
of Public Health

1 INTRODUCTION

Aim of the Report

The aim of this report is to highlight the significant impact type 2 diabetes is currently having on the health and wellbeing of our population, how it's closely linked to rising obesity rates in Cwm Taf Morgannwg University Health Board (CTMUHB), and the potential crisis we will face over the next decade if we don't take steps now to address these issues.

Although the Health Board is committed to improving care across the whole of diabetes services due to the huge potential for prevention and early intervention associated with type 2 diabetes, the key focus of this report will be on type 2 diabetes.

2 BACKGROUND

More than 200,000 people in Wales are living with diabetes. 9 out of 10 of them have type 2 diabetes, and approximately half of these could have been prevented with lifestyle change to achieve a healthy weight, a better diet and increased physical activity.

People living with diabetes are at risk of sight loss, kidney failure, heart attacks and stroke alongside a number of other potentially serious complications. There is also a financial cost: the treatment of type 2 diabetes accounts for around 10% of the annual NHS budget with 80% attributable to the complications of diabetes. This cost is projected to rise to over 17% by 2035.

In order to tackle the growing issue of diabetes, work to prevent diabetes and to ensure that there is provision of effective evidence-based care must both be prioritised.

Overweight and obesity is the leading modifiable risk factor for type two diabetes. **CTM currently has the highest levels of overweight and obesity in Wales, for both adults and children.**

The increase in individuals living with overweight and obesity seen in CTM is the result of changes in our food and activity environments – communities are flooded with unhealthy food, and it is often difficult for families to lead active lives. Influencing these factors will require a **whole systems approach** and as a health board our vision is to ensure that we;

- Support individuals and families to achieve and maintain a healthy weight
- Work with partners to create a healthy environment
- Ensure that CTMUHB is a healthy weight organisation
- Identify those at risk of developing diabetes and help them reduce their risk
- Effectively treat and support those with a diagnosis of diabetes
- Address inequalities

3 OVERVIEW AND RISK OF DIABETES

Diabetes is a condition in which the body doesn't produce enough insulin to maintain stable blood glucose levels, or where the insulin produced is unable to work effectively².

There are two main types of diabetes:

Type 1 diabetes – an autoimmune condition where the cells that produce insulin are destroyed. Lifelong insulin treatment is required to prevent death. Approximately 10% of people with diabetes have type 1 diabetes².

Type 2 diabetes – the body doesn't produce enough insulin for its needs or becomes resistant to the effects of the insulin produced. This condition may remain undetected for many years but is progressive and will require lifestyle changes (healthy diet and exercise). Over time most people will require oral medication +/- insulin².

In addition, **gestational diabetes** occurs when the body cannot produce enough insulin to meet extra needs during pregnancy. It can cause difficulties within the pregnancy for mother and child. Gestational diabetes usually resolves at the end of pregnancy. However, one third of women who develop gestational diabetes will develop Type 2 diabetes within 15 years³.

'Non-diabetic hyperglycaemia', or '**pre-diabetes**', is a condition characterised by higher-than-normal blood glucose levels, but below the threshold for a diagnosis of diabetes. Pre-diabetes is a high-risk state for developing type 2 diabetes, and between 26% and 50% of people with pre-diabetes will develop type 2 diabetes within 5 years⁴.

RISK FACTORS FOR DEVELOPING DIABETES

Development of type 1 diabetes is not associated with obesity or other modifiable risk factors².

Gestational diabetes is more common in women living with obesity, those who've had gestational diabetes in a previous pregnancy, those who've previously given birth to a baby over 4.5kg, those with a family history of type 2 diabetes and those of certain ethnic groups (South Asian, Black African, African Caribbean)⁵.

There are several modifiable risk factors associated with type 2 diabetes. Therefore, there is significant opportunity to reduce the risk and incidence of type 2 diabetes in our communities



THE MAIN RISK FACTORS FOR TYPE 2 DIABETES ARE:

- [illegible]

Other risk factors for developing type 2 diabetes include high blood pressure, increasing age, certain ethnic groups (South Asian, Black African, African Caribbean)⁸, low physical activity levels, and family history of type 2 diabetes. Risk factors for developing pre-diabetes are the same as those for type 2 diabetes⁹.

Waist Circumference and risk of Type 2 diabetes

A healthy waist circumference for most people is considered to be;



The diagram shows two human silhouettes. The male silhouette on the left has a yellow horizontal line across the waist labeled 'Waist' and 'Hips'. The female silhouette on the right has a yellow horizontal line across the waist labeled 'Waist' and 'Hips'.

Less than 94 cm (37 inch) for men

Less than 80cm (31.5 inch) for women

A larger waist circumference is associated with an increased risk of Type 2 diabetes

BODY MASS INDEX

				
Underweight BMI < 18.5	Normal Weight BMI 18.5 - 24.9	Overweight BMI 25 - 29.9	Obesity BMI 30 - 34.9	Extreme Obesity BMI 35 - 39.9

7/29

4 COMPLICATIONS OF DIABETES

Individuals living with diabetes are at risk of developing the following complications:

- Cardiovascular disease including heart attacks and stroke¹⁰
- Diabetic retinopathy leading to sight loss¹
- Diabetic nephropathy (kidney disease) and kidney failure¹²
- Peripheral neuropathy resulting in altered sensation and pain in the hands and feet¹³
- Diabetic foot disease potentially leading to amputation²
- Reduced wellbeing and an increase risk of depression

Complication of diabetes	Risk in those with diabetes
Cardiovascular disease (heart attack, heart failure, angina, stroke)	2X excess risk as those without diabetes
Diabetic retinopathy leading to sight loss	8% of sight loss in the UK amongst those registered blind or partially sighted is caused by diabetic eye disease
Chronic kidney disease (CKD)	Prevalence of CKD in those with diabetes is >25%. It's estimated that of people with diabetes will develop CKD in their lifetime Worldwide, diabetes is the most common cause of kidney failure requiring dialysis or kidney transplant. 40%
Peripheral neuropathy	>50% of diabetics will develop it over their lifetime
Amputation	Those with diabetes are more likely to have a lower limb amputation than those without diabetes 20x
Depression	Almost twice as high in those with type 2 diabetes compared to those without diabetes
Reduced life expectancy	Up to 10 years less in those with diabetes

The risk of such complications is higher in those with poorly controlled diabetes, those with obesity and those in the most deprived quintiles². Those with diabetes also have up to 10 years reduced life expectancy as those without diabetes¹⁴.

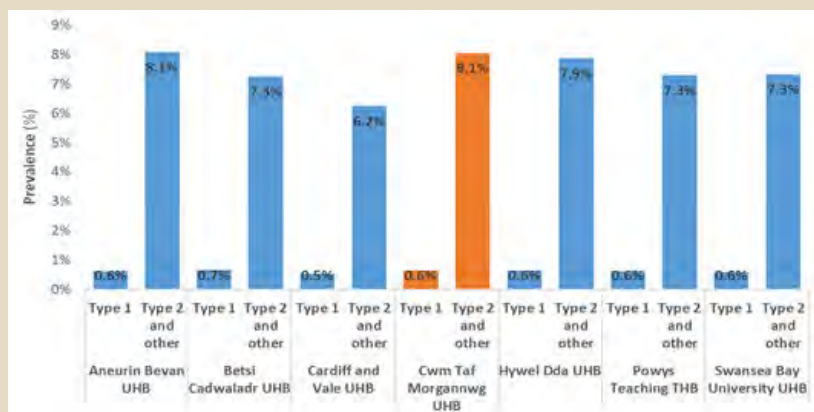
During 2022/23, 46 patients with diabetes were admitted to hospital on the retinopathy pathway with an associated average cost of £2,086 per spell, and a 6.5% mortality rate¹⁵.

During 2022/23, 70 patients with diabetes were admitted to hospital on the amputation pathway costing £16,000 on average per spell, 71% of these were admitted as an emergency admission. 1 in 5 of those admitted through this pathway died¹⁵.

5 PREVALENCE OF DIABETES

At 8.69%, CTM UHB has one of the highest prevalence of diabetes of all health boards in Wales. 8.1% of the registered population have a diagnosis of Type 2 and other diabetes. Type 1 diabetes has a much lower prevalence accounting for 0.6% of the registered population. Between April 2023 and March 2024, 5.5% of women who gave birth in CTM were recorded as having gestational diabetes. This has increased from 4.1% in 2018/19.

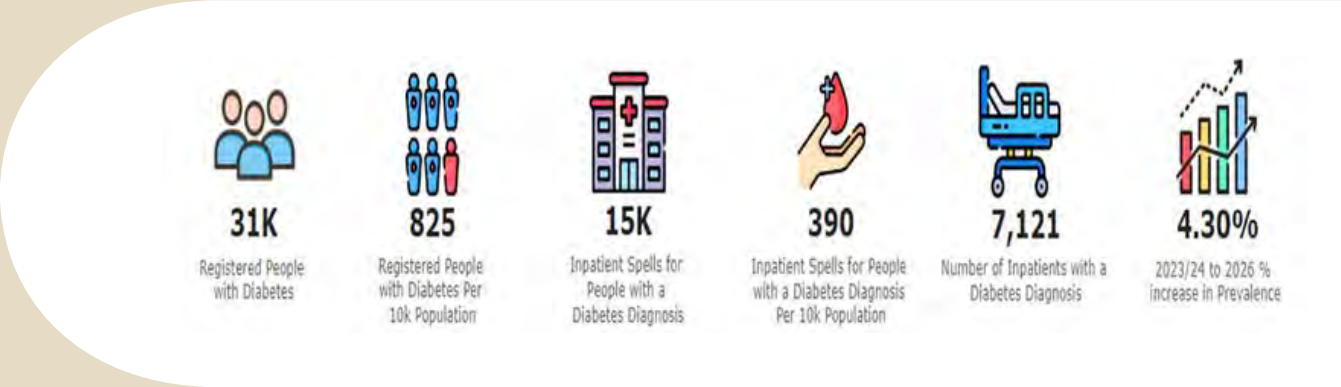
Figure 1 – Percentage of patients registered with diabetes, Type 1 & Type 2 and other, all ages, 2022/23 across Welsh Health Board Areas (data from Diabetes Insight and Variation Atlas)



Of major concern is the anticipated rise in the prevalence of type 2 diabetes and the fact that type 2 diabetes is now being diagnosed at a younger age, even in children and young people. This age group often experiences more aggressive disease than older adults, with more rapid onset of complications at a younger age, threatening long-term health and quality of life in adulthood¹⁶.

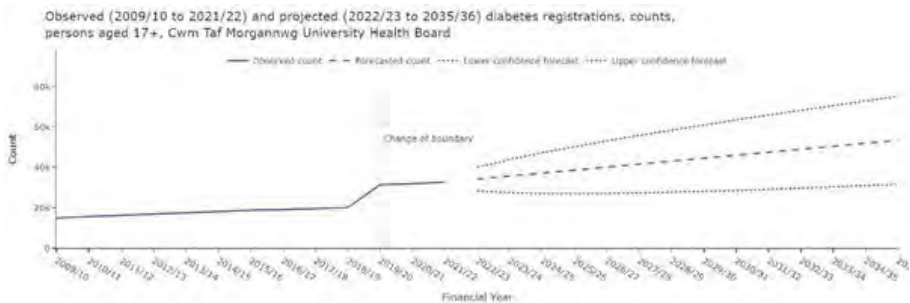


TYPE 2 DIABETES IN CTM



Although the prevalence of both type 1 and type 2 diabetes is predicted to increase, it is the increase in type 2 disease that is predominately driving upward trends. The challenges are both immediate and ongoing. The number of patients in CTM UHB with a diagnosis of type 2 diabetes is forecast by Public Health Wales to increase from 31,163 in 2023/24 to 32,564 in 2026, with the estimated prevalence of diabetes increasing to 8.6% in 2026. And if current trends continue, it is estimated that by 2035/36 approximately 1 in 11 adults will be living with diabetes in Wales¹⁷.

Figure 2 – Forecasted number of patients with Diabetes (PHW 2023)¹⁷



PREVALENCE OF PRE-DIABETES

Individuals with pre-diabetes are usually asymptomatic so remain undetected for a long time. In December 2023, 15,593 adults in CTM (3.29%) were coded as having a diagnosis of pre diabetes, with new patients being identified each week. However, given pre-diabetes has no symptoms and detection is dependent on an individual having a HbA1c test, it is estimated that the true number of pre-diabetics in CTM UHB would far exceed this. The true forecast for increase in pre-diabetes prevalence is thus unknown but is likely to be vastly underestimated¹⁸.

6 DIABETES AND OVERWEIGHT/OBESITY

CTMUHB has the highest rates of overweight and obesity in Wales and the highest percentage of people with type 2 diabetes with a BMI 40+. Around 2 in 3 adults in CTM are living with overweight or obesity, and around 1 in 3 are living with obesity¹⁹.

Figure 3 – Adult overweight or obesity by health boards and Wales Source: National Survey for Wales (July 2023)¹⁹

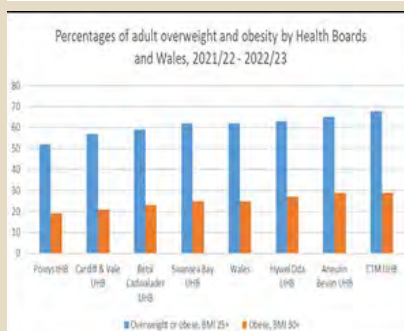
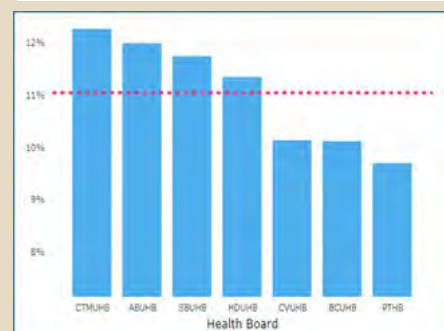


Figure 4 – Percentage of type 2 diabetic patients with a BMI of 40+, 2022/23¹⁵



Of greater concern, is that 1 in 8, 4-5-year-olds in CTM start their school journey with obesity, and more than 1 in 4 are overweight¹⁹.

This is the highest rate of child obesity in Wales. Rates of child obesity and overweight are particularly high in Rhondda Cynon Taf and Merthyr Tydfil County Borough Council areas.

Children and adolescents living with obesity are around five times more likely to have obesity in adulthood than those who were a healthy weight²⁰. Around 55% of children living with obesity continue to have obesity into adolescence, around 80% of adolescents with obesity will continue to live with obesity into adulthood, and around 70% will have obesity over age 30.

Work focused on reducing the number of children living with overweight and obesity is essential to prevent diabetes in our communities.



The number of children registered with Type 2 diabetes and being treated in paediatric diabetes units in England and Wales increased by more than 50% between 2017 and 2022²¹. Early onset of Type 2 diabetes is associated with faster disease progression. The majority of diabetes cases in adulthood are attributable to overweight and obesity.

There are currently children in CTM who have a diagnosis of Type 2 diabetes.

Healthy weight is strongly linked to deprivation. Children in our poorest communities are 50% more likely to be living with obesity than children in our most affluent areas. Therefore, significant work to support children in areas of deprivation will be needed if we are to address the inequalities that already exist.

Figure 5 - 4-5-year-olds with overweight or obesity by deprivation fifth, CTMUHB, 2022/23

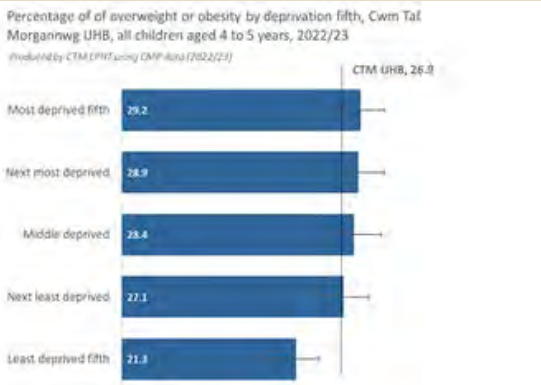
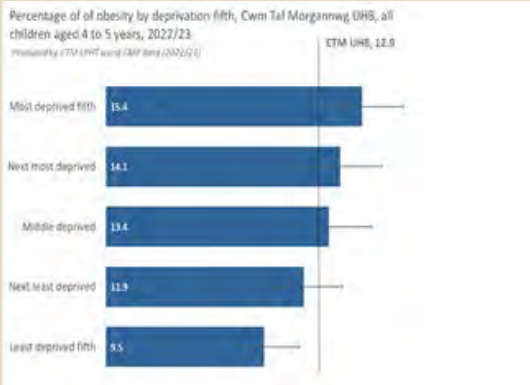


Figure 6 - 4-5-year-olds with obesity by deprivation fifth, CTMUHB, 2022/23



7 IMPORTANCE OF PREVENTION



The key public health implication for type 2 diabetes is the opportunity for prevention. There are three stages of prevention where we can positively impact upon the trajectory of type 2 diabetes:

PRIMARY PREVENTION



- Prevent individuals from becoming overweight/obese, encourage a healthy diet and uptake of recommended levels of physical activity

SECONDARY PREVENTION



- Support those with overweight/obesity to become and maintain a healthy weight
- Identify people at risk of type 2 diabetes and test them for pre-diabetes/diabetes
- Support those with pre-diabetes to achieve remission through lifestyle changes

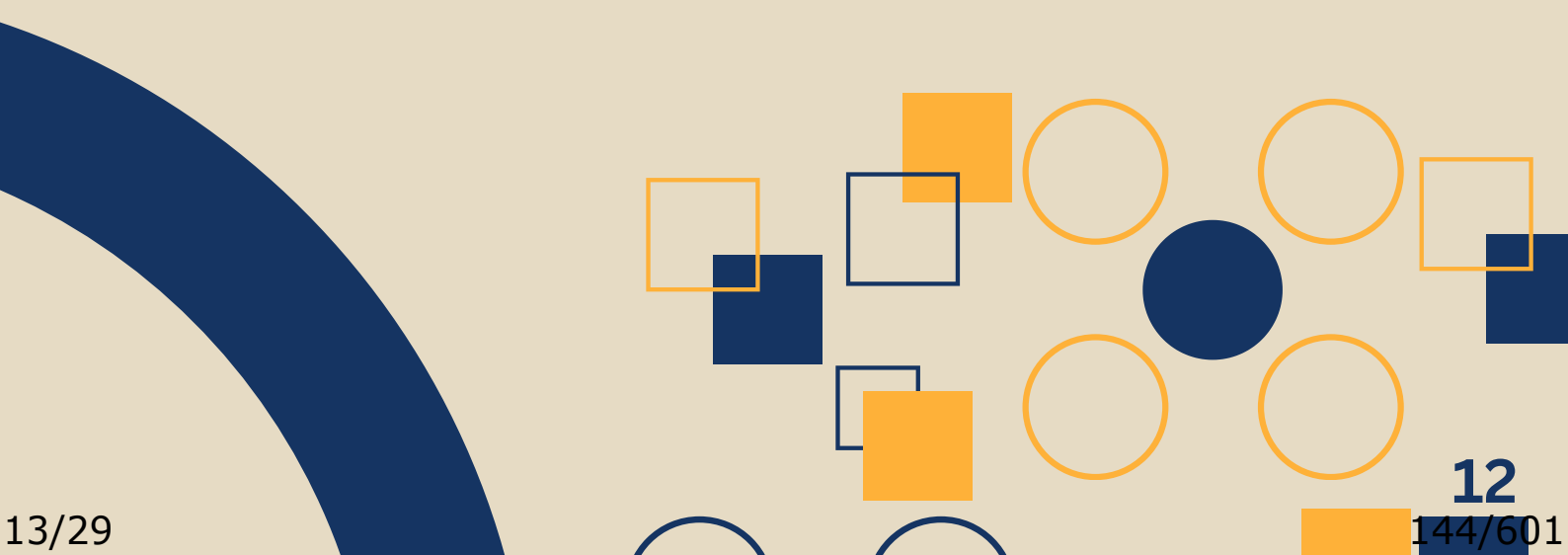
TERTIARY PREVENTION



- Ensure all people living with diabetes are appropriately monitored
- Achieve NICE recommended treatment targets for blood glucose (HbA1c), blood pressure and cholesterol
- Promptly identify and treat complications of diabetes

Significant work in CTM is currently being undertaken at all stages of prevention. Work is also underway to develop CTMUHB as a healthy weight organisation. As a health board that employs around 12,000 staff, 80% of whom live within the boundaries of CTM, the opportunity for influence both amongst CTM staff and consequently in the community, should be not underestimated.

The following sections outline key aspects of this preventative work.



PRIMARY PREVENTION

HEALTHY WEIGHT: HEALTHY WALES (HWHW) is the Welsh Government's long-term strategy focused on the prevention and reduction of obesity in Wales.

The HWHW strategy takes a whole systems approach, and sets out changes that will be required by 2030 using four themes to address the causes of obesity:

- Healthy environments
- Healthy settings
- Healthy people
- Leadership and enabling change

CTM VISION:

We are currently developing our local, long-term vision for Healthy Weight in CTMUHB, aligned to the National Strategy. This includes:

- Leading a Whole System Approach to Healthy Weight
- Developing as a healthy weight organisation – creating a healthy environment for our staff, patients and visitors
- Providing co-designed, community-oriented support for individuals and families to achieve and maintain a healthy weight

IF WE ARE TO REDUCE THE HIGH NUMBERS OF PEOPLE LIVING WITH OVERWEIGHT AND OBESITY IN CTM, IT IS ESSENTIAL THAT WE TAKE A LONG TERM, SYSTEM WIDE, UPSTREAM APPROACH



WHOLE SYSTEM APPROACH TO HEALTHY WEIGHT

The drivers behind our unhealthy environments are complex, and many different people hold levers for change. If we are truly to change obesity trajectories in CTM it is essential that this complex system works together, with a shared understanding of the issue and shared goals. This is at the core of our Whole System Approach to Healthy Weight.

The Whole System Approach to Healthy Weight includes;

- Leading a change in the way we talk and think about obesity across CTM
- Creating healthier communities together – working with stakeholders to take opportunities to shape our food and activity environments
- Listening to communities
- Developing Joint Regional Action Plan based on working with people across CTM
- Facilitating long term change

Over the next year we will be focusing on how we can work together to increase access to good quality, affordable food across RCT, Merthyr and Bridgend and how we can make it as easy as possible for people in CTM to move around the region in a way that is healthier.

Aligned to our Whole System work, we are working with the Public Service Board to develop a regional active travel charter, and with maternity colleagues on the development of an infant feeding strategy.

CTMUHB AS A HEALTHY WEIGHT ORGANISATION

Many staff in CTM will be living with overweight and obesity, and this will be contributing to staff sickness and early departures from the workforce. Our facilities and catering teams have been transforming both the food we serve to our patients and the food we serve in our canteens to make it easier for everybody to eat healthily. We will be signing up to the CTM regional active travel charter, with anchor institutions across the region looking to lead the way in making it easier for people to make active travel choices.

We will be working to ensure we provide the right support to staff to achieve and maintain a healthy weight, and learning how to improve our environments to make it easier to achieve and maintain a healthy weight.



SECONDARY PREVENTION

Support for individuals and families to achieve and maintain a healthy weight
The Healthy People theme of HWHW outlines an ambition for fair and equitable access to weight management pathways.

The service levels in the All-Wales Weight Management Pathway for children, young people and families are summarised as:





ADULTS

The Adult Weight Management Service in CTMUHB delivers levels 1-3 with level 3 having a referral pathway into the WHSCC funded Level 4 service delivered by Swansea Bay UHB.

Over the past two years, we have developed a comprehensive weight management pathway for adults across all levels, with significant investment in a new Level 3 service to support those with the greatest need to manage their weight.

With a current capacity of 250 people a year in our adult service, and an estimated 100,000 people potentially eligible for Level 3 weight management services in CTM, this service is unable to meet long-term demand. The service also has limited prescribing capacity, meaning only a subset of people are able to access novel weight loss medications.

Across all levels of the pathway many outcomes have been positive but **capacity and equity of uptake** remain an issue.

This emphasises the need for upstream approaches.

CHILDREN

Since 2022 the PIPYN²² Programme has run in Merthyr as part of a national pilot. The scheme integrates systems work to improve local food and activity opportunities with direct support to help families make healthy choices. In 2024 this programme has been implemented in in Taf Ely and Rhondda primary care clusters, and its progress and outcomes will be evaluated as we look to design a long-term model.

While PIPYN provides Level 1 weight management support for children aged 3-7 years and their families, and there is also generic input from the healthy schools and pre-schools teams, **there is currently no support for children and young people outside of this criteria.**

A business case to develop an integrated approach to support children and families achieve and maintain a healthy weight is currently being developed. This will include provision across level 1 – 3 of the weight management pathway integrated with our Whole Systems Approach to Healthy Weight.



TACKLING PRE-DIABETES

“

“I had no idea I was in the risk group. The GP said my tests were fine. Glad I attended as I found it really useful to get the information I needed.”

”

“

“I am so glad it is available. My blood sugars have gone back to normal so I am extremely happy.”

”

“

“Before I came to the appointment, I was so afraid of getting diabetes. The healthcare support worker helped me work through some of my misconceptions... and I was able to think about what I could do to get my blood sugars down.

”

Secondary prevention of Type 2 Diabetes includes identification and appropriate management of those with pre-diabetes.

The All-Wales Diabetes Prevention Programme (AWDPP) was developed following pilot work in North and West Wales. The approach involves the identification of individuals with pre-diabetes (HbA1c 42-47 with no history of diabetes) by searching GP databases. Eligible patients are offered a 30-minute person-centred lifestyle appointment with a healthcare support worker focused on increasing patient understanding of pre-diabetes and the role of diet and physical activity levels in reducing risk. Signposting and/or onward referral to additional support is undertaken as appropriate, to programmes such as weight management services, the National Exercise Referral Scheme, interactive digital education programmes and/or a variety of wider community provision.

Follow up is undertaken at 12 months.

In CTM, the AWDPP model was rolled out from October 2022 across Merthyr Tydfil and Bridgend West, led by the CTM dietetic service, in line with the national model. In addition, national primary care funding was secured to allow additional primary care led rollout in a number of practices in the remaining clusters using a similar core model. Additional funding was secured from April 2024 to operate a single diabetes prevention programme across all clusters in CTM with a common service model and evaluation framework. Additional weight management capacity will also be provided to support these patients.

At the end of March 2024, nearly 800 people had attended an appointment and the uptake rate (consultations attended/invitations sent) was 5% higher in CTM UHB than the national average.

Much more could be done with the AWDPP in CTM. Short-term funding for posts to deliver the programme have been a challenge in terms of staff recruitment and retention and there have been gaps in delivery due to vacancies.

TERTIARY PREVENTION

Diabetes Care

Annual Diabetic Reviews

We know that certain components of diabetes care such as annual monitoring, early effective education and optimisation of therapies for glycaemia and cardiovascular risk considerably reduce the risk of diabetes complications.

NICE guidance has identified a number of checks that should be carried out on people living with diabetes on an at least annual basis to monitor their health and detect potential complications²³. These are described as the 8 care processes.

In Q1 2024/25, 38.85% of patients with diabetes in CTM are recorded as having received all eight care processes – 20.1% in type 1 diabetes and 41.5% in type 2 diabetes¹⁵.

There is considerable variation in percentage compliance for all 8 care processes across the different GP cluster areas within CTM, ranging from 28.7% to 52.5%, with 6 clusters falling below the All-Wales average of 43.7%¹⁵.

Treatment Targets

There are three NICE recommended treatment targets for diabetes:

- $BP \leq 140/80$
- Prescription of a statin in those with high Cardio Vascular Disease (CVD) risk
- $HbA1c \leq 58 \text{ mmol/mol}$

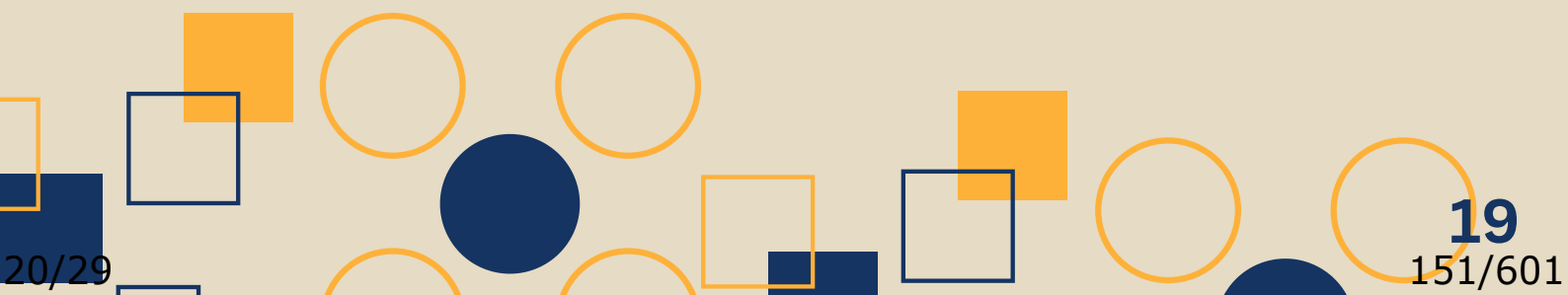
Maintaining a HbA1c below 58mmol/mol is associated with lower risk of developing complications. CTM has the lowest percentage of patients achieving this treatment target in Wales at 55.52%.

The Value Based Healthcare programme is supporting enhanced pathways to improve outpatient management of diabetic eye disease and inpatient care of diabetic foot disease.

We have an agreed basis for structured education. The 6-week XPERT Diabetes or XPERT insulin programmes are evidence based and adhere to Welsh Government Quality standards (2023) and NICE Guidance. Capacity to deliver diabetes structured education has been increased by changing the skill mix of staffing to include support worker delivery of XPERT Diabetes. XPERT Insulin continues to be delivered jointly by Diabetes nurse specialists and Dietitians. Referral rates for structured diabetes mellitus education have increased, receiving 125-160 per month since June 2023 which is positive.

All referrals for Type 2 Diabetes structured education are now triaged by nutrition and dietetics via a single point of access. In the last 8 months, significant progress has been made in reducing referral to treat times as part of COVID recovery and all patients are now offered Type 2 education in line with the national pathways and within the 14-week therapy RTT.

In addition, MyDESMOND is currently funded nationally as a digital option for diabetes, pre-diabetes and gestational diabetes education. However, national funding for MyDESMOND will end by March 2025. From April 2025, health boards in Wales will therefore need to identify additional funding to continue providing this digital patient education tool.



8 APPLICATION OF BEHAVIOURAL SCIENCE IN CTM

Behavioural science is the scientific study of behaviour - what enables it, what prevents it, and how best to elicit and maintain it²⁴. The use of behavioural science encourages us to understand the complexity of what drives individuals' actions and decision making, which in turn can support our policies, services and communication, as well as increase our chance of improving and protecting health and wellbeing.

There is increasing routine application of behavioural science in CTM, including programmes such as Making Every Contact Count (MECC). MECC is an approach to behaviour change that enables the opportunistic delivery of consistent and concise healthy lifestyle information through everyday conversations that organisations and individuals have with other people.

The COM-B model of behaviour is increasingly applied within CTM to support insight gathering opportunities, behavioural diagnosis, and evaluation. This model recognises that behaviour is part of an interacting system, and in order for a desired behaviour to be taken up, a person needs to feel **capable**, have the **opportunity** to perform the behaviour, and be **motivated** to do so.

As part of embedding the behavioural science approach to diabetes care within CTM, the Public Health Wales Behavioural Science Unit and CTM UHB, in collaboration with the Centre for Behaviour Change at University College London, are undertaking a project which seeks to gain a greater understanding of diabetes in the context of a complex system, taking into consideration the connections and interdependencies between behaviours, different/multiple actors and behavioural influences. A participatory workshop was held in April 2024 which brought together a diverse range of healthcare professionals involved in diabetes care in CTM UHB. Early findings from this work include a lack of connection and collaboration across the system, potential duplication of care processes and opportunities to increase patient centred approaches and improve self-management. Ongoing consultation regarding findings are underway with local stakeholders to collectively identify opportunities for intervening in the system to optimise outcomes and consider suggestions for behaviourally informed priority improvement activity.



9 MAXIMISING USE OF HEALTH INTELLIGENCE AND TECHNOLOGY

We need to prioritise optimal use of data/health intelligence to target action most effectively, and to monitor progress and return on investment. As part of the national Tackling Diabetes Together Programme, a workstream has been set up to fully explore current provision and the possibility of a national diabetes register.

In the meantime, use is being made of current resources such as the recently updated Diabetes and Insights and Variation Atlas (DIVA) dashboard in improvement planning.



There are a number of plans in place to increase use of patient-reported outcome measures (PROMS) and patient-reported experience measures (PREMS) to utilise patient feedback. The Therapies PREM is being implemented across services, and PROMS are planned to be recorded in line with the Minimum Data Set for Weight Management Services. XPERT outcomes are recorded and benchmarked nationally.

There is also considerable potential for digital efficiencies in care processes such as digital self-referral and self-booking. Other changes being explored include adding a specific Diabetes DATIX to all Wales DATIX system, plus the use of technology for patient monitoring and education is another area not fully explored.

10

CURRENT CHALLENGES

CTMUHB is currently facing a considerable number of challenges relating to type 2 diabetes

- Obesogenic environment of CTM – the healthy choice is not the easy choice in CTM
- Competing priorities within the current economic climate is a risk to stakeholder commitment to support system wide working around healthy environments and tackling obesity
- Short term funding and delays in recruitment have delayed roll out of the primary care led pre-diabetes service
- Insufficient capacity within the current adult weight management pathway in CTM to meet population need
- No paediatric weight management pathway in CTM – no support for children with overweight/obesity to reach and maintain a healthy weight
- No remission service available in CTM to target those with newly diagnosed type 2 diabetes
- Sub optimal and inequitable provision of routine diabetes care – low uptake of all 8 care processes with considerable variation across the UHB; varied podiatry provision across the UHB
- Low uptake of diabetes structured education programmes and limited funding for ongoing provision
- Current primary and secondary care services are working beyond capacity – additional requirements relating to diabetes prevention and improving diabetes care is a challenge in the current climate
- Processes are visibly siloed and there is a need for increased connection and collaboration, and greater understanding of the 'whole system' amongst health care professionals in order to optimise care and provide a seamless experience for people living with type 2 diabetes
- Duplication across care processes/pathways e.g., multiple health care professionals record weight, BMI, blood pressure across primary and secondary care
- Missed opportunities to provide brief advice at the point of diabetes diagnosis in order to support future engagement with diabetes annual reviews and structured education

point of view.
Challenge ['tʃælɪn]
a contest, dare; so
bility difficult an

Although the Health Board is committed to improving care across the whole of diabetes services, due to the huge potential for prevention and early intervention associated with type 2 diabetes the focus on action within this report has been on type 2 diabetes.

For type 2 diabetes there are 3 overarching objectives: -

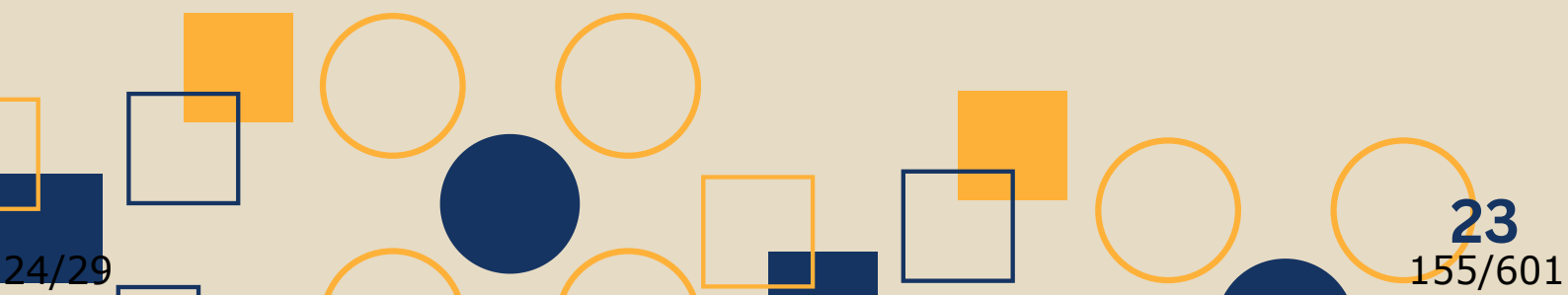
- Preventing onset of modifiable risk factors for Type 2 diabetes, e.g., prevention of overweight/obesity
- Preventing onset of type 2 diabetes in those with modifiable risk
- Preventing poor outcomes through effective diabetes care

Together these support all cohorts across the Type 2 diabetes pathway, covering primary and secondary through to tertiary prevention approaches. To achieve this there needs to be a focus on universal, evidence-based care pathways, workforce development, improved communication and engagement, and enhanced monitoring and data analysis.

Both use of behavioural approaches and maximising technology to improve outcomes are also key components of this work.

Running along all workstreams an increased commitment to research and evaluation at both a local and national level will promote best practice and shared learning.

Table 1 in appendix highlights the key action areas to be addressed at each part of the type 2 diabetes pathway.



A NUMBER OF NEXT STEPS HAVE BEEN IDENTIFIED:

1

Continue to develop a **whole systems approach** to healthy environments and tackling obesity.

2

Review of potential funding opportunities to allow expansion of key services as outlined for weight management, education and early complication management and commencement of remission and psychology services.

3

Ensuring continued collaboration with all stakeholders nationally and central coordination and oversight of activity across the whole pathway at a UHB level to maximise resource, expertise and learning.

4

Explore opportunities and approaches to increase professional and public awareness of diabetes prevention, management and complications.

5

Work with clinical colleagues to further explore completion rates for core care processes and determine improvement actions required.

6

Utilise the learning from the behavioural systems mapping event and behavioural science evidence base to identify areas for action and different approaches to working.

7

Prioritise optimal use of data/health intelligence to target action most effectively and monitor progress and return on investment.

12 CONCLUSION

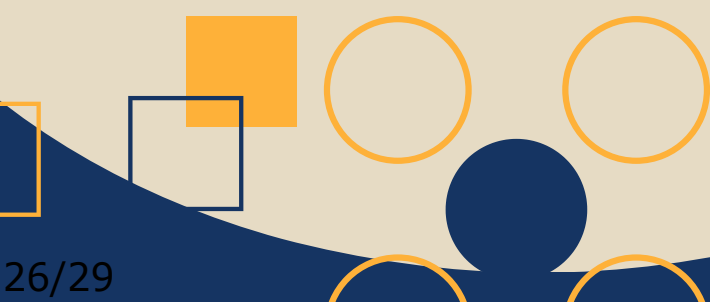
While diabetes is a concern across Wales, the scale of the challenge in CTM is considerable.

CTM has one of the highest prevalence of diabetes across health boards in Wales and some of the poorest outcomes in Wales. The current obesity profile in CTM for adults and children means we are at high risk of fulfilling the projected picture of an even steeper increase in the prevalence of type 2 diabetes over the next 10 years.

CTM has a higher percentage of more deprived areas than other Health Board areas in Wales which has a clear association with poorer health outcomes including overweight and obesity.

Amongst this UHB picture there are many examples of good practice and improvements in care but huge challenges remain in terms of insufficient capacity and short-term funding and our ability to provide an equal offer across all areas of CTM.

Type 2 diabetes has the dual challenge of balancing optimum management of those already diagnosed, with the need to prevent the development of new cases if we are to achieve a sustainable, effective approach. All stages of prevention are important in the management of type 2 diabetes, but as it is estimated that around half of Type 2 diabetes could be prevented with lifestyle changes, our collective focus and investment needs to shift towards primary and secondary prevention. This is not something that the health board can do alone. Our statutory and community partners are key to this work. Socioeconomic factors not only influence outcomes for people with diabetes but deprivation increases the risk of developing type 2 disease due to its influence on lifestyle factors. **Obesity is a major challenge for our population and one that requires a full system approach to effectively achieve change.** We thus need our statutory and community partners to work together with us, prioritising actions that will make a real difference for our current population and that will also improve the health of future generations in CTM.



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14 GLOSSARY OF TERMS

Autoimmune condition – A condition in which the body's immune system mistakes its own healthy tissues as foreign and attacks them.

Body Mass Index (BMI) – an estimate of total body fat. The BMI is defined as weight in kilograms divided by the square of the height in metres: $\text{weight}/\text{height}^2$

Cardiovascular disease – diseases of the heart and blood vessels

Diabetic foot disease – Infection, ulceration, or destruction of tissues of the foot of a person with currently or previously diagnosed diabetes mellitus

Diabetic nephropathy (kidney disease) – a long-term (chronic) kidney disease where high blood sugar levels damage the kidneys' filtering system (work of removing waste products and extra fluid from the body)

Diabetic retinopathy – damage to the blood vessels at the back of the eye (retina) due to raised blood sugar levels. It can cause blindness if left undiagnosed and untreated

Gestational diabetes – the body cannot produce enough insulin to meet extra needs during pregnancy which results in high blood sugar levels. This is detected by a glucose tolerance test

Glycaemia – the amount of glucose/sugar in the blood

HbA1c – a blood test that measures a person's average blood sugar level over the past 2 to 3 months.

Kidney failure (End-stage kidney disease) – The kidneys no longer work well enough to meet the needs of daily life. This is a life-threatening condition. Treatment options are dialysis or a kidney transplant

Obesity – having an excess amount of body fat. It is officially defined as having a BMI of 30+

Overweight – having more body fat than is optimally healthy. It is officially defined as having a Body mass index (BMI) of 25-29.9

Patient-reported experience measures (PREMS) – gather information on patients' views of their experience whilst receiving care and are an indicator of the quality of patient care

Patient-reported outcome measures (PROMS) – capture a patient's view of their own health and enable them to report on their quality of life, daily functioning, symptoms, and other aspects of their health and well-being

Peripheral neuropathy – damage to nerves in the body's extremities such as the hands, feet, arms and legs

Pre-diabetes – a condition where blood sugar levels are higher than normal, but not high enough to be diagnosed with diabetes. Defined as a HbA1c results of 42-47 mmol/mol

Type 1 diabetes mellitus (T1DM) – the cells that produce insulin in the body are destroyed. This results in high blood sugar levels (HbA1c 48+)

Type 2 diabetes mellitus (T2DM) – the body doesn't produce enough insulin for its needs or becomes resistant to the effects of the insulin produced. This results in high blood sugar levels (HbA1c 48+)

15 APPENDIX

Table 1: Key actions for primary, secondary and tertiary prevention of type 2 diabetes

Patient Cohort	Key Action Areas
Population wide - Diabetes risk reduction across lifespan	System wide working to help build healthier environments and tackle obesity Access to good quality food (including increasing breastfeeding initiation and continuation) Design of and access to community spaces A strong focus on children and young people
Those with known risk factors but no diagnosis of pre-diabetes/ diabetes	Increasing public awareness of diabetes risk Improving 'at risk' patient identification and testing for pre-diabetes and type 2 diabetes. Provision of a children and young person's weight management service Expansion of current adult weight management services
Those with pre-diabetes HbA1c 42- 47mmols	Continued development and expansion of the Pre-Diabetes Programme in CTM Improve uptake of the pre-diabetes programme, and target those of greatest need Adequate provision of weight management support for those with pre-diabetes
All newly diagnosed type 2 diabetics	Increase capacity and uptake of the type 2 diabetes structured education programme. Ensure the programme is acceptable and accessible to the target population Adequate provision of weight management support Provide brief advice at the point of diagnosis to support understanding of type 2 diabetes, self-management of the condition, and engagement in the care processes Early optimisation of therapies for raised HbA1c and management of cardiovascular risk factors, e.g., high blood pressure, raised cholesterol Increased focus on psychological aspects of care and psychologically informed services
Newly diagnosed type 2 diabetics with potential for remission (up to 6 years post diagnosis)	Implementation of a type 2 diabetes remission service in CTM
Patients on Type 2 diabetic registers	Improving annual uptake/completion of the 8 National Diabetes Audit Care Processes
Routine Care	Work needed to understand non-attendance of diabetic eye screening appointments and ensure uptake is increased and equitable Increased accessibility of clinic venues and appointment times Act on findings of the 8 National Diabetes Audit Care Processes, in particular the achievement of 3 treatment targets related to BP, HbA1c and cholesterol Optimising medication and self-management of diabetes Simplified referral processes Improved communication, collaboration, and networking across primary care and other health care professionals involved in diabetes care Implementing diabetic element of the Community Health Pathways Project
Patients on Type 2 diabetic registers	Early recognition and effective referral pathways for further investigation/treatment
Treatment of complications	Review podiatry services across CTM to ensure they are appropriate and equitable Ensure there is equitable CTM-wide provision of best practice for the treatment of diabetic complications
Care for unscheduled admission/surgical intervention	Health Board wide protocols in place to ensure appropriate care of diabetic patients irrespective of speciality/service accessed
Crosscutting	1. A consistent approach underpinned by person centred care 2. Support for individual behaviour change, self-management and shared decision making 3. Maximising potential of technology and development of one digital record for people living with diabetes 4. Data driven planning and prioritisation with a focus on patient outcomes



Agenda Item

5.7

CTM Health Board

Annual presentation of Nurse Staffing Levels

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Tanya tye Senior Nurse Professional practice & Nurse Staffing lead
Cyflwynydd yr Adroddiad / Report Presenter	Richard Hughes, Deputy Director of Nursing
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. Situation / Background

The Nurse Staffing Levels (Wales) Act (NSLWA) 2016 referred to as 'the Act' became law on 21st March 2016 which included all adult acute medical and surgical inpatient wards and came into effect in April 2018. The extension to 'The Act' into paediatric inpatient wards became law on 1st October 2021.

The Act Statutory Guidance requires the designated person (Executive Director of Nursing) to formally present to the Board the nurse staffing requirements for adult acute medical, surgical, and paediatric inpatient wards.

The Act requires health service bodies to make provisions for appropriate nurse staffing levels and ensure that they are providing sufficient nurses to allow the nurses time to care for patients sensitively. Section 25A requires Health Boards to ensure there are robust workforce plans, recruitment strategies, structures, and processes in place to ensure appropriate nurse staffing levels across their Organisations.

Section 25B identifies inpatient wards where there is a duty to calculate nurse staffing levels to maintain safe nurse staffing levels using a prescribed methodology. This methodology to determine the staffing levels across the Health Board is well established and has a clear governance process. Wards that are included in 25B are required to undertake a bi-annual acuity audit by ward managers and senior nurses. This information is then triangulated with professional judgment, patient population, staff in post, and several pre-determined patient outcomes that are regarded as being nurse-sensitive indicators such as patient falls or hospital-acquired skin damage.

This report gives an overview of compliance with the Nurse Staffing Levels Wales Act 2016 on Section 25B areas and explains any changes/ amendments to the wards and specialities between the period of 1st October 2023 to 30th September 2024.

2. Specific Matters for Consideration

There are two key reporting requirements within the statutory guidance. The Board receives an annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards in November, as well as a non-statutory annual assurance report, which will inform the three-year statutory report to the Welsh Government in May. In October 2024, the HB also received the three-yearly statutory report with a subsequent report due in October 2027.

Following the bi-annual acuity audit undertaken in January 2024 and June 2024, any proposed changes in staffing levels required on any of the wards, have been subject to a robust review process, which is stipulated in the statutory guidance. Ward data is reviewed using a triangulated approach with data from patient acuity, key quality indicators and professional judgement by the Ward manager and Senior Nurse. The final establishments have been approved by Care Group Nurse Directors and endorsed by the Executive Nurse Director.

The Board is asked to formally receive and note the information contained within the Annual Presentation of Nurse Staffing Levels to the Board (Appendix A) which has been produced using the prescribed NHS Wales reporting template.

Adult and Paediatric inpatient wards where Section 25B applies

The table below illustrates the number of wards at the beginning and end of the reporting period from 1st October 2023 to 30th September 2024. There was a total of 35 Section 25B wards across the Health Board at the time of the June 2024 (illustrated as September 2024 in the table below) bi-annual acuity audit.

	Oct 2023	Sept 2024
Number of Acute Medical inpatient Wards	17	17
Number of Acute Surgical inpatient Wards	15	16
Number of Paediatric inpatient wards	3	3

To note during this reporting period, 1 ward has been repurposed to a Surgical ward (The establishments for these wards are provided in detail in appendix A)

3. Key Risks / Matters for Escalation

Each of the Care Group Nurse Directors, Finance and workforce leads have been involved in discussions regarding the staffing establishment level templates and any proposed workforce changes highlighted following June 2024 acuity. As well as the acuity audits being used to calculate workforce requirements, they are supporting Care Group Nurse Directors as they scrutinise the nurse-sensitive 'quality indicators' (falls, pressure ulcers, medication errors and nursing-related concerns) as well as using professional judgement to aid in decision making when considering changes to the funded establishment.

4. Financial impact

Breakdown of staffing costs (proposed Uplifts/ decreases following June 2024 acuity audit)		
Site and Ward	Additional requirements	Financial cost
RGH Ward 3	Uplift 1 HCSW at night	£127,570
PoWH Ward 4	Uplift 2 RN by night Decrease 1 HCSW by night	I2S scheme using £476,305 of 'out turn' funding savings of £247,249
PoWH ward 5	Uplift 1 HCSW by day and night	£213,677 (I2S scheme)
PoWH ward 7	Uplift 1 HCSW day and night	£218,095
PoWH ward 8	Uplift 1 HCSW day and night	£218,095
PoWH Ward 9	Uplift 1 HCSW day and night	£218,095



PoWH ward 10	Uplift 1 HCSW day and night	206,000
PoWH Ward 11	Uplift 1 HCSW by day	£95,915
PoWH Ward 18	Decrease RN by 1 day and night Uplift HCSW day by 1 night by 2	£54,600 (I2S scheme)
RGH Paediatrics	Uplift 1 RN by night and on weekend days (3.65wte)	No cost pressure*
PoWH Paediatrics	Uplift of RN Mon Tue Wednesday by 1 (1.22wte) Decrease of HCSW to 1 on Mon, Tue, Wed (-1.21wte)	No cost pressure*

*no cost pressure due to the way the senior nursing team alter staffing across winter/ summer periods.

5.

Due to the Critical incident declared in Princess of Wales Hospital in October 2024 wards have been relocated across the Health board. This will result in further reviews being undertaken before the next bi-annual acuity audit. As part of the requirement of the Act, any changes to ward clinical models, reconfiguration and staffing requirements will be updated on the designated staffing level templates approved by the Care Group Nurse Directors and following approval be authorised by the Executive Nurse Director.

6. 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))	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	Safe
	If more than one applies please list below:



(Duty of Quality Statutory Guidance (gov.wales))		
Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: No impact on patients as this looks at staffing
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	Adherence to the Nurse Staffing Levels Wales Act 2016	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	Any increases to current agreed ward establishments will have a financial implication. These will be reported and discussed at the operational board in partnership with Executive Director of Nursing, Workforce and finance.	

7. Recommendations

- Receive the report as assurance that the statutory requirements relating to Section 25B wards have been undertaken.
- Note the changes to the funded establishments to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act.



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WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

8. Next Steps

- To continue to audit compliance with the SafeCare Module across S25B wards in the Health board.
- To review the progress made in the introduction of SafeCare in the community hospitals, Mental Health, Neonatal Unit and maternity.
- To look at expanding SafeCare into Acute Medical Unit and other Section 25A areas where possible.
- To continue reviewing and reporting as set out in the NSLWA 2016.
- Interrogating and analysing data to support reviews and potential changes to the establishment and skills mix.

Annual Presentation of Nurse Staffing Levels to the Board						
Health Board	Cwm Taf Morgannwg University Health Board					
Date of annual presentation of Nurse Staffing Levels to Board	November 2024					
Period Covered	This report covers the changes that have been made to nurse staffing levels for wards covered by Section 25B of the Nurse Staffing Levels (Wales) Act 2016 between 1 st October 2023 to 30 th September 2024.					
Number and identity of section 25B wards during the reporting period. - Adult acute <u>medical</u> inpatient wards (inclusive of Oncology & Haematology inpatient wards) - Adult acute <u>surgical</u> inpatient wards (inclusive of Womens Gynaecological inpatient wards) <u>Paediatric</u> inpatient wards	Appendix 1 of this report lists the nurse staffing levels for all wards that have been included under Section 25B of the Nursing Staffing Level (Wales) 2016 Act (hereafter referred to in this document as the 2016 Act), during the period 1 st October 2023 to 30 th September 2024.					
		Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards		Paediatric inpatient wards	
	1/10/23	17	15		3	
	30/9/24	17	16		3	
	To note during this reporting period:- Princess of Wales Hospital (PoWH) - Ward 16 is a new surgical ward which was created in January 2024 - Two wards in PoWH share a Band 7 ward manager these are Ward 16 and Bridgend clinic. Royal Glamorgan Hospital - Location move: Ward 2 has moved to Ward 9 - Location move/: Ward 9 has moved to Ward 7					
	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Required establishment (WTE) calculated (October 2023)	RN	HCSW	RN	HCSW	RN	HCSW
	362.21	274.90	291.01	230.61	95.59	19
WTE of required establishment funded (October 2023)	362.21	274.90	291.01	230.61	95.59	19
Staffing requirements following Spring Cycle (May 2024)	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Required establishment (WTE) calculated (May 2024)	RN	HCSW	RN	HCSW	RN	HCSW
	362.21	274.90	291.01	230.61	93.81	20.31
WTE of required establishment funded (May 2024)	362.21	274.90	291.01	230.61	93.81	20.31
Staffing requirements at end of reporting period (September 2024)	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Required establishment (WTE) calculated (September 2024)	RN	HCSW	RN	HCSW	RN	HCSW
	363.75	289.59	327.97	247.21	97.62	19.1
WTE of required establishment funded (September 2024)	363.75	289.59	327.97	247.21	97.62	19.1
WTE Supernumerary band 7 sister/charge nurse at end of reporting period (funded but excluded from planned roster)	17		15 (1 Band 7 has 2 ward areas in PoWH)		3	
Using the triangulated approach to calculate the Nurse staffing level on section 25B wards	The triangulated methodology prescribed in Section 25C of the 2016 Act sets out the principles for calculating nurse staffing levels, where there is a requirement to undertake at a minimum of 6-monthly calculations for each ward within Section 25B of the Act. The Nurse staffing lead for the HB on behalf of the designated person facilitates the nurse staffing levels process to ensure templates are created, populated and ready for review in the signoff meetings with the Designated Person. For each inpatient ward under Section 25B for the June 2024 bi-annual acuity audit, the data captured from multiple systems is collated and analysed to assess compliance with the nurse staffing recommendations. The areas below are discussed in collaboration with the Ward Sister, Senior Nurse, and Lead Nurse responsible for the wards and overseen by the Heads of Nursing from each acute hospital to influence the content of the report. In addition to discussions being held with the Care Group Nurse Directors. - Current bed numbers, speciality including any proposed changes to services - Patient acuity data for the month of June 2024. (Since January 2024 all Section 25B wards have been using the nationally agreed system SafeCare to capture the acuity data.) - Care quality indicators data from the previous 12 months (falls, medication errors, pressure damage, and serious incidents and concerns). - Workforce-related metric data, mandatory training compliance, vacancy, recruitment and sickness. - Clinical dashboards via the Datix system which measure care quality metrics as well as Power BI apps that provide access to patient acuity and flow - Assurance that all workforce models are compliant with an uplift of 26.9% and supernumerary Band 7 Ward Sister/Charge nurse which is mandated in the Nurse Staffing Levels Act					

	The planning templates which are in turn ratified by the Ward Sister/Charge Nurse, senior nurses, Heads of Nursing, and Care Group Directors of Nursing. The final templates are endorsed by the Executive Director of Nursing in a sign off meeting with the Care Group Nurse Director, Head of nursing and Nurse staffing Lead. The planned rosters in Appendix 1 are those agreed by the designated lead following the June 2024 acuity audit.																																																																															
Finance and workforce implications	Following the June 2024 acuity audit, there was no change to the planned roster and required establishment for 25 of the adult medical/surgical in-patient wards and 1 paediatric ward compared to the planned rosters/required establishments agreed during the January 2024 acuity audit.). For the remaining 11 wards the June 2024 acuity audit has identified the following financial and workforce uplift requirements. The table below is a summary of the financial implications based on the he proposed staffing changes. This reflects the uplift required to deliver the roster as well non-rostered staff who support the delivery of care . e.g. supervisory ward manager, frailty/rehabilitation support workers, ward clerks. <table><tr><th colspan="3">Breakdown of staffing costs (Uplifts/ decreases)</th></tr><tr><th>Site and Ward</th><th>Additional requirements</th><th>Financial cost</th></tr><tr><td>RGH Ward 3</td><td>Uplift 1 HCSW at night</td><td>£127,570</td></tr><tr><td>PoWH Ward 4</td><td>Uplift 2 RN by night Decrease 1 HCSW by night</td><td>I2S scheme using £476,305 of out turn funding savings of £247,249</td></tr><tr><td>PoWH ward 5</td><td>Uplift 1 HCSW by day and night</td><td>£213,677 (I2S scheme)</td></tr><tr><td>PoWH ward 7</td><td>Uplift 1 HCSW day and night</td><td>£218,095</td></tr><tr><td>PoWH ward 8</td><td>Uplift 1 HCSW day and night</td><td>£218,095</td></tr><tr><td>PoWH Ward 9</td><td>Uplift 1 HCSW day and night</td><td>£218,095</td></tr><tr><td>PoWH ward 10</td><td>Uplift 1 HCSW day and night</td><td>£206,000</td></tr><tr><td>PoWH Ward 11</td><td>Uplift 1 HCSW by day</td><td>£95,915</td></tr><tr><td>PoWH Ward 18</td><td>Decrease RN by 1 day and night Uplift HCSW day by 1 night by 2</td><td>£54,600 (I2S scheme)</td></tr><tr><td>RGH Paediatrics</td><td>Uplift 1 RN by night and on weekend days (3.65wte)</td><td>No cost pressure</td></tr><tr><td>PoWH Paediatrics</td><td>Uplift of RN Mon Tue Wednesday by 1 (1.22wte) Decrease of HCSW to 1 on Mon, Tue, Wed (-1.21wte)</td><td>No cost pressure</td></tr></table> The uplift to nursing establishments is a combination of benchmarking against other wards across CTM UHB and an increase in acuity of patients within the clinical areas. These changes to establishments have been discussed with finance colleagues and it is determined that some of the funding will come out of 'out turn' funding The table below demonstrates the impact on the key quality indicators data where between January – June 2023/ January – June 2024) for the 9 wards that have identified an uplift in staffing. Where there has been an increase in reported incidents theses are being addressed at a local level for action. <table><tr><th>Site and Ward</th><th>Medication errors</th><th>Pressure ulcers</th><th>Falls</th></tr><tr><td>RGH 3</td><td></td><td></td><td></td></tr><tr><td>PoWH 4</td><td></td><td></td><td></td></tr><tr><td>PoWH 5</td><td>None reported</td><td></td><td></td></tr><tr><td>PoWH 7</td><td></td><td></td><td></td></tr><tr><td>PoWH 8</td><td></td><td></td><td></td></tr><tr><td>PoWH 9</td><td></td><td></td><td></td></tr><tr><td>PoWH 10</td><td></td><td>None reported</td><td></td></tr><tr><td>PoWH 11</td><td></td><td></td><td>None reported</td></tr><tr><td>PoWH 18</td><td>None reported</td><td>None reported</td><td></td></tr></table> Further work is noted for RGH 3, PoWH 7, 8, 9, and 11 to support a proposal for permanent funding of the posts. A number of wards are being relocated to ensure service delivery is maintained due to a critical incident at PoWH. The ward moves may impact the proposed changes due to increases/ decreases of beds in the ward areas and may require an acuity audit outside the biannual acuity audits. Paediatric wards adapt their staffing to meet the demands throughout the year as it is noted that their acuity is effected seasonally. Due to dynamic staffing management there is no impact on overall staffing requirements or cost implications and all changes are calculated and funded within their current establishment finances.	Breakdown of staffing costs (Uplifts/ decreases)			Site and Ward	Additional requirements	Financial cost	RGH Ward 3	Uplift 1 HCSW at night	£127,570	PoWH Ward 4	Uplift 2 RN by night Decrease 1 HCSW by night	I2S scheme using £476,305 of out turn funding savings of £247,249	PoWH ward 5	Uplift 1 HCSW by day and night	£213,677 (I2S scheme)	PoWH ward 7	Uplift 1 HCSW day and night	£218,095	PoWH ward 8	Uplift 1 HCSW day and night	£218,095	PoWH Ward 9	Uplift 1 HCSW day and night	£218,095	PoWH ward 10	Uplift 1 HCSW day and night	£206,000	PoWH Ward 11	Uplift 1 HCSW by day	£95,915	PoWH Ward 18	Decrease RN by 1 day and night Uplift HCSW day by 1 night by 2	£54,600 (I2S scheme)	RGH Paediatrics	Uplift 1 RN by night and on weekend days (3.65wte)	No cost pressure	PoWH Paediatrics	Uplift of RN Mon Tue Wednesday by 1 (1.22wte) Decrease of HCSW to 1 on Mon, Tue, Wed (-1.21wte)	No cost pressure	Site and Ward	Medication errors	Pressure ulcers	Falls	RGH 3				PoWH 4				PoWH 5	None reported			PoWH 7				PoWH 8				PoWH 9				PoWH 10		None reported		PoWH 11			None reported	PoWH 18	None reported	None reported	
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PoWH 18	None reported	None reported																																																																														
Conclusion & Recommendations																																																																																
	The Nurse Staffing Level Wales (2016) Act bi-annual acuity audit conducted in June 2024 has supported the Care groups to review acuity and activity over the previous six months and plan their workforce accordingly. The Nurse Directors have greater ownership of the services and service provision across their respective delivery areas. Following the bi-annual audit in June 2024, there have been some changes to nursing establishments which have been implemented and approved by the Care group Nurse Directors and finalised by the Executive Director of Nursing. The Board is asked to - Receive the report as assurance that the statutory requirements relating to Section 25B wards have been undertaken. - Note the changes to the funded establishments to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act. The work programme for CTMUHB inpatient wards under section 25B of the 2016 Act for 2024/5 will be: - To continue to audit compliance with the SafeCare Module across S25B wards in the Health board.																																																																															

	- To review the progress made in the introduction of SafeCare in the community hospitals, Mental Health, Neonatal Unit and maternity. - To look at expanding SafeCare into Acute Medical Unit and other Section 25A areas where possible. - To continue reviewing and reporting as set out in the NSLWA 2016. - Interrogating and analysing data to support reviews and potential changes to the establishment and skills mix. - Complete and imbed a workforce dashboard which will be available from ward to board. NB: At the time of preparing this report Health Board had declared a critical incident on the Princess of Wales site due to issues with roof structure, the impact of this on the Section 25B wards will be reported in the next paper (or sooner) as there are a number of wards affected a tracker has been established to document closure / move dates to ensure compliance with S25E of the NSLWA 2016.

Final Draft

Health board/trust:	CTMUHB	The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.
Period of the report	1st October 2023- 30th September 2024	In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff
Adult Acute Medical inpatient wards	18 at start 17 at end	
Adult Acute Medical inpatient wards		

Site	Name of Ward	Reported to the Board in November 2023					Calculated during spring 2024 cycle					Calculated during autumn 2024 cycle					Biannual calculation cycle reviews, and any changes made & rationale during the spring 2023 & autumn 2023 calculation cycles			Any reviews outside of biannual calculation, if yes, provide rationale for any changes made								
		SHIFT	Planned roster as stated within the annual presentation to the Board report (in November 2022)		Required Establishment as stated within the annual presentation to the Board report (in November 2022) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2023 cycle		Required Establishment as calculated by the designated persons during the spring 2023 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	SHIFT	Planned roster calculated by the designated person during the autumn 2023 cycle								Required Establishment as calculated by the designated persons during the autumn 2023 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	
			RN (band 5 & 6)	HCSW (bands 2,3 & 4)	TOTAL WTE RN (bands 5 & 6)	TOTAL WTE HCSW (bands 2,3 & 4)			RN (band 5 & 6)	HCSW (bands 2,3 & 4)	TOTAL WTE RN (bands 5 & 6)	TOTAL WTE HCSW (bands 2,3 & 4)				RN (band 5 & 6)	HCSW (bands 2,3 & 4)	TOTAL WTE RN (bands 5 & 6)	TOTAL WTE HCSW (bands 2,3 & 4)	RN (band 5 & 6)	HCSW (bands 2,3 & 4)	TOTAL WTE RN (bands 5 & 6)	TOTAL WTE HCSW (bands 2,3 & 4)					
PCH	2	E	4	3	20,9	14,21	1	E	4	3	20,9	14,21	1		E	4	3	20,9	14,21	1		Y	N					
L	4	3	L	4				3	L	4					3	L	4											3
N	3	2	N	3				2	N	3					2	N	3											2
PCH	3	E	4	3	20,9	14,21	1	E	4	3	20,9	14,21	1		E	4	3	20,9	14,21	1		Y	N					
L	4	3	L	4				3	L	4					3	L	4											3
N	3	2	N	3				2	N	3					2	N	3											2
PCH	9	E	4	3	20,9	14,21	1	E	4	3	20,9	14,21	1		E	4	3	20,9	14,21	1		Y	Y					
L	4	3	L	4				3	L	4					3	L	4											3
N	3	2	N	3				2	N	3					2	N	3											2
PCH	10	E	4	4	20,9	19.9*	1	E	4	4	20,9	19.9*	1		E	4	4	20,9	19.9*	1		Y	N	*HCSW includes a 2.84 Band 3 OT tech				
L	4	4	L	4				4	L	4					4	L	4											4
N	3	3	N	3				3	N	3					3	N	3											3
PCH	11	E	4	3	20,9	14,21	1	E	4	3	20,9	14,21	1		E	4	3	20,9	14,21	1		Y	N					
L	4	3	L	4				3	L	4					3	L	4											3
N	3	2	N	3				2	N	3					2	N	3											2
PCH	12	E	5	3	23,74	17,06	1	E	5	3	23,74	17,06	1		E	5	3	23,74	17,06	1		Y	N					
L	5	3	L	5				3	L	5					3	L	5											3
N	3	3	N	3				3	N	3					3	N	3											3
RGH	5	E	4	4	20,9	19,9	1	E	4	4	20,9	19,9	1		E	4	4	20,9	19,9	1		Y	N					
L	4	4	L	4				4	L	4					4	L	4											4
N	3	3	N	3				3	N	3					3	N	3											3
RGH	12	E	4	4	20,9	19,9	1	E	4	4	20,9	19,9	1		E	4	4	20,9	19,9	1		Y	N					
L	4	4	L	4				4	L	4					4	L	4											4
N	3	3	N	3				3	N	3					3	N	3											3
RGH	14	E	4	4	20,9	19,9	1	E	4	4	20,9	19,9	1		E	4	4	20,9	19,9	1		Y	N					
L	4	4	L	4				4	L	4					4	L	4											4
N	3	3	N	3				3	N	3					3	N	3											3
RGH	19	E	4	4	20,9	19,9	1	E	4	4	20,9	19,9	1		E	4	4	20,9	19,9	1		Y	N					
L	4	4	L	4				4	L	4					4	L	4											4
N	3	3	N	3				3	N	3					3	N	3											3
RGH	20	E	3	4	18,06	19,9	1	E	3	4	18,06	19,9	1		E	3	4	18,06	19,9	1		Y	Y					
L	3	4	L	3				4	L	3					4	L	3											4
N	3	3	N	3				3	N	3					3	N	3											3
PoWH	4	E	6	4	28,24	16,34	1	E	6	4	28,24	16,34	1		E	6	4	33,69	13,62	1		Y	Y	I2S scheme out turn funding due to acuity and service remodelling				
L	6	4	L	6				4	L	6					4	L	6											1
N	4	2	N	4				2	N	4					2	N	6											1
PoWH	5	E	4	3	20,07	13,62	1	E	4	3	20,07	13,62	1		E	4	4	20,07	19..07	1		Y	Y	I2S scheme acuity and services remodelling				
L	4	3	L	4				3	L	4					4	L	4											4
N	3	2	N	3				2	N	3					2	N	3											3
PoWH	6	E	4	3	20,07	13,62	1	E	4	3	20,07	13,62	1		E	4	3	20,07	13,62	1		Y	N					
L	4	3	L	4				3	L	4					3	L	4											3
N	3	2	N	3				2	N	3					2	N	3											2
PoWH	10	E	5	4	23,79	19,07	1	E	5	4	23,79	19,07	1		E	5	5	23,79	24,52	1		Y	Y	Changes to Acuity & dependancy of patients & benchmarking against similar wards in CTM				
L	4	4	L	4				4	L	4					5	L	4											5
N	4	3	N	4				3	N	4					4	N	4											4
PoWH	18	E	4	4	20,07	13,62	1	E	4	4	20,07	13,62	1		E	3	5	13,62	24,52	1		Y	Y	Changes to acuity and dependancy of patinets requiring more HCSW workforce. Funded by I2S scheme out turn monies				
L	4	4	L	4				4	L	3					5	L	3											5
N	3	2	N	3				2	N	3					2	N	2											4
PoWH	20	E	4	3	20,07	16,34	1	E	4	3	20,07	16,34	1		E	4	3	20,07	16,34	1		Y	N					
L	4	3	L	4				3	L	4					3	L	4											3
N	3	3	N	3				3	N	3					3	N	3											3

Appendix 1: Annual Presentation of the Nurse Staffing Level to the Board report

Health board/trust:	CTMUHB
Period of the report	1st October 2023- 30th September 2024
Adult Acute Surgical Inpatient Wards	15 at start 16 at end
Adult Acute Surgical Inpatient Wards	

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff

Site	Name of Ward	Reported to the Board in November 2023						Calculated during spring 2024 cycle						Calculated during autumn 2024 cycle						Biannual calculation cycle reviews, and any changes made & rationale during the spring 2024 & autumn 2024 calculation cycles				Any reviews outside of biannual calculation, if yes, provide rationale for any changes made					
		SHIFT	Planned roster as stated within the annual presentation to the Board report (in November 2023)		Required Establishment as stated within the annual presentation to the Board report (in November 2023) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2024 cycle		Required Establishment as calculated by the designated persons during the spring 2024 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	SHIFT	Planned roster calculated by the designated person during the autumn 2024 cycle		Required Establishment as calculated by the designated persons during the autumn 2024 cycle including uplift 26.9%										TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level
			RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)			RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)				RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)										
PCH	5	E	4	4	20,9	19,9	1	E	4	4	20,9	19,9	1		E	4	4	20,9	19,9	1			Y	Y	Ward has a GAU/ Waiting room increase HCSW1x day and night for increased activity				
		L	4	4				L	4	4					L	4	4												
		N	3	3				N	3	3					N	3	3												
PCH	6	E	4	4	20,9	19,9	1	E	4	4	20,9	19,9	1		E	4	4	27,86	21,09	1			Y	Y	Ward has SAU/ Waiting room increase HCSW 1 x day and night for increased activity				
		L	4	4				L	4	4					L	4	4												
		N	3	3				N	3	3					N	3	3												
PCH	7	E	4	3	20,9	14,21	1	E	4	3	20,9	14,21	1		E	4	3	20,9	14,21	1			Y	N					
		L	4	3				L	4	3					L	4	3												
		N	3	2				N	3	2					N	3	2												
PCH	8	E	4	4	20,9	19,9	1	E	4	4	20,9	19,9	1		E	4	4	20,9	19,9	1			Y	N					
		L	4	4				L	4	4					L	4	4												
		N	3	3				N	3	3					N	3	3												
RGH	2	E	4	3	20,9	14,21	1	E	4	3	20,9	14,21	1		E	4	3	20,9	14,21	1			Y	Y					Location move from ward 2 to ward 9 NEED DATE
		L	4	3				L	4	3					L	4	3												
		N	3	2				N	3	2					N	3	2												
RGH	3	E	4	4	20,9	19,9	1	E	4	4	20,9	19,9	1		E	4	4	20,9	22,27	1			Y	Y	Increase 1 x HCSW at night due to acuity not funded at present				
		L	4	4				L	4	4					L	4	4												
		N	3	3				N	3	3					N	3	4												
RGH	8	E	4	4	20,9	19,9	1	E	4	4	20,9	19,9	1		E	4	4	20,9	19,9	1			Y	Y					
		L	4	4				L	4	4					L	4	4												
		N	3	3				N	3	3					N	3	3												
RGH	9	E	3	3	18,06	14,21	1	E	3	3	18,06	14,21	1		E	3	3	18,06	14,21	1			Y	N					Location move from ward 9 to ward 7 NEED DATES
		L	3	3				L	3	3					L	3	3												
		N	3	2				N	3	2					N	3	2												
RGH	10 & 11	E	4	4	23,74	17,05	1	E	4	4	23,74	17,05	1		E	4	4	23,74	17,05	1			Y	N					
		L	4	4				L	4	4					L	4	4												
		N	4	2				N	4	2					N	4	2												
RGH	15	E	3	3	14,21	10,56	1	E	3	3	14,21	10,56	1		E	3	3	14,21	10,56	1			Y	N					
		L	3	3				L	3	3					L	3	3												
		N	2	1				N	2	1					N	2	1												
PoWH	7	E	5	3	21,07	13,62	1	E	5	3	21,07	13,62	1		E	5	4	21,07	20,07	1			Y	N	Acuity chnages and benchmarking across CTM				
		L	4	3				L	4	3					L	4	3												
		N	3	2				N	3	2					N	3	3												
PoWH	8	E	4	3	20,07	13,62	1	E	4	3	20,07	13,62	1		E	4	4	20,07	20,07	1			Y	N	Acuity chnages and benchmarking across CTM				
		L	4	3				L	4	3					L	4	4												
		N	3	2				N	3	2					N	3	3												
PoWH	9	E	4	3	20,07	13,62	1	E	4	3	20,07	13,62	1		E	4	4	20,07	20,07	1			Y	N	Acuity chnages and benchmarking across CTM				
		L	4	3				L	4	3					L	4	4												
		N	3	2				N	3	2					N	3	3												
PoWH	11	E	3	3	14,62	13,62	1	E	3	3	14,62	13,62	1		E	3	4	14,62	16,34	1			Y	N	Dependancy changes of patiets admitted to the wards				
		L	3	3				L	3	3					L	3	4												
		N	2	2				N	2	2					N	2	2												
PoWH	16	E						E							E	2	2	10,9	10,9	1 Shared with Bridgend clinic			Y	N	Ward established May 2024				
		L						L							L	2	2												
		N						N							N	2	2												
PoWH	Bridgend Clinic	E	2	2	11,9	10,9	Shared with ward 16	E	2	2	11,9	10,9	Shared with ward 16		E	2	2	11,9	10,9	N			Y	N					
		L	2	2				L	2	2					L	2	2												
		N	2	2				N	2	2					N	2	2												

Appendix 1 : Annual Presentation of the Nurse Staffing Level to the Board report

Health board/trust:	CTMUHB
Period of the report	1st October 2023- 30th September 2024
Paediatric Inpatient Wards	3
Paediatric Inpatient Wards	

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff

Site	Name of Ward	Reported to the Board in November 2022					Calculated during spring 2023 cycle					Calculated during autumn 2023 cycle					Biannual calculation cycle reviews, and any changes made & rationale during the spring 2023 & autumn 2023 calculation cycles			Any reviews outside of biannual calculation, if yes, provide rationale for any changes made					
		SHIFT	Planned roster as stated within the annual presentation to the Board report (in November 2022)		Establishment as stated within the annual presentation to the Board report (in November 2022) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	SHIFT	Planned roster calculated by the designated person during the spring 2023 cycle		Required Establishment as calculated by the designated persons during the spring 2023 cycle including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	SHIFT	Planned roster calculated by the designated person during the autumn 2023 cycle								Required Establishment as calculated by the designated persons during the autumn 2023 cycle including uplift 26.9%	
			RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)			RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)				RN (band 5 &6)	HCSW (bands 2,3 &4)	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed
PCH	Ward 31	E	5	1	29,43	5,69	1	E	5	1	29,43	5,69	1	01.05.2023	E	5	1	29,43	5,69	1	01.10.2023	Y	N		
		L	5	1				L	5	1					L	5	1								
		N	5	1				N	5	1					N	5	1								
RGH	Ward 17	E	5	1	29,43	5,69	1	E	5	1	29,43	5,69	1	01.05.2023	E	5	1	29,43	5,69	1	01.10.2023	Y	N	increase RN at night to support winter acuity to review at Jan acuity	
		L	5	1				L	5	1					L	5	1								
		N	5	1				N	5	1					N	5	1								
PoWH	Childrens ward	E	6	2*	35,11	HCSW M-F then 1	1	E	6	2*	35,11	HCSW M-F then 1	1	01.05.2023	E	6	2*	35,11	HCSW M-F then 1	1	01.10.2023	Y	N		
		L	6	2*				L	6	2*					L	6	2*								
		N	6	1				N	6	1					N	6	1								

CTM Health Board

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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	15/11/2024	Endorsed for Approval

Acronyms / Glossary of Terms	
ABUHB	Aneurin Bevan University Health Board
AMU	Acute Medical Unit
BCUHB	Betsi Cadwaladr University Health Board
BSW	Bowel Screening Wales
C.difficile	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
COO	Chief Operating Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
CTP	Care and Treatment Plan
CYP	Children and Young People
C&VUHB	Cardiff & Vale University Health Board



D2RA	Discharge to Recover then Assess model
DHCW	Digital Health and Care Wales
DNA	Did Not Attend
E.coli	Escherichia coli bacteraemia
ED	Emergency Department
ESD	Early Supported Discharge
FCE	Finished Consultant Episode
FUNB	Follow-up Outpatients Not Booked
HDUHB	Hywel Dda University Health Board
Hib/MenC	Haemophilus Influenzae type b and Meningitis C
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention and Control
Klebsiella sp.	Klebsiella sp. Bacteraemia
LA	Local Authority
LD	Learning Disabilities
LPMHSS	Local Primary Mental Health Support Service
MMR	Measles, Mumps, Rubella
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-susceptible Staphylococcus aureus
NOUS	Non Obstetric Ultra-Sound
PAC	Pre-operative Assessment Clinic
PADR	Personal Appraisal and Development Review
P.aeruginosa	Pseudomonas aeruginosa bacteraemia
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
POW	Princess of Wales Hospital
PoCD	Pathway of Care Delays
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
QIM	Quality Improvement Measures
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment Times
S.aureus	Staphylococcus aureus bacteraemia
SBUHB	Swansea Bay University Health Board
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SIs	Serious Incidents
SOS	See on Symptom
SSP	Specialist Screening Practitioner
WAST	Welsh Ambulance Service NHS Trust
WG	Welsh Government
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. Situation / Background

Early in 2024, Welsh Government released the NHS Performance Framework for 2024/25. The framework supports the delivery of improvements in the Minister's areas of focus and is available to read at the following URL: <https://www.gov.wales/nhs-wales-performance-framework-2024-2025-0>

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

2. Specific Matters for Consideration

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

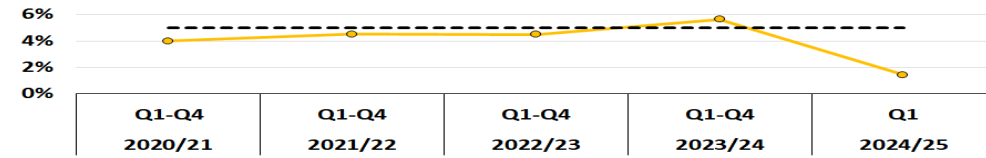
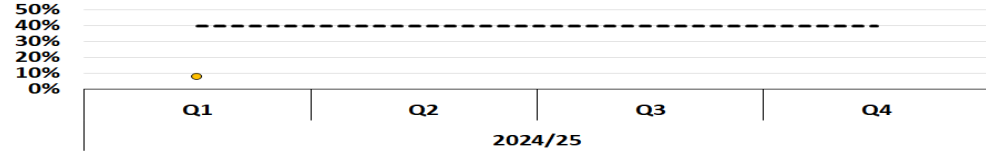
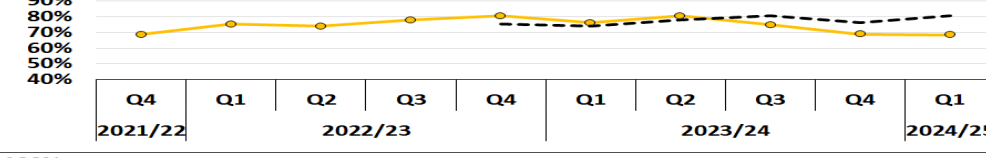
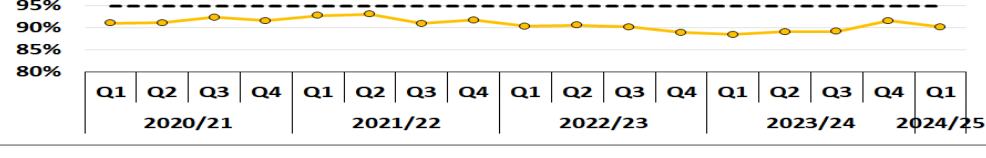
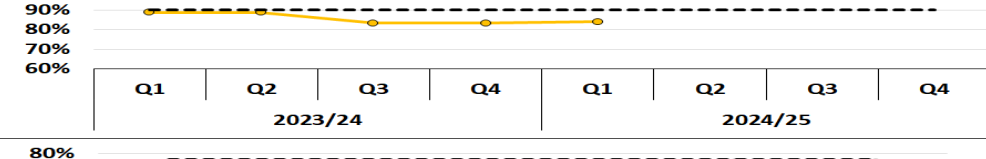
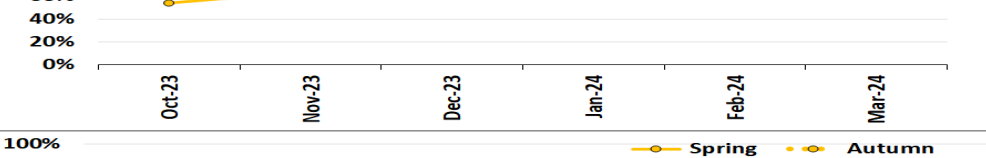
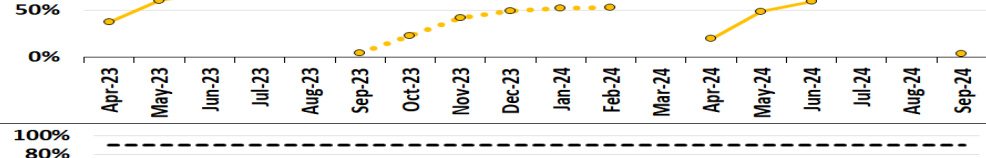
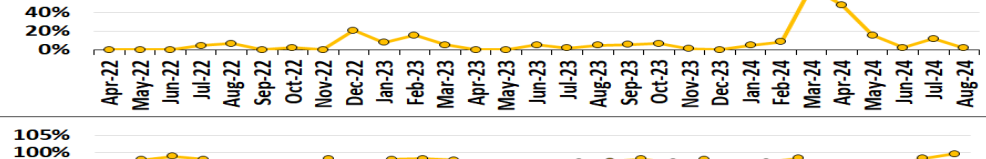
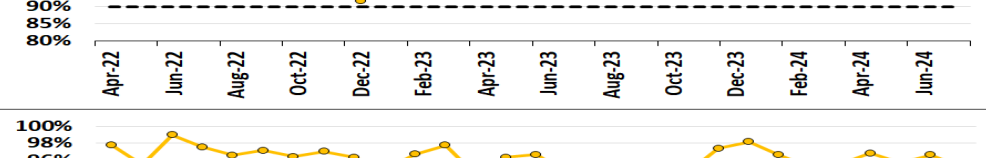
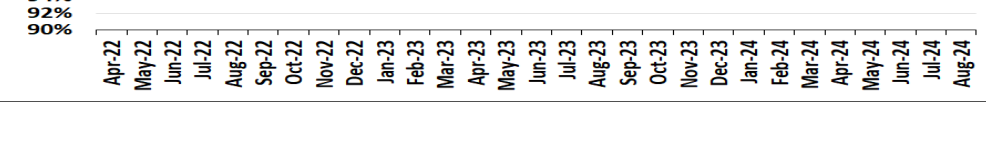
A one page summary (page 4) of the UHB's recent performance against the highest profile indicators within the Welsh Government framework, which have been the focus of the Executive Directors over the past quarter, is provided overleaf. Over the past month improvements have been noted in 11 out of the 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/remains within control limits [amber].

Quality		Population Health	
54 NRI's remain open >90 days📉 This is a reduction of 9 on the previous period No eligible patients were thrombolysed <45 mins%➡ Compared to last month the rate was also zero The rolling 12 month mortality rate is 2.31%➡ Compared to the equivalent period last year the rate was 2.26%	81.82 is the rate of E.coli per 100,000 population (2024/25)📉 Compared to 2023/24 the rate was 85.13 85.7% of complaints received a response within 30 days📈 Compared to last month the rate was 82.2%	72.1% of adults aged 65+ received the influenza vaccine during March 2024➡ Compared to the previous period the rate was 72.0% Q1 - 1.45% of adults who smoke made a quit attempt & predicted performance for 2024/25 is 5.8%📈 Compared to the previous year 5.65% of smokers made a quit attempt 90.2% of children aged 5 were up to date with their vaccinations➡ Compared to the previous quarter the rate was 91.6%	
Operational Performance		People	
68.5% of patients were seen within 4 hours from arrival at an Emergency Department➡ Compared to last month compliance was 66.9% Provisionally 3,572 patients are waiting longer than 2 years for referral to treatment📈 Compared to the previous period 3,277 patients had waited this length of time	100% of GP Practices have achieved in-hours access standards during 2023/24➡ The rate the previous year was also 100% 56.5% of patients started their cancer treatment within 62 days➡ Compared to the previous month the rate was 56.4%	6.74% of staff have been absent due to sickness during the 12 mth period (Oct 23 to Sep 24)➡ Compared to the previous year the rate was 6.91% 65.1% of staff (excluding M&D) have received their PADR➡ Compared to Oct 2023 the rate was 64.4% 80.5% of staff have completed Level 1 mandatory training📈 Compared to Oct 2023 the rate was 76.9%	
Finance			
The Month 06 financial position is £3.3m deficit. This is a decrease from the previous month of £0.5m📉			

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
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target			1.45% on the basis of this extrapolation compliance should hit 5.3% at year end
	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% Annual Target			7.95%
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 Qtr Improvement Trend			68.4%
	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95%			90.2%
	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (applicable during 01.04.24-30.06.24 & 01.01-31.03.25)	90%			84.0%
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (applicable during 01.09.24 - 31.03.25)	75%			72.4%
	Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster 2024: All eligible people (applicable 01.04.24 - 30.06.24 & 01.09.24 - 31.03.25)				4.2%
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%			1.8%
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%			99.6%
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%			95.2%



CTMUHB Improving Population Health & Wellbeing

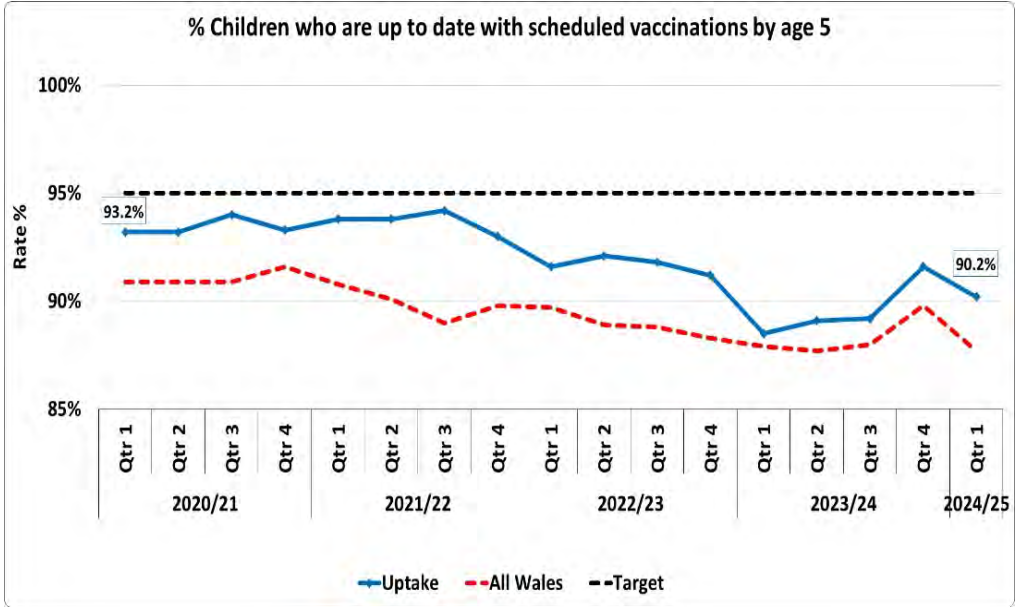
% of adult smokers who make a quit attempt via smoking cessation services – 5 % Annual Target	% of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks – 40 % Annual Target																																	
Q1 2024/25 = 1.45 % (Predicted performance for 2024/25 = 5.8 %)	Q1 2024/25 = 7.95 %																																	
CTMUHB % of adult smokers who make a quit attempt via smoking cessation services <table><caption>CTMUHB % of adult smokers who make a quit attempt via smoking cessation services</caption><tr><th>Year</th><th>% quit attempt</th></tr><tr><td>2020/21</td><td>4.0%</td></tr><tr><td>2021/22</td><td>4.5%</td></tr><tr><td>2022/23</td><td>4.5%</td></tr><tr><td>2023/24</td><td>5.8%</td></tr><tr><td>Predicted Performance 2024/25 based on Q1 data</td><td>5.8%</td></tr></table>	Year	% quit attempt	2020/21	4.0%	2021/22	4.5%	2022/23	4.5%	2023/24	5.8%	Predicted Performance 2024/25 based on Q1 data	5.8%	<table><tr><th colspan="3">CTMUHB</th></tr><tr><td>Estimated number of smokers</td><td>Estimated % of CTMUHB population who are smokers</td><td>Estimated number of smokers needing to access smoking cessation to reach 5% of smokers</td></tr><tr><td>53,900</td><td>14.7%</td><td>2,700</td></tr><tr><td>Number of smokers treated by the smoking cessation service</td><td colspan="2">Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter</td></tr><tr><td colspan="3">Q1 2024/25</td></tr><tr><td>780</td><td colspan="2">62</td></tr><tr><td>1.45%</td><td colspan="2">7.95%</td></tr></table>	CTMUHB			Estimated number of smokers	Estimated % of CTMUHB population who are smokers	Estimated number of smokers needing to access smoking cessation to reach 5% of smokers	53,900	14.7%	2,700	Number of smokers treated by the smoking cessation service	Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter		Q1 2024/25			780	62		1.45%	7.95%	
Year	% quit attempt																																	
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CTMUHB																																		
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Q1 2024/25																																		
780	62																																	
1.45%	7.95%																																	

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

Challenges: Resource: Achievement of the 5% target is limited by the capacity within smoking cessation services. During 2023/24 there was significant work and some additional investment to increase capacity and this resulted in CTM reaching the 5% target for the first time ever. However, there are challenges in sustaining this increased capacity: - Fixed term funding was secured for 2 w.t.e. Help Me Quit Advisors during 2023/24, however there is currently no funding identified to continue these posts beyond March 2025. - There was a successful effort to increase commissioned Community Pharmacies in actively delivering a smoking cessation service, however we are aware this is very dependent on capacity in this sector with many competing demands. CO validation of 4 week quits: It is proving very challenging to meet this new target and it is unlikely to be met in 2024/25. This is for a number of reasons, including: - A large proportion of clients are receiving remote support via telephone rather than face to face, and it is logistically very difficult to obtain CO readings in this situation. - The majority of clients prefer a remote service and find it flexible and accessible. <i>(It should be noted that all clients are followed up at 4 weeks to assess their quit status and this is recorded as self-reported if CO validation cannot be undertaken. Consequently, taking this into consideration the overall quit rate for Q1 2024/25 would be around 48%).</i>	Actions: A plan is being implemented to reduce smoking prevalence to 5% by 2030, including meeting the smoking cessation targets as a key outcome and this is accountable to the Creating Health Board. Presently prevalence is c.14% with the all Wales rate being 12.8%. The plan includes actions to address the challenges as follows: Resource: - Continued support to increase the number of Community Pharmacies delivering smoking cessation & improve quit rates. - Business case being developed for continued funding of fixed term Help Me Quit Advisors. CO validation of 4 week quits: - Self-reported and CO validated quit data is being collected locally to give a full picture. - The Help Me Quit community service is piloting models of face to face and hybrid delivery in community venues, to enable CO validation. - Input to a national review of the Community Pharmacy smoking cessation service specifications and advocate for inclusion of routine CO validation when clients collect their pharmacotherapy which would enable the target to be met. Other actions to develop and promote smoking cessation services include: - Implementation of Help Me Quit in Hospital model, ensuring we support inpatients to stay smoke-free or initiate a quit attempt during their hospital stay. - Ensuring all pregnant smokers are identified and offered support to quit with the Help Me Quit for Baby service. - Implementing a communications plan to promote uptake of HMQ services. - Increasing awareness and referrals from Primary Care, including a MECC pilot (Making Every Contact Count) with Optometry practices.

% of children who are up to date with the scheduled vaccinations by age 5 - Target 95 %

Age 5 schedule includes: '4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)



(reporting frequency is quarterly & as expected there is a time lag of approx. 3 months)

Quarter 1 2024/25 Local Authority Uptake	
Merthyr Tydfil LA	90.1%
RCT LA	90.0%
Bridgend LA	90.5%
CTMUHB	90.2%

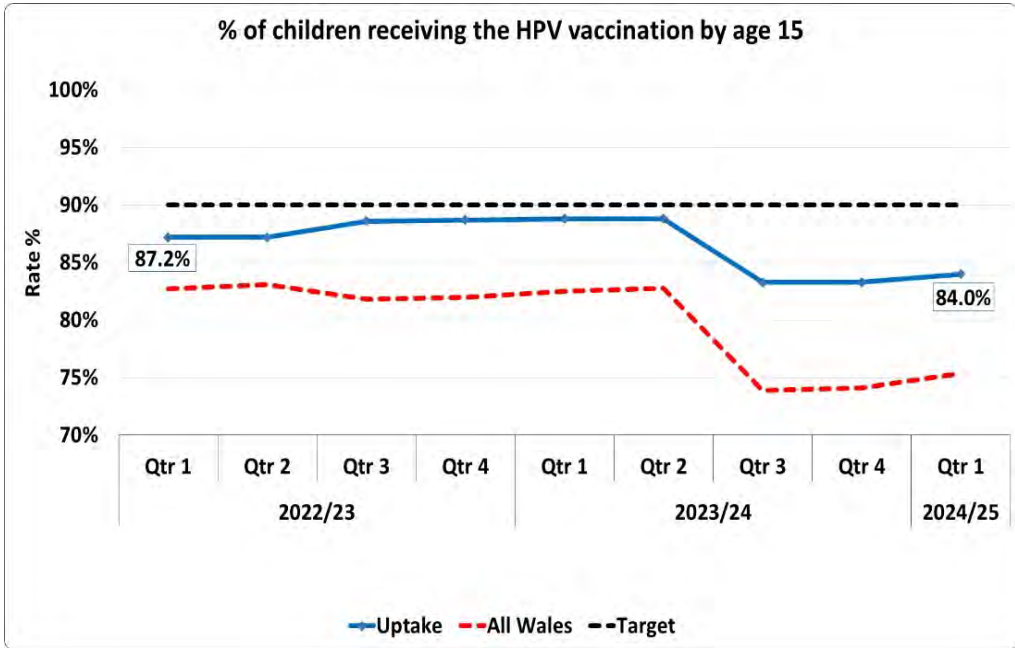
Quarter 1 2024/25 Welsh HB's Uptake	
ABUHB	85.8%
BCUHB	90.0%
C&VUHB	85.8%
CTMUHB	90.2%
HDUHB	84.9%
PTHB	91.1%
SBUHB	88.3%
All Wales	87.7%

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

- Challenges:**
- Scheduled immunisations - achieving the Welsh Government uptake target (95%) for all scheduled childhood immunisation programmes and reducing inequalities. Changes to ages under 5 schedule will affect delivery.
 - MMR uptake – Welsh Health Circular (2024) 008, received with the action that every school in Wales with 50 pupils or more on roll, has 90% of its pupils recorded as having received two doses of MMR.
 - Influenza – although still below target, we are still in line within uptake in other HBs.
 - Data systems – poor communication between data systems. Information between systems are still paper based and allow for human error in the transfer of data.
 - Increasing diversity within our communities - affects accurate vaccination history for clients and the ability to provide information in required languages.
 - Transition from Health Visiting to School Nursing – immunisation history and recall for any outstanding vaccines.
- Actions:**
- Scheduled immunisations – out of season training for vaccinators to support schedule changes. Practice Nurse Forum used to disseminate relevant information.
 - Influenza – work is ongoing to expand the nursery programme into the Bridgend area. Fluenz/MMR mop up evaluation report will be used to inform future initiatives.
 - Data systems –the National Immunisation Framework (NIF) have a programme of work to enhance connectivity between immunisation data systems, however this does not incorporate an API to write to the WIS system.
 - Increasing diversity within our communities – SOP created to enable translation of vaccine history in other languages.
 - Transition from Health Visiting to School Nursing - ensure the immunisation profiling tool (HCWP2 Healthy Child Wales) is included in the development of the programme offer.

% of children receiving the Human Papillomavirus (HPV) vaccination by age 15 Target 90 %

(reporting frequency is quarterly, and applicable during 01.04.24 to 30.6.24 & 1.1.25 to 31.03.25)



Quarter 1 2024/25 Local Authority Uptake	
Merthyr Tydfil LA	73.0%
RCT LA	85.7%
Bridgend LA	85.7%
CTMUHB	84.0%

Quarter 1 2024/25 Welsh HB's Uptake	
ABUHB	68.1%
BCUHB	77.9%
C&VUHB	62.1%
CTMUHB	84.0%
HDUHB	78.2%
PTHB	78.4%
SBUHB	88.5%
All Wales	75.4%

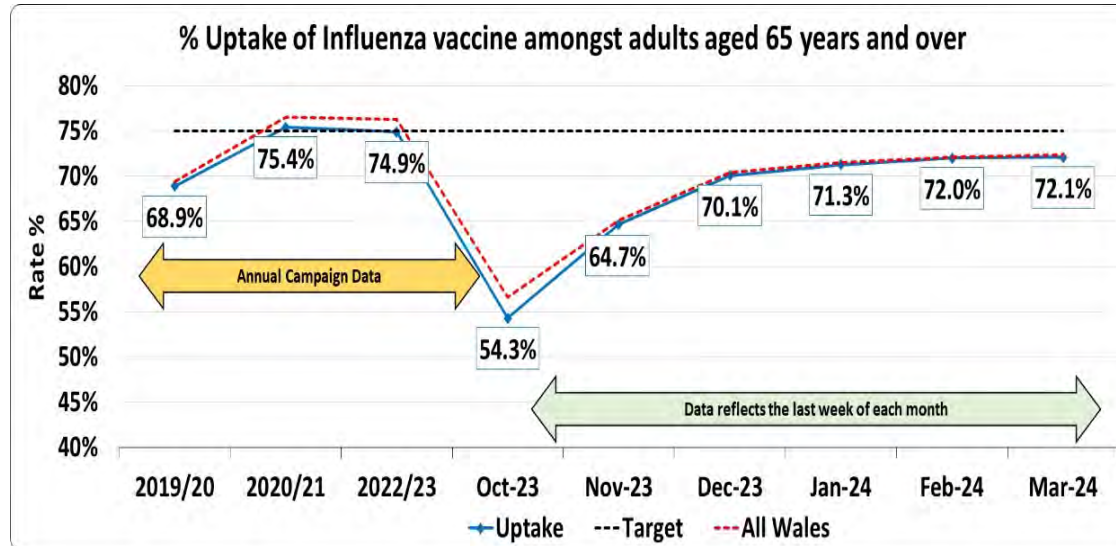
What are the key challenges in delivering vaccination targets & actions to tackle

- Challenges:**
- Communication support - School Nursing Service has previously raised that they required more support to actively raise the profile of all vaccination programmes.
 - Consent for immunisation – Paper: uptake of paper consent returns remains poor. E-consent for immunisation: creating an e-consent system that fulfils functionality (including collaboration with partners) and information governance requirements at both HB and all Wales levels.
 - Personal data accuracy (address, contact number, school attended) – Recent Fluenz and MMR catch up programmes has further highlighted that addresses and contacts details are not always up to date.
- Actions:**
- Communication support – communication is now included as a standing item in the Childhood Vaccination Group which meets monthly. There is an action (school nursing and communications team) to develop a calendar for pertinent times of the year when support is required.
 - Uptake – additional visits to low uptake schools have been undertaken. Additionally, mop up clinics have been held in after school and in school holidays in the CVCs. Major mop up of MMR and HPV will be undertaken during the upcoming summer holidays in the CVCs.
 - Consent for immunisation – Paper: progress has been made by engaging with parents and promoting immunisations on school platforms. Verbal consents are used for missing consent forms by the vaccinator contacting the parent on the day, and self-consents are being encouraged (Frazer Gillick competencies - assesses whether child is mature enough to consent). This has increased the percentage of children vaccinated. E-consent: still aim to replace paper consent with e-consent. Considerable work has been undertaken to create the platform, now in final testing.
 - HPV - Sexual Health Newsletter for relevant partners included a focus on HPV (produced by the Local Public Health Team in collaboration with school immunisation lead). School nursing service have adopted a universal, enhanced and intensive approach to target areas known to have lower uptake rates with the aim of increasing these rates and reduce inequalities. Planning underway to invite those not up to date to CVC mop up clinics over the summer holidays.
 - Personal data accuracy (address, contact number, school attended) - data cleansing pilot with RCT (initially) underway with the view of improving accuracies of personal data held by both organisations and also identifying/supporting electively home educated children. Following this pilot, aim to expand the process to Merthyr Tydfil and Bridgend. Validation of existing lists (where contacts are unavailable) via support from GPs and schools.

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

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

Please note that data for the 2024/25 flu season will be available shortly.



Uptake Welsh HB's March 2024	
ABUHB	75.6%
BCUHB	73.9%
C&VUHB	72.8%
CTMUHB	72.1%
PTHB	69.9%
SBUHB	69.5%
HUHB	69.1%
All Wales	72.4%

Challenges:

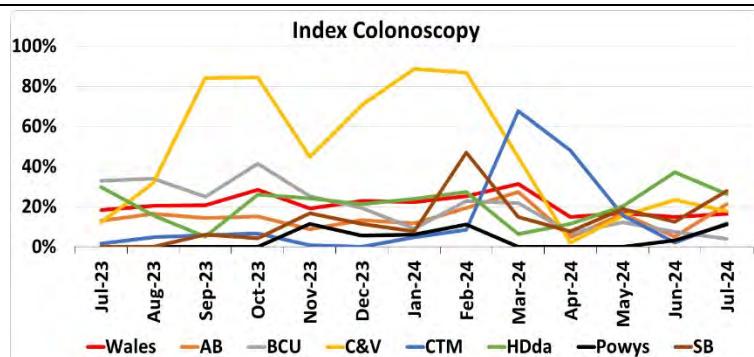
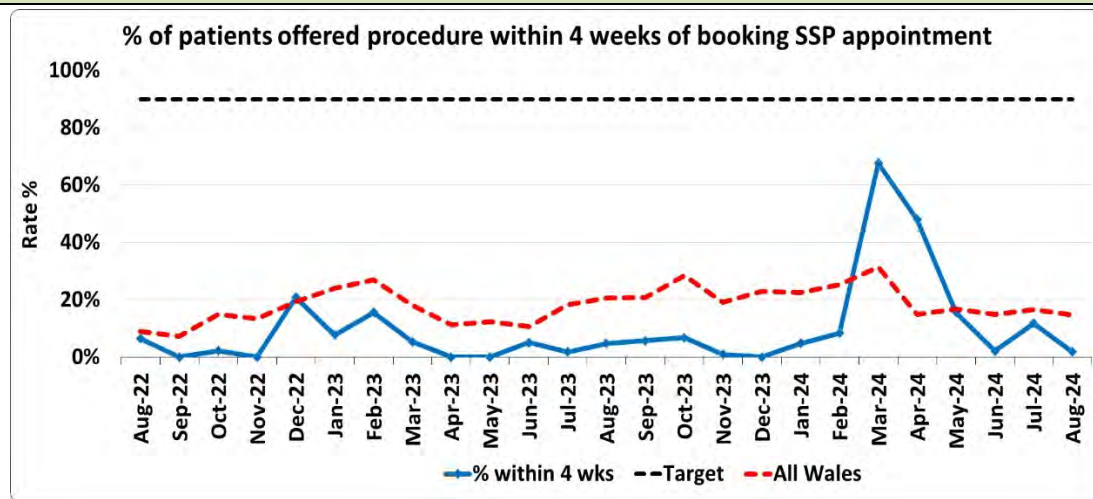
- Vaccine fatigue - in line with other HBs, CTM are experiencing a drop in vaccination uptake generically and especially since the pandemic. Understanding the underlying reasons and causes for this will be critical to allow any improvement in uptake.
- Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) and Vaccine Programme Wales (VPW) requests - the number of requests for immediate action on a range of vaccination programmes continues.
- Demand on vaccination services - there are continued changes to programme scheduling and introduction of new vaccination programmes. This will impact on the practical aspects related to update training, vaccination clinics and the storage of vaccines.
- GP services - delivery of changes to universal vaccination programmes such as Shingles and RSV will put added pressure onto GP services.
- Uptake of Flu and COVID-19 - poor uptake for care home & health board staff and those who are immune-suppressed and under 65's clinically at risk.
- Community pharmacies - ensuring that community pharmacies have sufficient vaccinators and capacity to provide flu vaccination, alongside demand to provide alternative clinical pharmaceutical services.

Actions:

- Vaccine fatigue - ensure consideration for vaccine equity in all programme planning and increased communication.
- Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) - recruitment into the health protection system will add some resource but will not alleviate all the vaccination pressures in GP practices.
- Demand on vaccination services - maintain multi professional collaboration.
- Uptake of flu and COVID-19 - establishment of a sustainable model for vaccination of care home staff, explore the possibility of developing the role of flu champions in care homes, primary care and GP practices.
- Collaboration and programme alignment - multi-disciplinary approach across all professions to ensure consistent and opportunistic messaging to support the optimization of flu uptake.
- CTM to support national work regarding the HEIW vaccinator accreditation framework and:
 - Maintain current position regarding pharmacy opening hours on the weekend to improve access.
 - Utilise primary care clusters to support a collaborative approach to vaccination.
 - Engage with low level providers to support greater provision.

CTMUHB Planned Care Group - Index Colonoscopy

% patients offered index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment - Target 90 % - Aug 2024 1.8 %



Status as at July 2024		
Health Board	Compliance	Rank
SB	27.8%	1st
HDda	26.3%	2nd
AB	21.3%	3rd
C&V	17.9%	4th
CTM	11.7%	5th
Powys	11.1%	6th
BCU	4.1%	7th

How are we doing & what actions are we taking? Low compliance in recent months is due to SSP sickness absence delaying assessments and the limited amount of BSW Endoscopists we have within CTM. We are planning to run additional weekend BSW lists, but we are currently overcoming some issues regarding staffing and training, although the training for these staff members from POW has been successful. As of the 12th November there were 114 patients waiting for an index colonoscopy, of which, 82 have a booked appointment. Unfortunately, 56 patients will have waited longer than 4 weeks for their procedure and of these, 21 patients over 8 weeks. Following a period of sickness within the team, momentum has improved as staff members have returned to work. Internal additional ad hoc lists and flipping of symptomatic lists to overcome lost activity due to sickness has reduced the impact and current waits are around 10 weeks (previously 12), with further plans over the next 6 weeks to bring the service in line with '4-week compliance'. Sustainability plans are ongoing to staff unfunded sessions (x2) at POW; this will continue to support the Optimisation Programme.

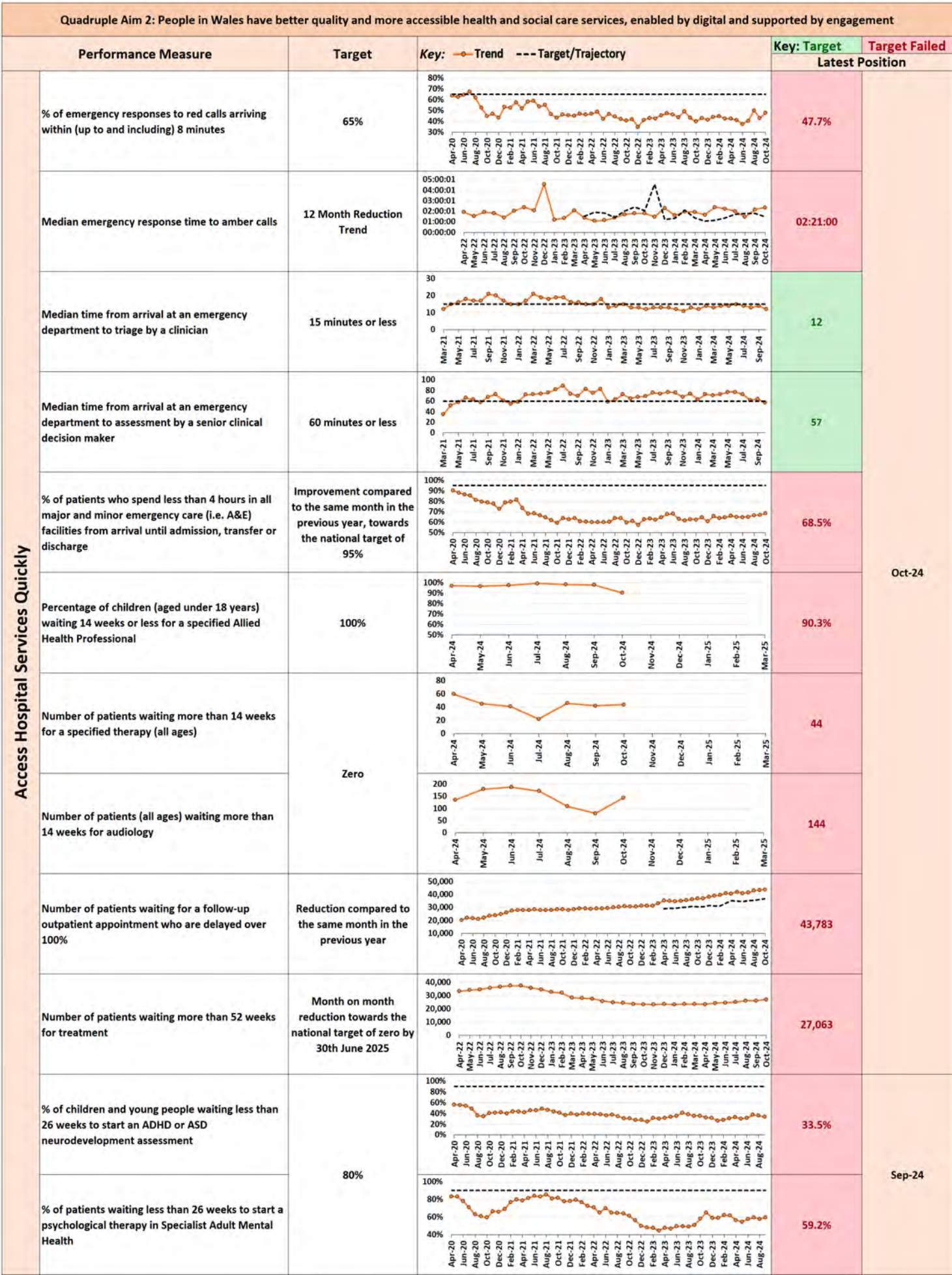
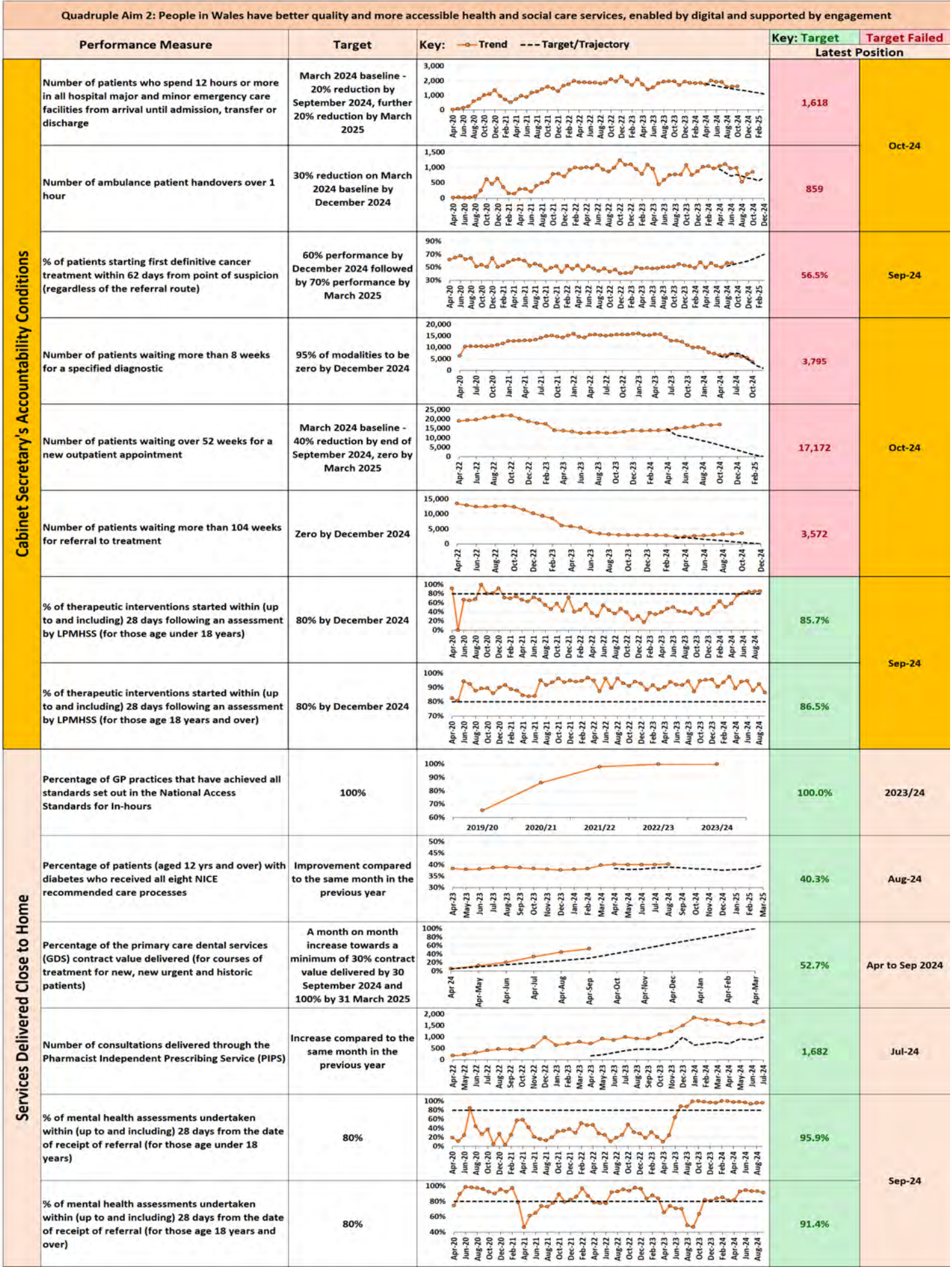
The operational challenges that have an impact on activity are:

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

Actions being taken:

- Use of Text Remind and Broadcast Messenger to reduce patient choice (refusal of offer) and DNA rates.
- Insourcing - completed and supported backlog clearance.
- Participants continue to be booked direct to scope at SSP assessment resulting in better patient experience.
- Sustainability plan is ongoing to increase core lists to meet optimisation steps.
- The new endoscopy unit at PCH with 3rd room - workforce model and business case completed and approved; funding allocated and recruitment commenced.
- Working with theatre services to develop robust general anaesthetic provisions.

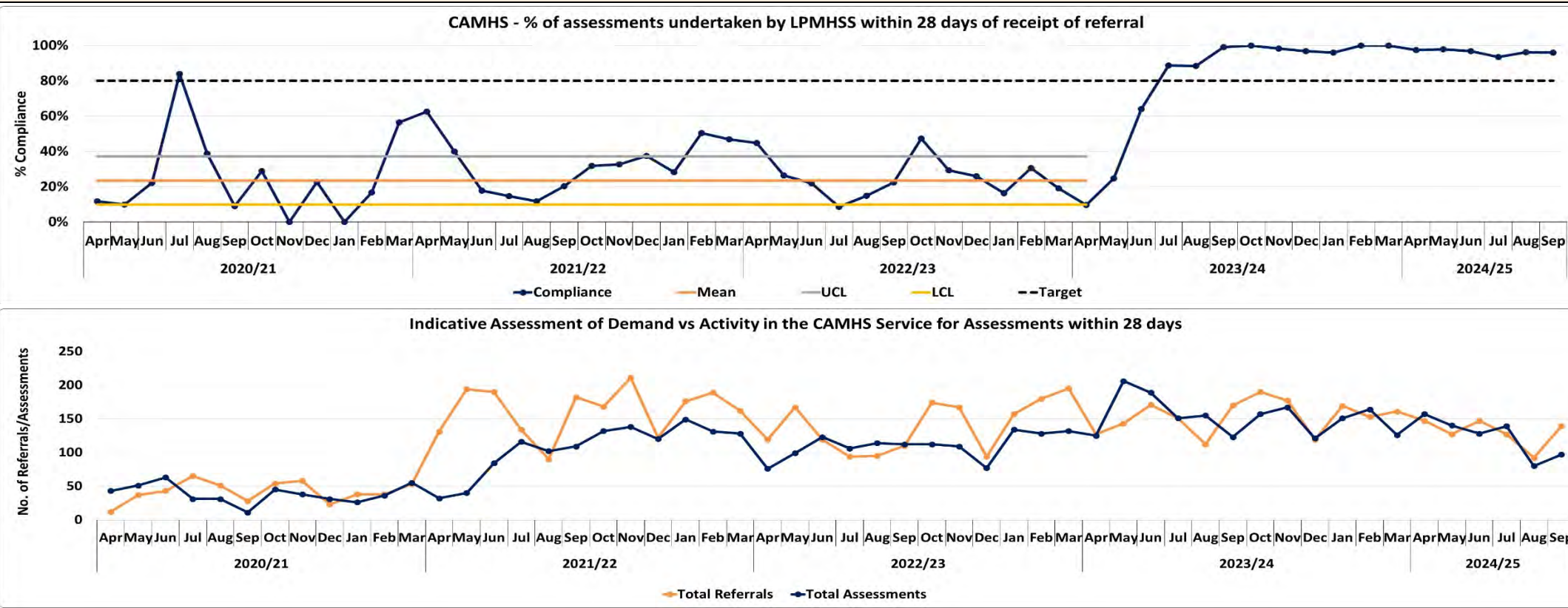
2.3 Welsh Government Performance Indicators: Quadruple Aim 2: Quality & Better Access to Services



CTMUHB Mental Health & Learning Disabilities Care Group

CAMHS & Specialised Services – September 2024

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (95.9 %) - Target 80 %



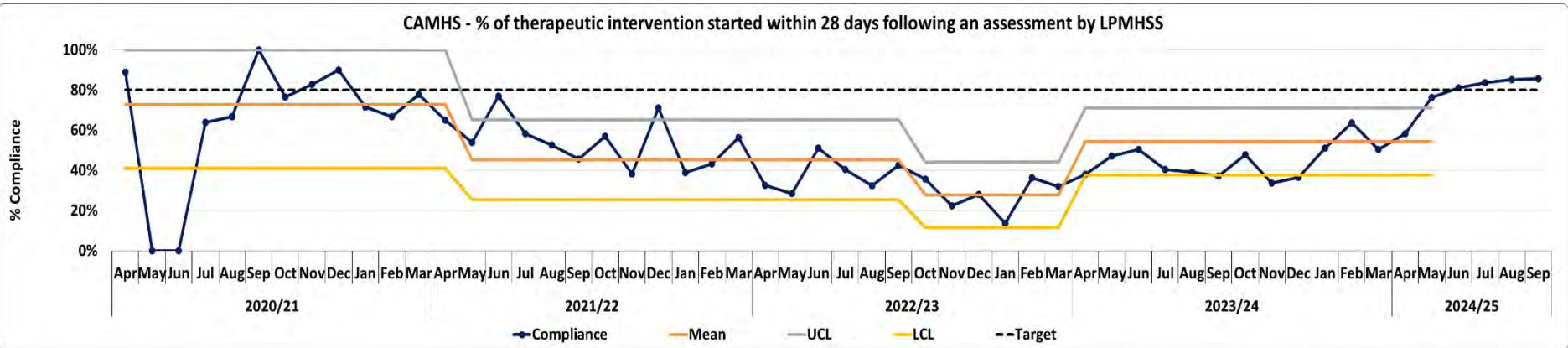
Mental Health Measure Part 1a - the number of assessments undertaken within 28 days of referral - performance has notably improved in this area of the CAMHS service since the summer of last year. Compliance during September 2024 remained relatively stable at 95.9% and continues to exceed the WG target of 80%.

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

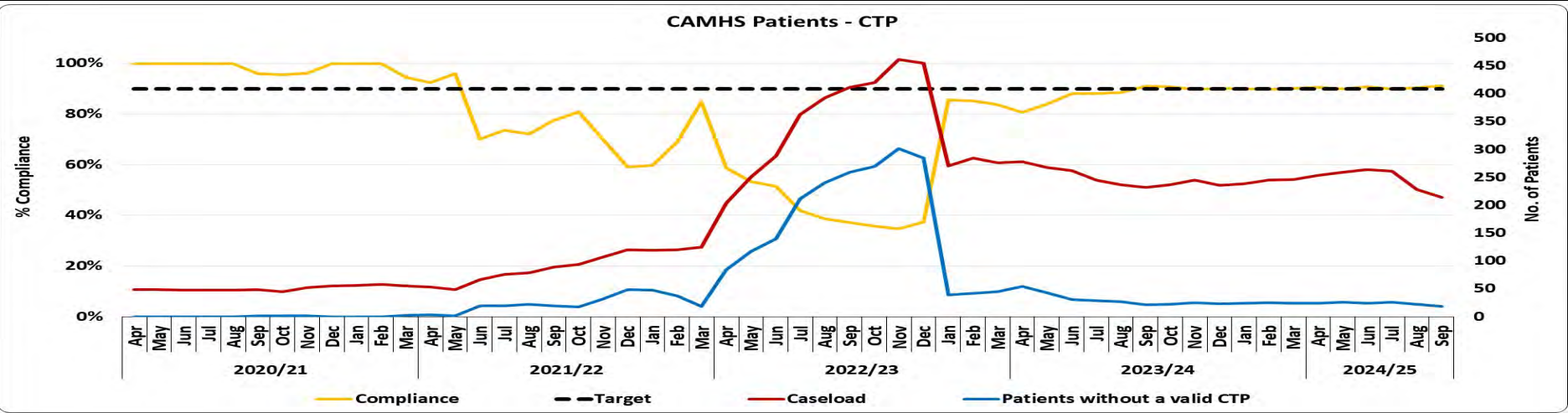
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (85.7 %) - Target 80 % by December 2024

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS reached 85.7% during September and continues to surpass the WG set target of 80%.

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



% of HB residents who are in receipt of secondary MH services who have a valid CTP (91.1 %) - 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 91.1% during September, exceeding the WG standard of 90%.

From the start of 2023, as shown in the chart to the left, we observe that caseloads have more than halved from the peak seen in November 2022. The number of patients without a valid CTP at the end of the month currently stands at 19.

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



How are we doing and what actions are we taking?

Actions being taken:

- An improvement action plan and trajectory were developed to improve compliance in Parts 1 (a & b) and 2 of the Mental Health Measure. This has delivered improvement in all three areas with additional work required on Part 1b (therapeutic interventions).
- **Part 1a:** Further work is being planned to streamline the processes of the Single Point of Access and the Assessment Team to reduce duplication in the assessment and triage process. Additional work is focusing on balancing capacity with demand. Referral rates fluctuate during the year, but are often predictable with increases coinciding with events such as exams and the start of the new term. Demand & capacity training has helped us to focus on this area.
- **Part 1b:** We are working with the Third Sector to increase access to interventions and have agreed a programme of group work interventions with Mental Health Matters across the CTM region. Each course has 6 participants comprising of four sessions. We have ten groups starting each month which are being delivered in each of the three local authority areas. Referrals to the SilverCloud digital platform are increasing and there is multi-disciplinary engagement with the SilverCloud project management team hosted by Powys Teaching Health Board.
- **Part 2:** A training programme for care co-ordinators has helped to improve the quality of Care Treatment Plans (CTPs). This includes some joint training between Adult Mental Health services and CAMHS.
- Monthly supportive meetings are in place with the NHS Executive, which is helping to improve compliance in all areas and in a sustainable way. The service has completed a self-assessment audit of CTP's which we plan to present at that meeting in due course.

When is improvement anticipated and what are the main areas of risk?

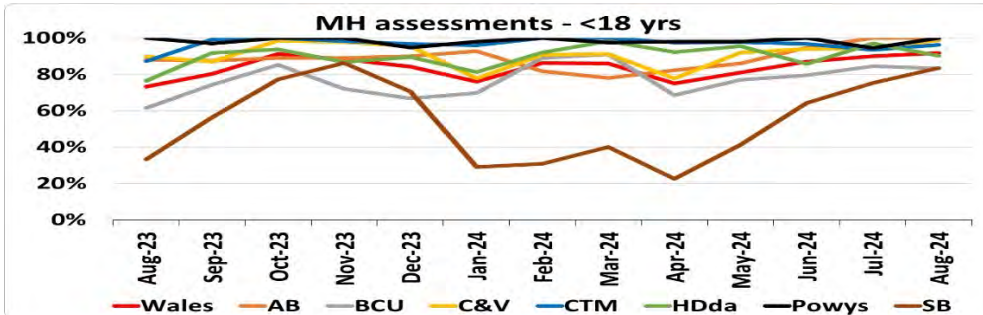
Outputs of improvements:

- **Part 1a:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at the end of September we had 94 patients on the waiting list, with no patient waiting beyond 30 days. The average waiting time has remained at 2 weeks.
- **Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered was 56 with the average waiting time reducing to 2 weeks.
- As clinical teams have worked through the waiting list backlog our performance against the interventions target has steadily increased.
- During April we introduced referral-based access to the online digital platform SilverCloud to further help with interventions.
- **Part 2:** The results of the caseload audit completed at the end of last year is helping us to focus on quality in relation to CTP's.

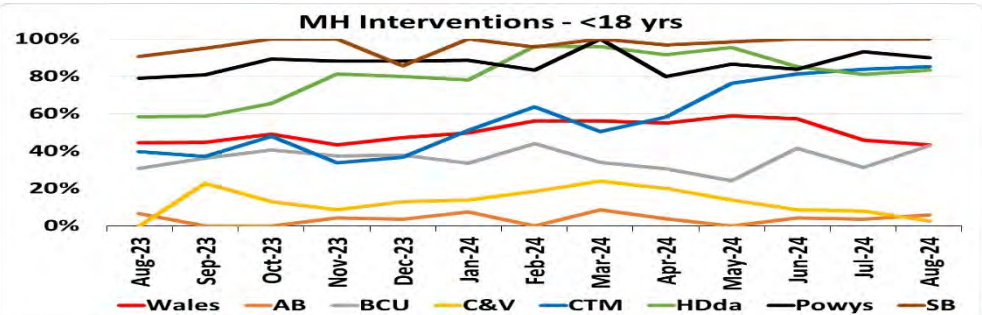
Main areas of risk:

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

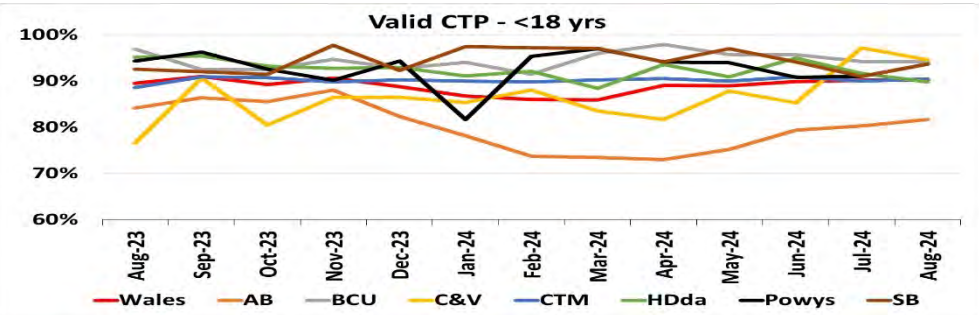
How do we compare with our peers?



Status as at August 2024		
Health Board	Compliance	Rank
AB	100.0%	1st
Powys	100.0%	1st
C&V	98.9%	3rd
CTM	96.3%	4th
HDda	90.2%	5th
SB	83.6%	6th
BCU	83.3%	7th

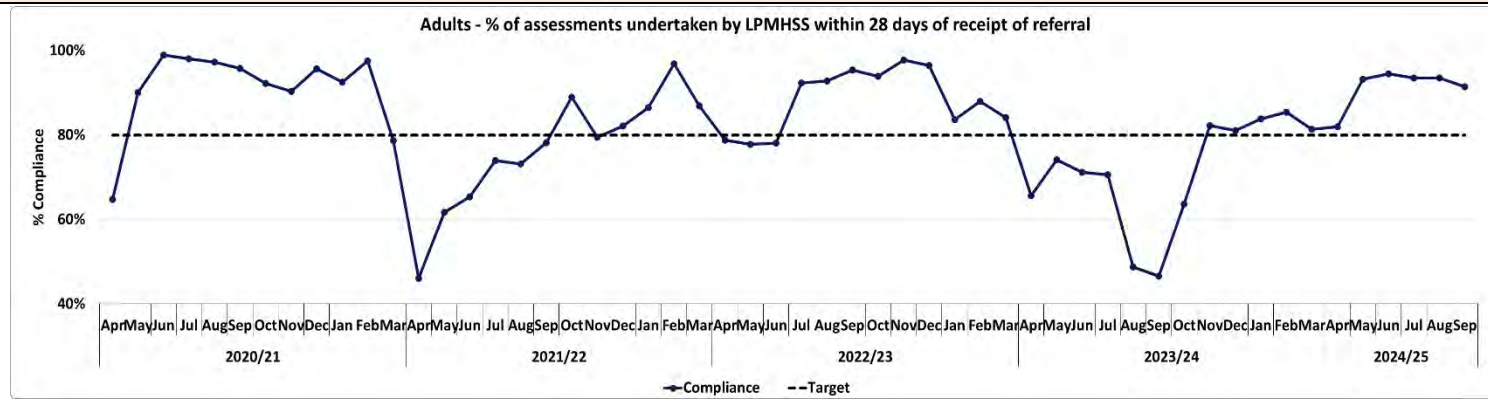


Status as at August 2024		
Health Board	Compliance	Rank
SB	100.0%	1st
Powys	90.0%	2nd
CTM	85.1%	3rd
HDda	83.3%	4th
BCU	42.9%	5th
AB	5.8%	6th
C&V	2.7%	7th



Status as at August 2024		
Health Board	Compliance	Rank
C&V	94.6%	1st
BCU	94.1%	2nd
Powys	93.7%	3rd
SB	93.7%	3rd
CTM	90.4%	5th
HDda	89.8%	6th
AB	81.7%	7th

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (91.4 %) - Target 80 %



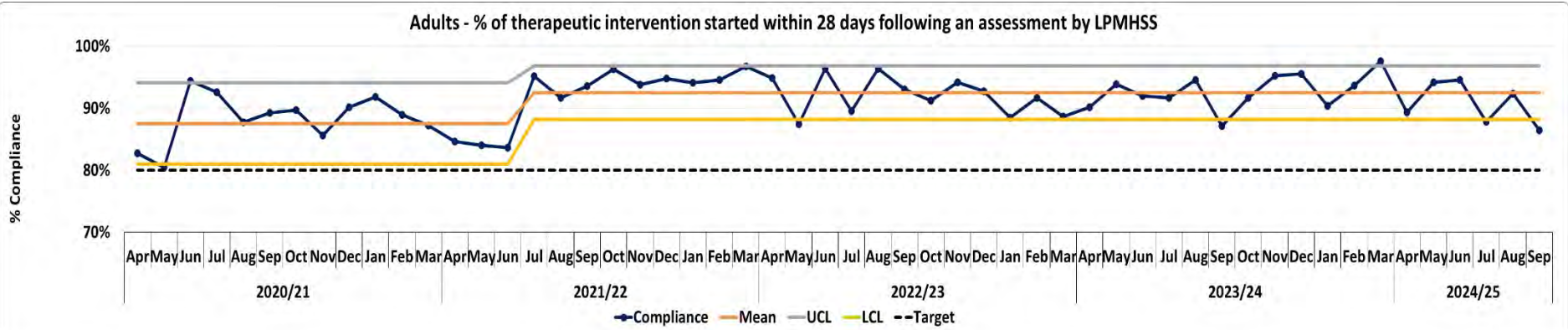
Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80 % of referrals to be assessed within 28 days. The performance for the adult mental health services during September was 91.5% and continues to stand above the WG target.

Referrals during the month totalled 690 and is just below the 12 month average of 722. We continue to observe that volumes remain lower than pre-Covid levels, where referrals were in the region of 1,000 to 1,100.

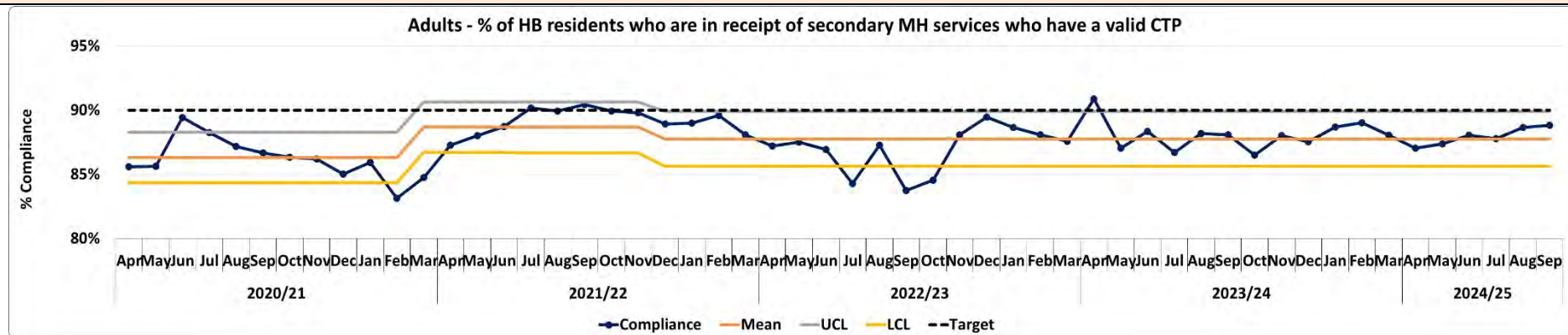
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (86.5 %) - Target 80 % by December 2024

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during September fell to 86.5% but continues to stand above the WG target of 80%.

During the month, 333 of the 385 interventions commenced within the 28 day timeframe.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (88.8 %) - Target 90 %



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month saw a compliance of 88.8% during September and remains just below the 90% WG standard.

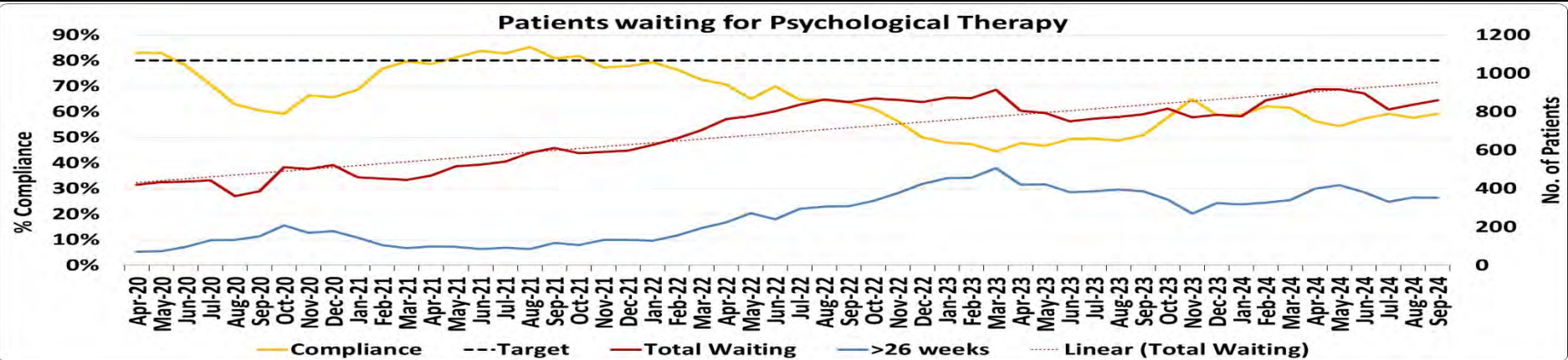
Part 3: There were 2 requests made for an older adult assessment under Part 3 of the Mental Health Measure during September, with both outcome reports being sent within the 10 working days timescale.

% of patients waiting less than 26 weeks to start a Psychological Therapy (59.2 %) - Target 80 %

During September, Psychological Therapies compliance was 59.2%, with performance continuing to remain below the 80% target threshold set by WG. The last time CTM achieved the target was October 2021 (81.7%) and compliance during the past 12 months has ranged between 54.4% and 65.0%.

The chart to the right details the total waiting list volume (red) with the number of patients waiting more than 26 weeks for a Psychological Therapy (blue) and the proportion waiting less than 26 weeks (the WG target - yellow).

At the end of September the waiting list stood at 861 patients; almost double the volume seen pre-Covid and during the last 12 months the list has ranged between 771 and 918 patients.



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

How are we doing?

Part 1a: During September, performance across all teams continued to remain above target at 91.4% and we are continually monitoring demand with plans in place for the anticipated increase during the winter months.

Part 1b: Performance continues to be above target at 86.5%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 88.8% and compliance for the services is shown below:

- Adult Services – increased slightly to 88.2%
- Older Adult Services – decreased slightly to 92.7%
- Learning Disability Services – fell slightly to 80.68%.

Psychological Therapies: The overall position for Psychological Therapies waiting list for September 2024 stands at 861.

The current performance of 59% of people waiting less than 26 weeks equates to 510 service users, which is higher than the forecasted position of 53%. Overall the longest waiting patient is at 169 weeks based in Rhondda CMHT. We have recently recruited a senior psychologist commencing December with the longest waiting patients planned to be seen in January.

Of the 143 referrals received during September, 80% (115) of these were for LPMHSS. Validation work continues to ensure waiting lists are accurate.

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

Part 1a:

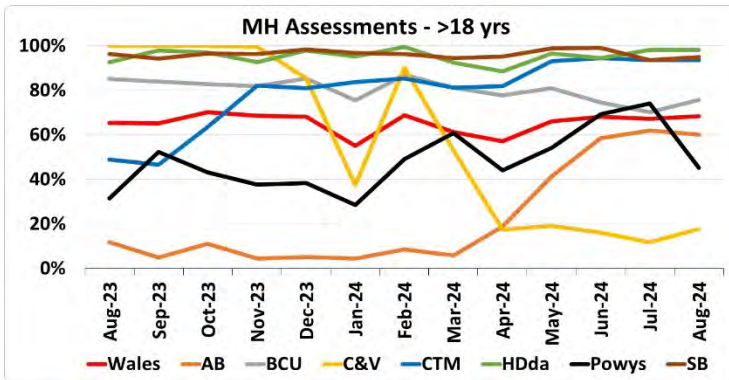
- Focus on sickness management in teams where they are currently experiencing high levels of absence and strategic review of staff with frequent or long absence.
- Review of IT systems to support proactive performance management of the service through Qlik BI tool.
- Demand and capacity work – review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

Part 2: The proportion of residents who have a valid care treatment plan, varies by the lead practitioner. Those where the lead is a medical consultant are low and achieving improvement is presenting challenges. Whilst the overall rate is 88.8%, only 13% of adult residents in Rhondda, with consultant leads, have a valid CTP, with the rates in the Merthyr area at 48%. This underperformance has heavily impacted overall compliance in these localities.

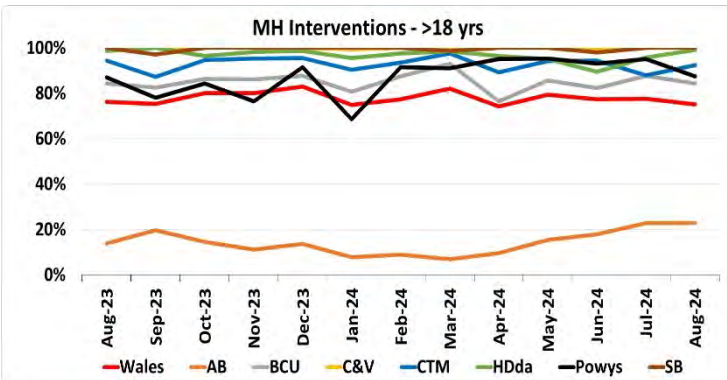
Whilst the overall compliance rate is just below 90%, the improvements in CMHTs and specialised teams are promising.

Psychological Therapies: The Psychological Therapies Waiting Lists associated with this WG metric is comprised of 8 waiting list service areas across adult and older adult mental health services. As at September the area with the highest number of waiting patients is Local Primary Mental Health Support Services. There is ongoing work to clearly identify and record on the LPMHSS waiting lists the types of therapy service users are waiting for to allow efficient allocation of service users to staff resource. Inconsistent administration support in this area is also proving difficult but this will improve in due course as the new structure establishes itself.

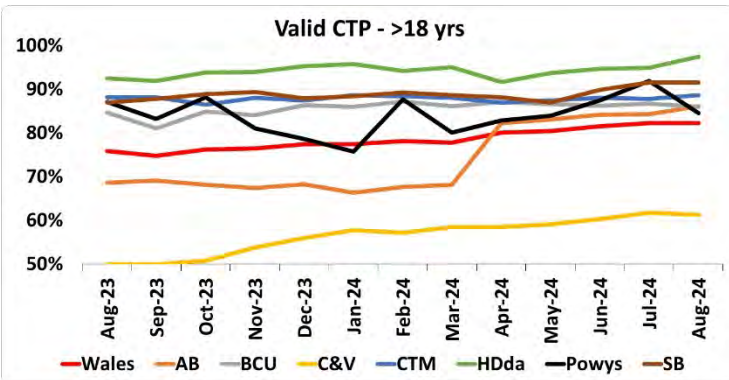
How do we compare with our peers?



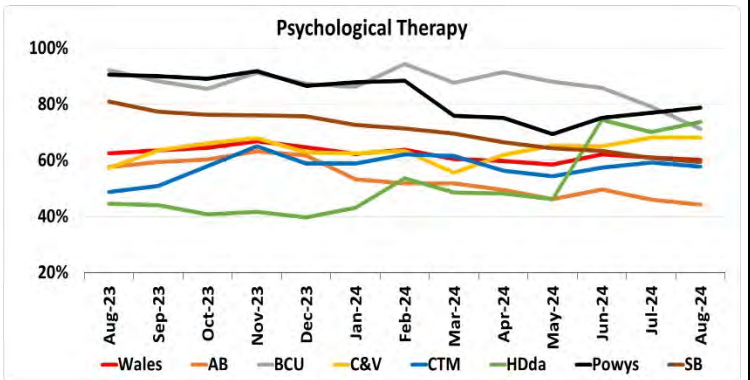
Status as at August 2024		
Health Board	Compliance	Rank
HDda	98.1%	1st
SB	95.0%	2nd
CTM	93.5%	3rd
BCU	75.7%	4th
AB	60.1%	5th
Powys	45.3%	6th
C&V	17.9%	7th



Status as at August 2024		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	100.0%	1st
HDda	99.1%	3rd
CTM	92.4%	4th
Powys	87.5%	5th
BCU	84.4%	6th
AB	22.9%	7th



Status as at August 2024		
Health Board	Compliance	Rank
HDda	97.4%	1st
SB	91.5%	2nd
CTM	88.7%	3rd
AB	86.1%	4th
BCU	86.0%	5th
Powys	84.5%	6th
C&V	61.3%	7th



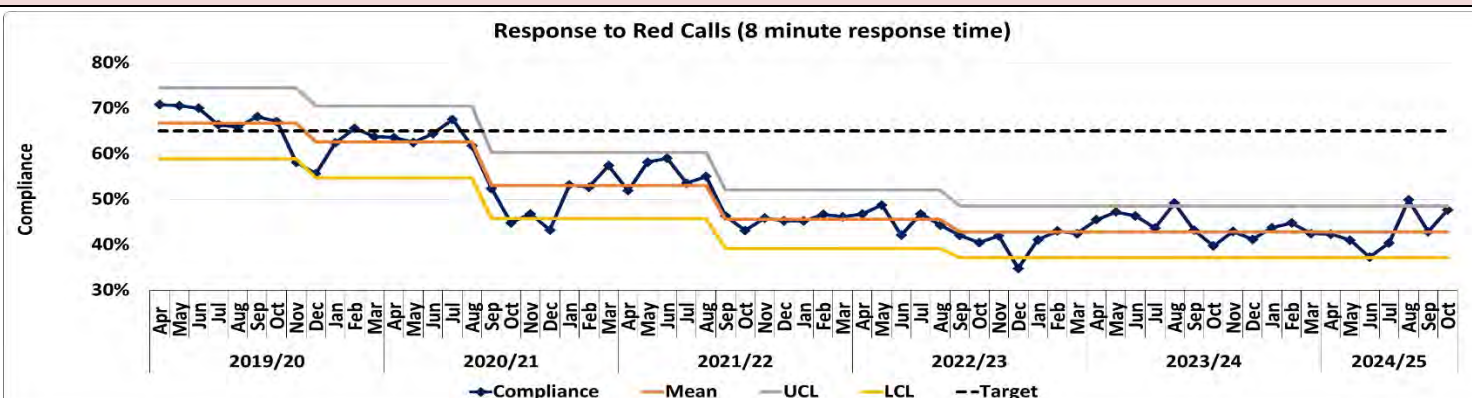
Status as at August 2024		
Health Board	Compliance	Rank
Powys	78.7%	1st
HDda	73.7%	2nd
BCU	71.1%	3rd
C&V	68.1%	4th
SB	59.4%	5th
CTM	57.7%	6th
AB	44.1%	7th



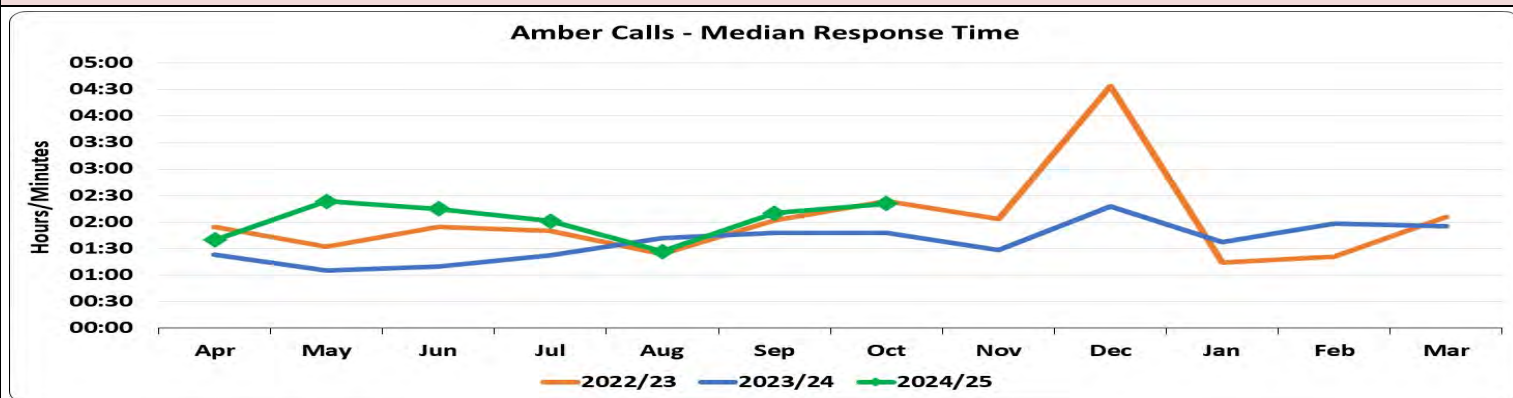
CTMUHB Unscheduled Care Group

Emergency Ambulance Services – October 2024

% of emergency responses to Red Calls arriving within 8 minutes (Target 65 %)
October 2024 – 47.7 %



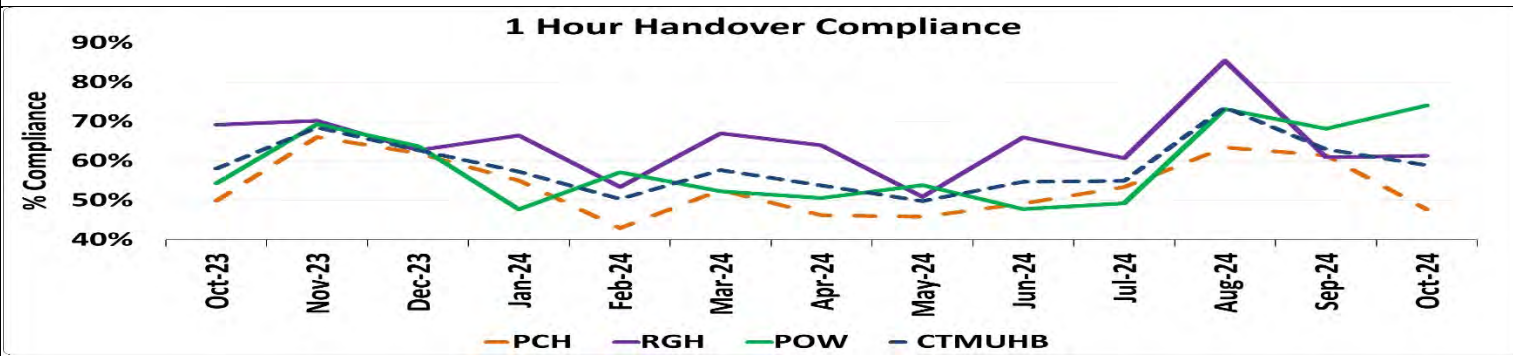
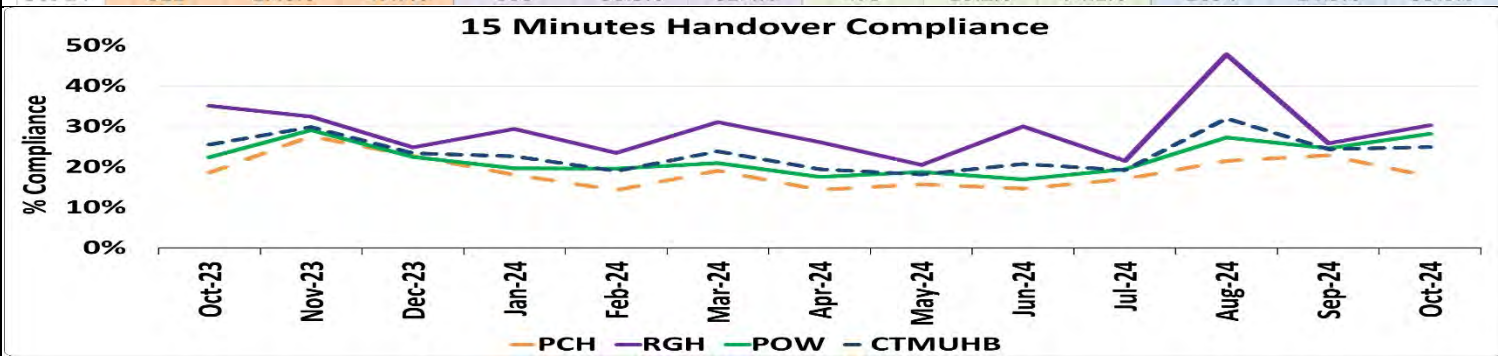
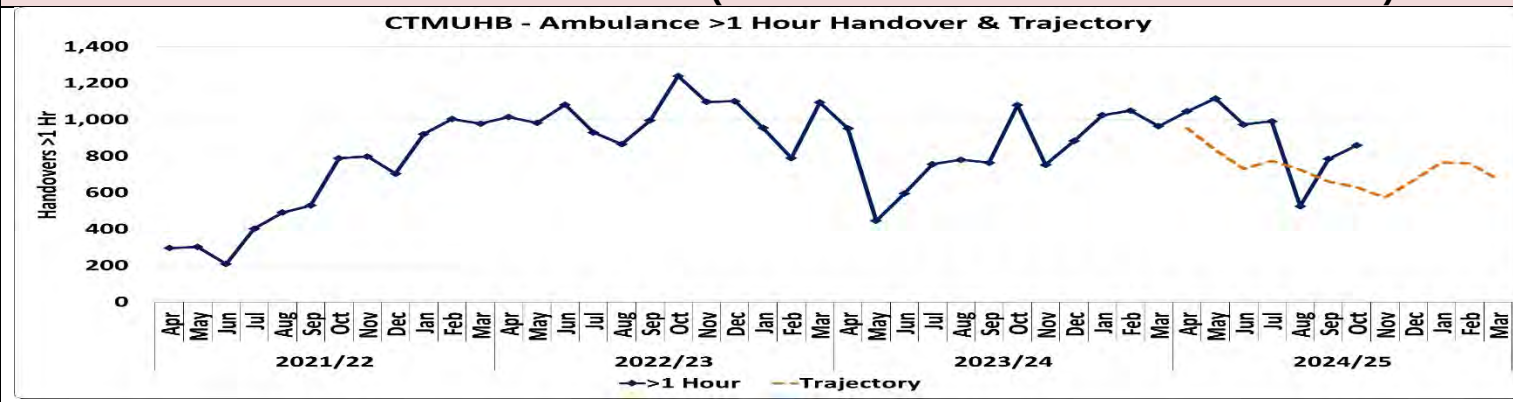
Median emergency response time to Amber Calls – Target is 12 month reduction trend
October 2024 - 2 hours 21 minutes



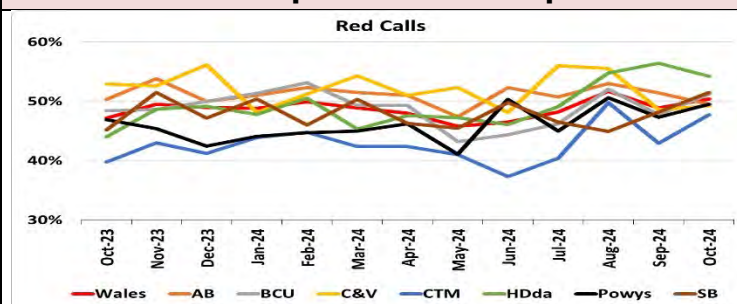
% of ambulance patient handovers within 15 minutes – Target is improvement compared to the same month in the previous year, towards the national target of 100 % within 15 minutes.
Total handovers 2,094 of which 522 (24.9 %) of handovers were within 15 minutes

Period	Handovers	PCH % <15 mins	% <60 mins	Handovers	RGH % <15 mins	% <60 mins	Handovers	POW % <15 mins	% <60 mins	Total Handovers	CTMUHB % <15 mins	% <60 mins
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%
Mar-24	870	19.1%	52.6%	807	31.1%	67.0%	600	21.0%	52.3%	2277	23.8%	57.7%
Apr-24	856	14.4%	46.3%	819	26.1%	64.0%	587	17.5%	50.6%	2262	19.5%	53.8%
May-24	865	15.7%	45.9%	715	20.6%	50.9%	644	18.8%	53.9%	2224	18.2%	49.8%
Jun-24	796	14.7%	49.2%	759	30.0%	66.0%	596	16.9%	47.8%	2151	20.7%	54.8%
Jul-24	856	17.1%	53.4%	785	21.5%	60.8%	560	19.5%	49.3%	2201	19.3%	55.0%
Aug-24	756	21.6%	63.5%	667	47.8%	85.5%	567	27.3%	73.2%	1990	32.0%	73.6%
Sep-24	822	22.9%	61.4%	751	25.8%	61.0%	547	24.7%	68.2%	2120	24.4%	63.0%
Oct-24	811	17.6%	47.7%	808	30.3%	61.4%	475	28.2%	74.1%	2094	24.9%	59.0%

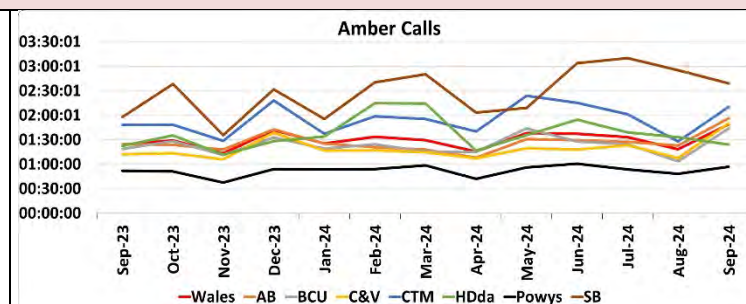
Number of ambulance patient handovers over 1 hour – Revised WG Target: 30 % reduction from March 24 number by December 2024
859 handovers were over 1 hour (59% of handovers were within 1 hour)



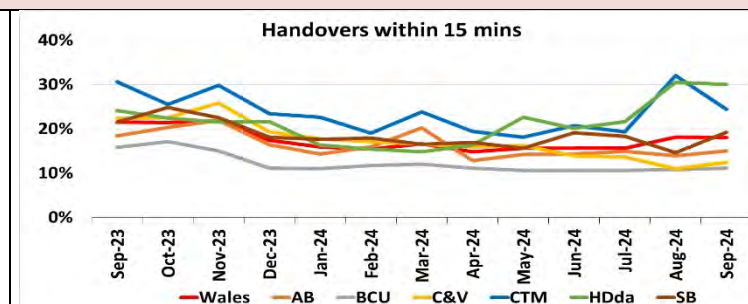
How do we compare with our peers?



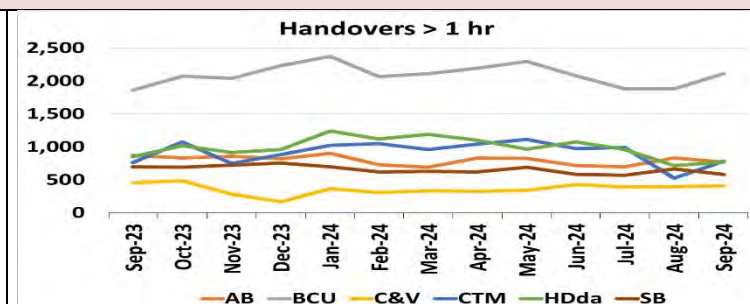
Status as at October 2024		
Health Board	Compliance	Rank
HDda	54.2%	1st
SB	51.5%	2nd
BCU	51.2%	3rd
AB	49.5%	4th
Powys	49.5%	4th
C&V	49.2%	6th
CTM	47.7%	7th



Status as at September 2024		
Health Board	Compliance	Rank
Powys	00:56	1st
HDda	01:24	2nd
BCU	01:43	3rd
C&V	01:50	4th
AB	01:56	5th
CTM	02:10	6th
SB	02:39	7th



Status as at September 2024		
Health Board	Compliance	Rank
HDda	30.0%	1st
CTM	24.4%	2nd
SB	19.2%	3rd
AB	15.0%	4th
C&V	12.4%	5th
BCU	11.1%	6th



Status as at September 2024		
Health Board	Compliance	Rank
C&V	411	1st
SB	587	2nd
AB	768	3rd
HDda	771	4th
CTM	784	5th
BCU	2,114	6th

Emergency Ambulance Services continued overleaf:



How are we doing?

Response to Red Calls per WAST Operational Area				
Oct-24	Total Responses	Responses within 8	% within 8 mins	12 Month Average
Merthyr	146	93	63.7%	55.7%
RCT	391	177	45.3%	38.4%
Bridgend	252	106	42.1%	43.1%
CTM	789	376	47.7%	43.0%

Response to Red Calls: Response times to life-threatening calls for the CTM area during October was 47.7% with the 12 month average being 43.0%. Compliance continues to remain low with the volume of Red Calls during October totalling 789 which is similar to the previous month, with the 12 month average at 737.

As can be seen in the table above, there continues to be variance in response times across our region, with RCT borough generally experiencing the poorest response times, however the exception being this month with the Bridgend area receiving the poorest responses at just 42.1%.

The National compliance was 50.4% and continues to remain below the minimum expected standard of 65% of Red Calls to be responded to within 8 minutes and out of all the other health boards in Wales, CTM received the poorest response times for the second consecutive month during October.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 2 hours and 21 minutes during October; 11 minutes longer than the previous month and 33 minutes longer than the equivalent period of last year. The chart (page 14, top right) demonstrates fluctuations with response times during the past twelve months ranging between 87 and 143 minutes.

Ambulance Handover Compliance: During October ambulance conveyances to ED totalled 2,094, which is 18.6% (478) fewer than the equivalent period of last year. Performance against the 15 minute handover remained a low 24.9%, with the number of patients and ambulance crews detained longer than an hour totaling 859. The 12 month average is 914 patient breaches, which is 5.4% higher than the equivalent time span of the previous year (Nov 22 to Oct 23).

Hospital Handovers in minute time groups								
Oct-24	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Total Handovers
PCH	143	116	61	67	164	95	165	811
RGH	245	127	81	43	128	72	112	808
POW	134	104	73	41	71	21	31	475
CTM	522	347	215	151	363	188	308	2,094

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

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
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%	12	11	91.7%	45	43	95.6%
Feb-24	18	17	94.4%	16	16	100.0%	6	6	100.0%	40	39	97.5%
Mar-24	10	10	100.0%	14	12	85.7%	5	5	100.0%	29	27	93.1%
Apr-24	11	11	100.0%	7	7	100.0%	5	5	100.0%	23	23	100.0%
May-24	10	9	90.0%	17	17	100.0%	11	11	100.0%	38	37	97.4%
Jun-24	13	12	92.3%	10	9	90.0%	12	11	91.7%	35	32	91.4%
Jul-24	9	9	100.0%	11	11	100.0%	9	9	100.0%	29	29	100.0%
Aug-24	11	10	90.9%	4	4	100.0%	8	8	100.0%	23	22	95.7%
Sep-24	9	9	100.0%	10	10	100.0%	12	11	91.7%	31	30	96.8%

Please note that due to changes in verification processes within WAST, the Red Release data now has a time lag and consequently, at the time of writing this report, the most reliable data available is to September 2024.

What actions are we taking & when is improvement anticipated?

- Site and USC collaborative approach to the development of the One Hour Ambulance Handover plan.
- Pre-emptive measures are already in place to create offload space by reassigning patients into bed spaces or an ambulance where patients may become fit to sit.
- Experience triage / Senior Decision Maker to maximise fit to sit decision, quick turnaround and front loading of investigations.
- Urgent Treatment Centre (UTC) at PCH went live 1st November for a 3 month trial.
- Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Achieve NHS framework trajectories 1 and 12 hour ED improvement plan in place across CTM with regular performance meetings held.
- 1 and 12 Hour Ambulance Handover Escalation Card developed and shared for comment prior to implementation.
- Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
- Following the success of the Strategic Transformation of Acute Medicine Programme (STAMP) at PCH in July, where the aim was to reset the acute medicine footprint and creating a less than 72 hours AMU, we are now exploring phases 3 and 4. This will create pathways from ED to SDEC as well as a direct pathway for WAST. This will continue to contribute to the gains in ED performance.
- The successful collaborative Test of Change between WAST and RGH ED is to be rolled out.
- Bi-weekly team meetings established with WAST.

What are the main areas of risk?

- The system changes required to safely decant the Princess of Wales site will undoubtedly require the recalibration and optimisation of numerous resource pools and ways of working.
- Although some additional uncommissioned capacity areas have closed, some areas remain open across all sites, but is under daily review by Directorate Management Team.
- System flow remains highly impacted by capacity within social care.
- ED and ambulance activity has increased in September/October compared to August and has resulted in uncommissioned capacity being utilised to manage demand.
- Persistent high escalation levels across all sites.
- Heavy reliance on locum and agency staff to support rotas across the three Emergency Departments.



CTMUHB Unscheduled Care Group

Emergency Unit Waits – October 2024 (Provisional Position) - Total Attendances = 16,842

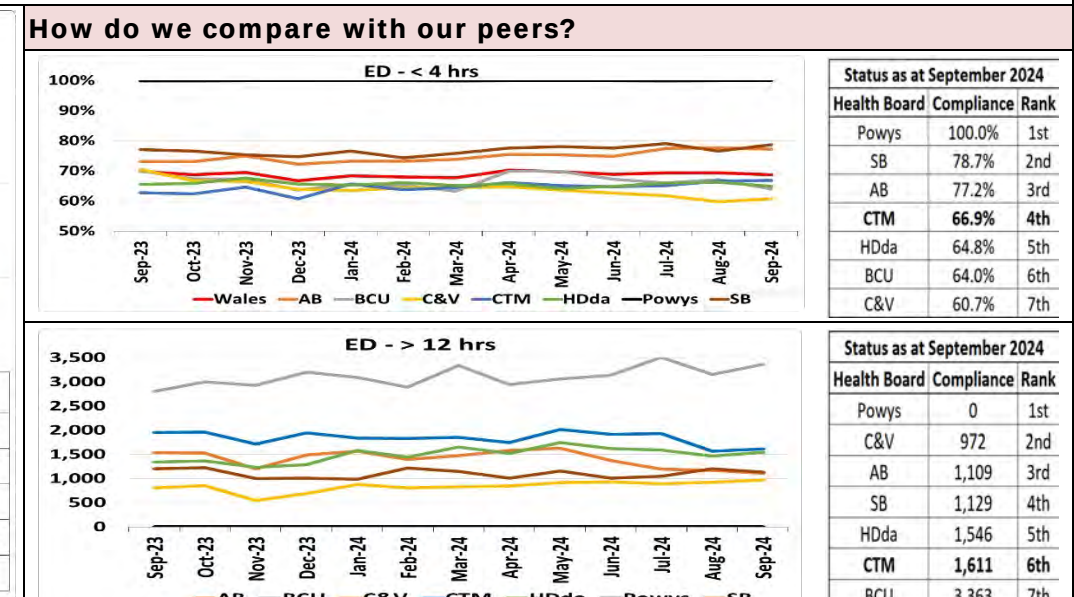
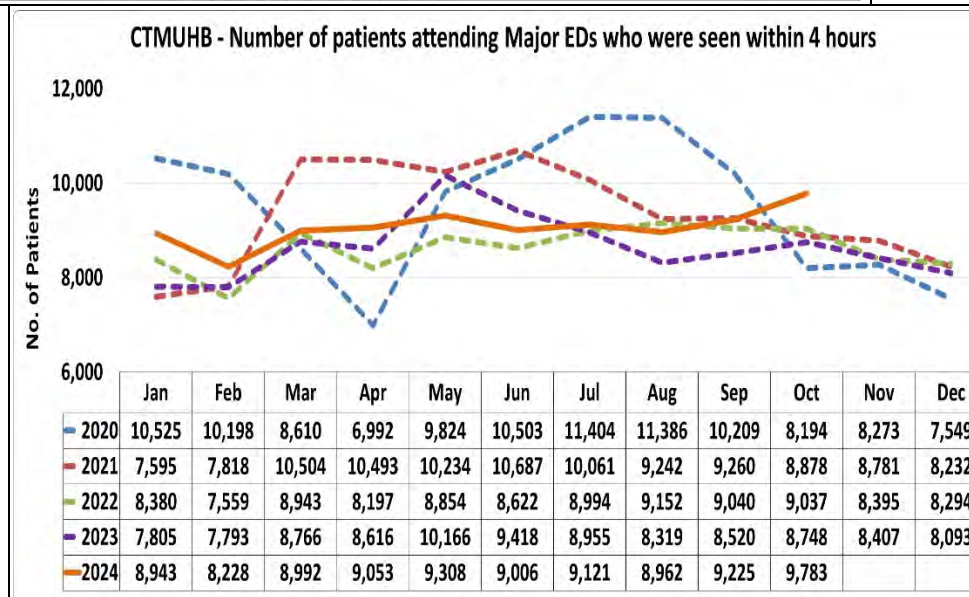
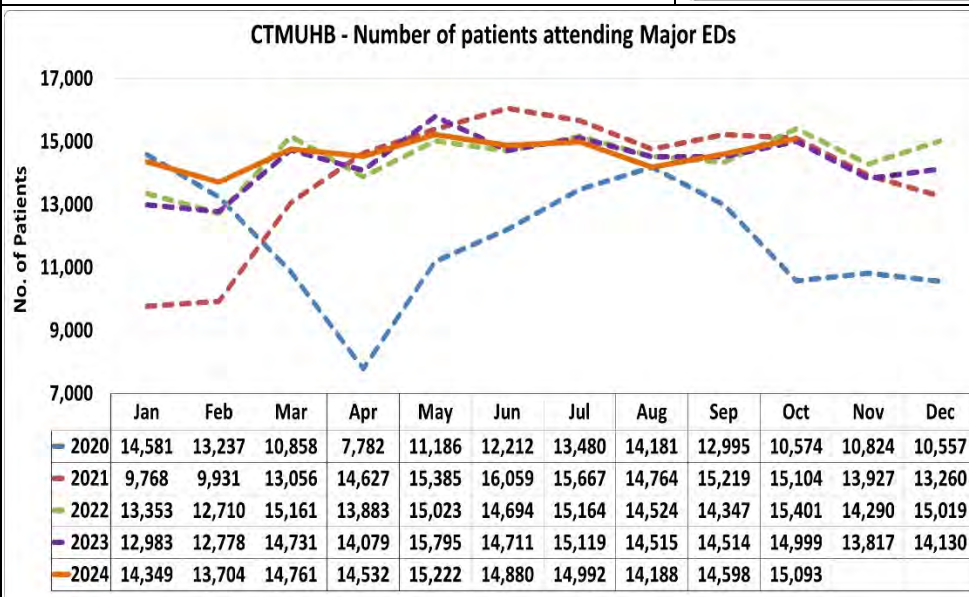
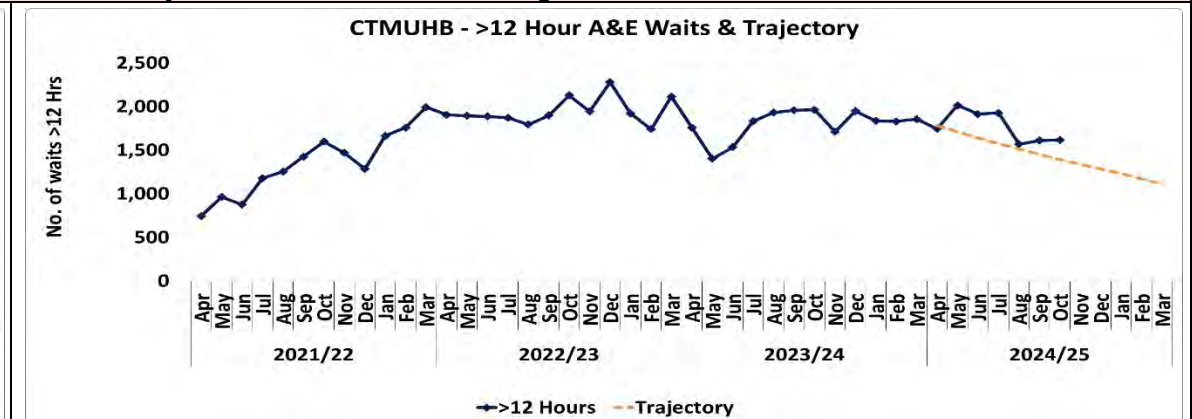
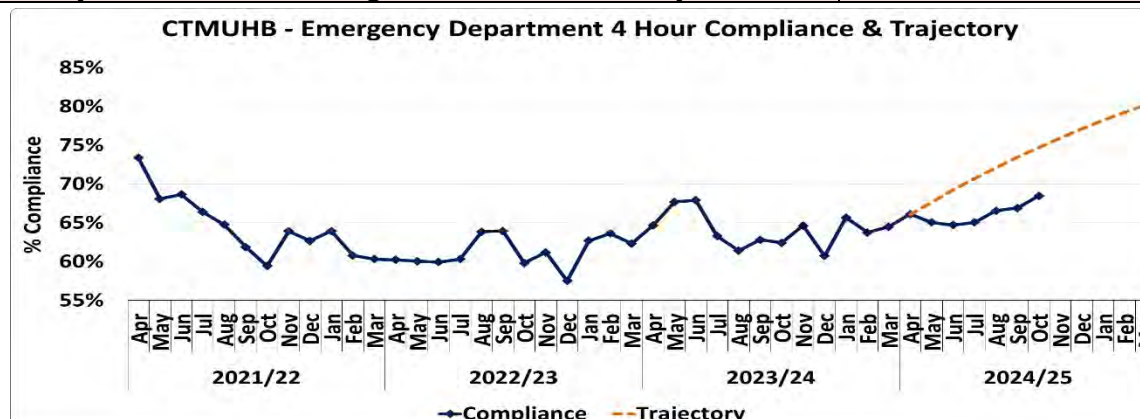
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target is improvement compared to the same month in the previous year, towards the national target of 95%

Number of patients who spend 12 hours or more in all hospital major & minor emergency care facilities from arrival until admission, transfer or discharge – Revised Target is a 20% reduction on March 2024 number by September 2024 and a further 20% reduction by March 2025.

68.5% were seen within 4 hours (Patients Waiting >4 hours 5,310)

1,618 patients were waiting over 12 hours

Period	Attendances	CTMUHB 4 Hrs %	> 12 Hrs
Oct-23	16,639	62.4%	1,965
Nov-23	15,298	64.6%	1,712
Dec-23	15,367	60.7%	1,949
Jan-24	15,744	65.7%	1,837
Feb-24	15,105	63.7%	1,831
Mar-24	16,251	64.5%	1,856
Apr-24	16,180	66.1%	1,745
May-24	16,947	65.1%	2,015
Jun-24	16,647	64.7%	1,913
Jul-24	16,802	65.1%	1,927
Aug-24	15,631	66.6%	1,570
Sep-24	16,234	66.9%	1,611
Oct-24	16,842	68.5%	1,618



How are we doing?

The chart above shows that throughout October the total number of ED attendances at our three acute hospital sites was marginally higher (around 0.6%) than those observed during October 2023, with overall numbers of Minor Injuries and ED attendances (16,842) around 1.3% higher than those observed during the equivalent period of last year (16,639).

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during October is provisionally 68.5%, which as it currently stands is 6 points higher than the performance seen during October of last year, but remaining well below the WG compliance target of 95%.

The twelve hours performance observed 1,618 patients waiting in excess of 12 hours and is 17.7% (347) fewer than the number of breaching patients observed during the same period of 2023. Whilst an improvement, the number of patients waiting over 12 hours is 16% (224) higher than our submitted trajectory.

What actions are we taking & when is improvement anticipated?

- Weekly pan CTM senior team meetings established, supported by robust action plans with a view to the standardisation of ways of working and clinical pathways where possible.
- Introduction Urgent Treatment Centre (UTC) at PCH from 1st November. This will improve patient experience and ED performance/waiting times.
- Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.
- Improvement plan in place across CTM with regular performance meetings.
- ED 4 and 12 hour Escalation Card developed and shared for comment prior to implementation.
- 12 hour performance review in progress to understand and resolve exit blocks to improve performance.
- Plan to introduce incremental weekly reduction in the longest patients waiting.
- Development of business case for the recruitment of Patient Flow Co-ordinator in PCH & RGH sites to support patient flow & recording of accurate data.
- Review of validation process underway to develop a SOP in line with national guidance to improve data quality and ensure parity of data across the three ED departments.
- Development of electronic safety huddle being trailed in RGH to provide a real time picture of demand, capacity and risk level.

What are the main areas of risk?

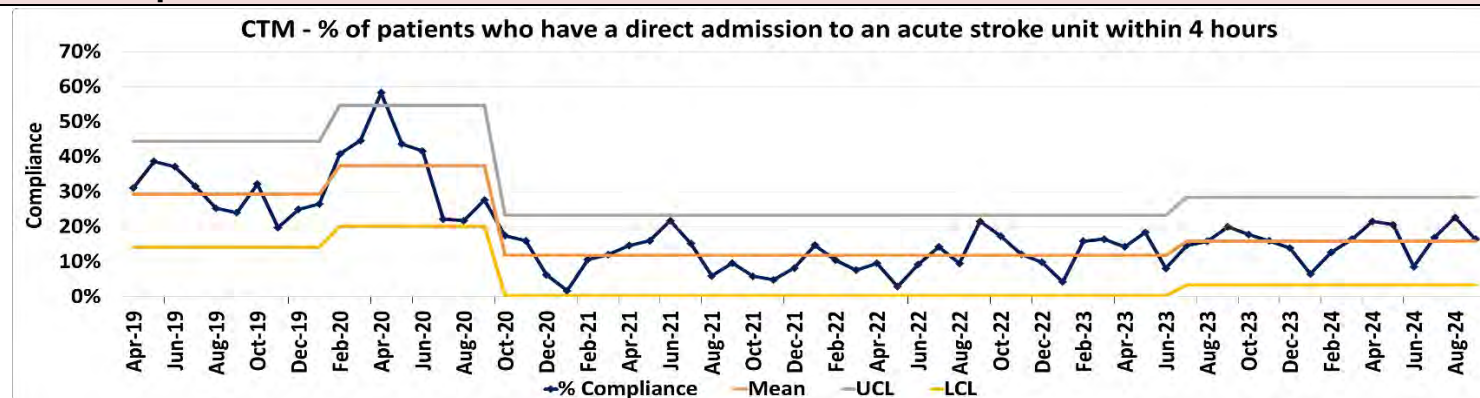
- The system changes required to safely decant the POW site will undoubtedly require the recalibration and optimisation of numerous resource pools and ways of working.
- Additional uncommissioned capacity remains open across all sites.
- System flow remains highly impacted by capacity within social care.
- Any increase may result in uncommissioned capacity being utilised to manage demand.
- Persistent high escalation levels across all sites.
- Heavy reliance on locum and agency staff to support rotas across the three Emergency Departments. This will reduce as recruited posts receive start dates.



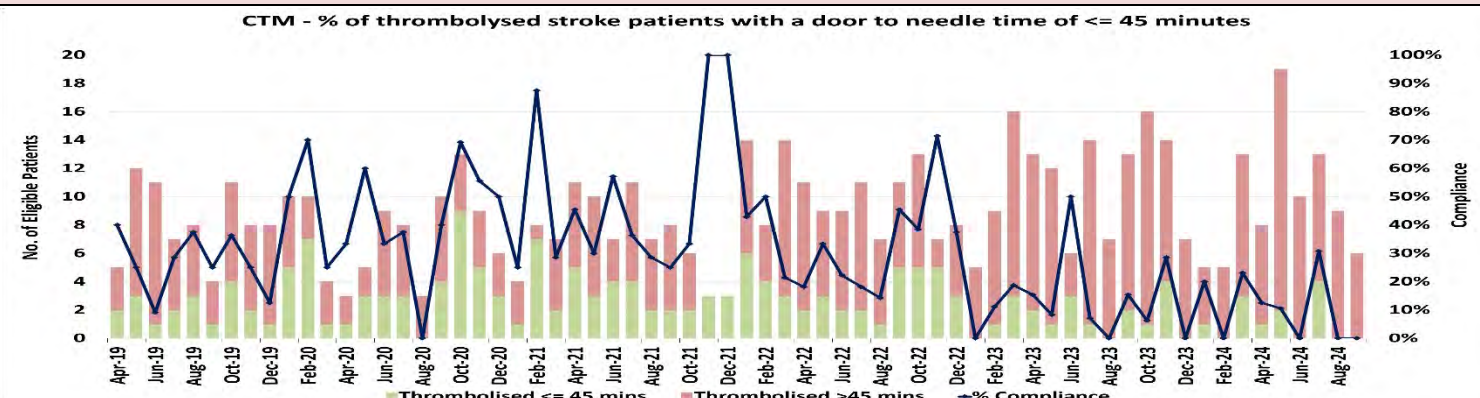
CTMUHB Unscheduled Care Group

Stroke Quality Improvement Measures (QIMs) – September 2024

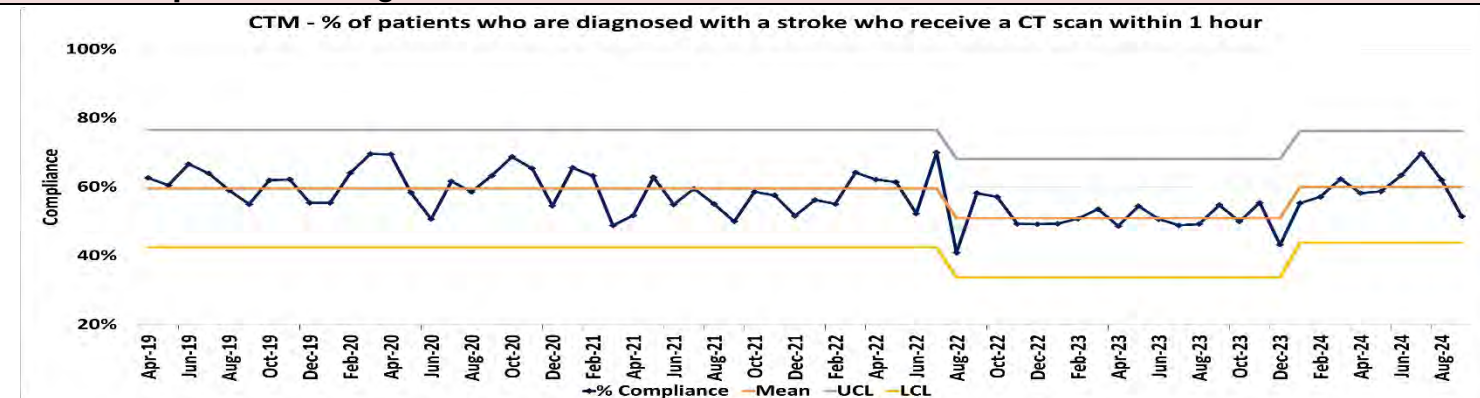
% compliance with direct admission to an acute stroke unit within 4 hours – 16.4 %



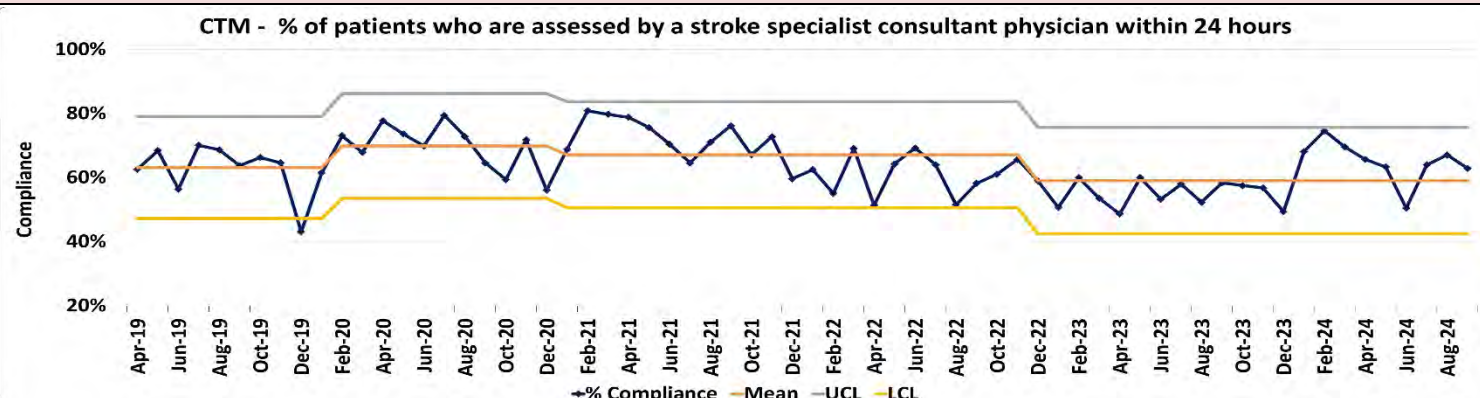
% of eligible patients thrombolysed door to needle time within 45 minutes – 0 %



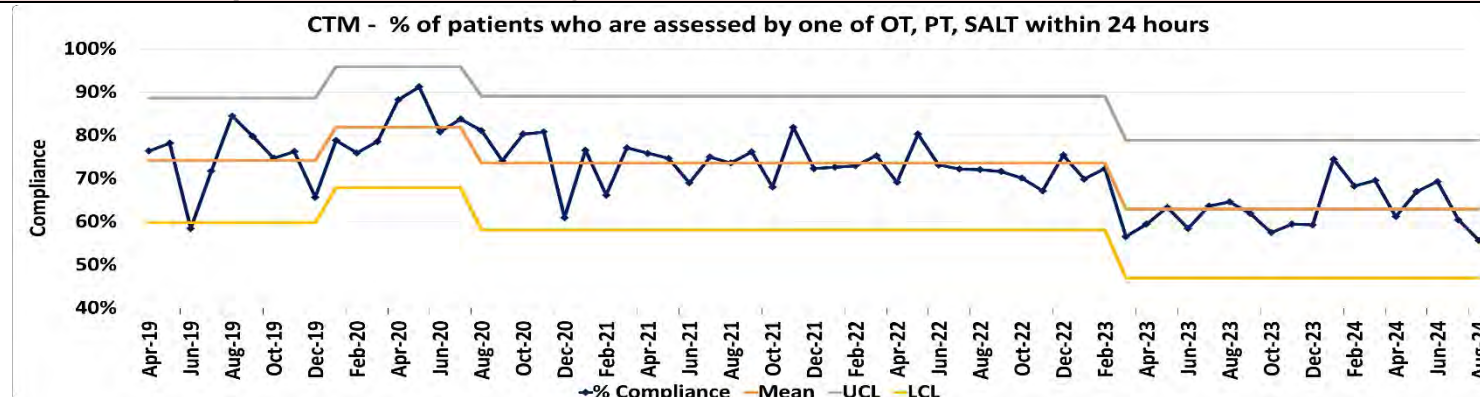
% of patients diagnosed with stroke received a CT scan within 1 hour – 51.4 %



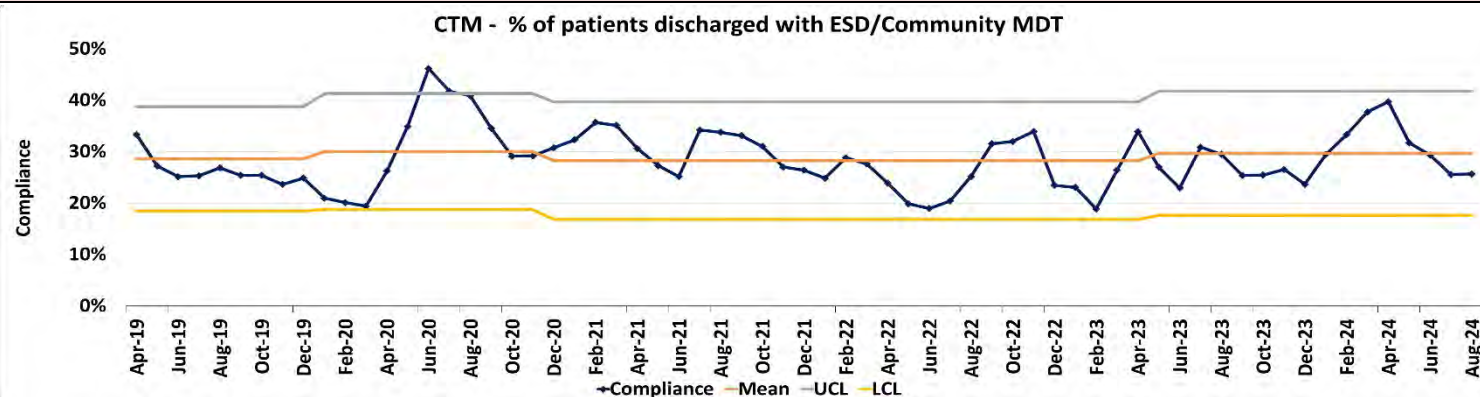
% of patients assessed by a stroke consultant within 24 hours – 62.9 %



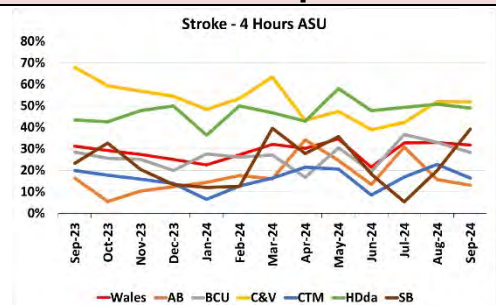
% of patients assessed by one of OT, PT, SALT within 24 hours – 82.9 %



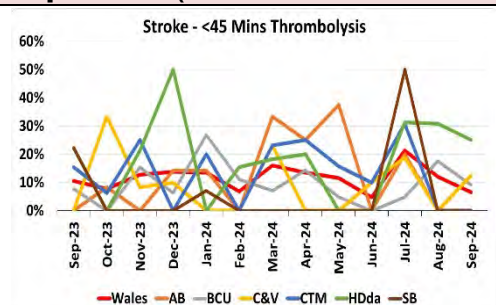
% of applicable patients discharged with ESD/Community Therapy MDT – 29.0 %



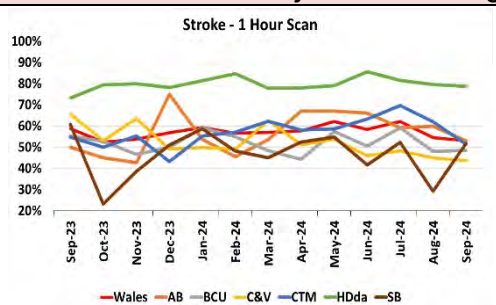
How do we compare with our peers? (Please note that the data below is subject to change due to data being refreshed monthly)



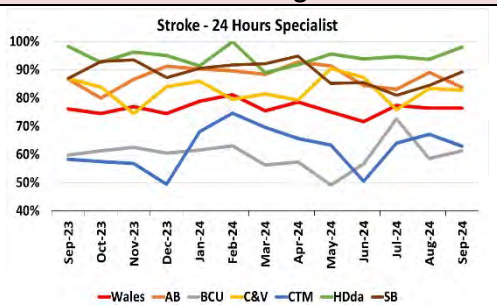
Status as at September 2024		
Health Board	Compliance	Rank
C&V	51.9%	1st
HDda	48.9%	2nd
SB	39.2%	3rd
BCU	28.3%	4th
CTM	16.4%	5th
AB	13.0%	6th



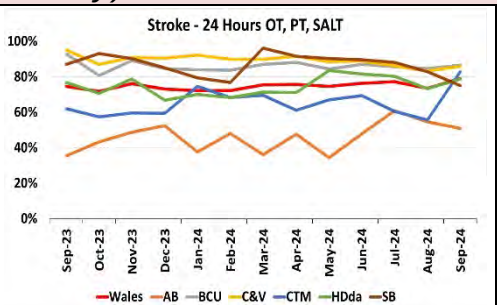
Status as at September 2024		
Health Board	Compliance	Rank
HDda	25.0%	1st
C&V	12.5%	2nd
BCU	9.1%	3rd
AB	0.0%	4th
CTM	0.0%	4th
SB	0.0%	4th



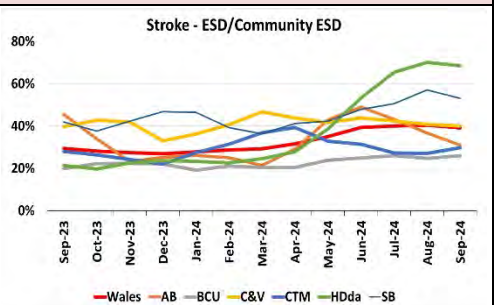
Status as at September 2024		
Health Board	Compliance	Rank
HDda	78.8%	1st
AB	53.1%	2nd
SB	51.8%	3rd
CTM	51.4%	4th
BCU	48.6%	5th
C&V	43.8%	6th



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



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



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

How are we doing?

Stroke Quality Improvement Measures - September 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	47	20		67
	No. of patients within 4	9	2	N/A	11
	% Compliance	19.1%	10.0%		16.4%
% of thrombolysed stroke patients with a door to needle time of <= 45 mins	Total thrombolysed	4	2		6
	No. of patients within 45	0	0	N/A	0
	% Compliance	0.0%	0.0%		0.0%
% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	Number diagnosed	48	22		70
	No. of patients within 1	24	12	N/A	36
	% Compliance	50.0%	54.5%		51.4%
% of patients who are assessed by a stroke specialist consultant physician within 24 hours	Total admissions	48	22		70
	No. of patients within	29	15	N/A	44
	% Compliance	60.4%	68.2%		62.9%
% of patients who are assessed by one of OT, PT, SALT within 24 hours	Total admissions	48	22		70
	No. of patients within	39	19	N/A	58
	% Compliance	81.3%	86.4%		82.9%
% of applicable patients discharged with ESD/Community Therapy MDT (rolling 3 months)	Applicable Patients	101	70	12	183
	No. of patients with	39	12	2	53
	% Compliance	38.6%	17.1%	16.7%	29.0%

- During September, 16.4% (11 out of 67) of stroke patients were admitted directly to an acute stroke unit (ASU) within 4 hours. There have been significant IPC constraints across all three sites which has impacted on patients being able to be transferred to an ASU within 4 hours. During September, 64% of patients presented to hospital outside of core hours, with a further 7 patients self-presenting to RGH.
- Six eligible patients were thrombolysed, however none of these patients' received treatment within the 45 minutes window. Main factor to not achieving this QIM was that patients presented outside of stroke service hours. 51% of patients self-presented to CTM sites which also impacts performance due to no pre-alert going out.
- 51.4% of patients (36 out of 70) had a CT scan within an hour. Our performance has been impacted by the significant amount of patient's self-presenting to hospital in September, as well as 64% of patients presenting outside of stroke service hours. This will have an adverse impact on timely treatment as there is no specialist stroke care during unsocial hours to advocate timely treatment for confirmed and suspected stroke patients.
- 62.9% (44 out of 70) of stroke patients treated in September were seen by a specialist stroke physician within 24 hours of arrival at the hospital. Some of the reasons for the 26 patients not having a specialist stroke review within 24 hours was patients presenting at the weekend when there is no specialist service. Further restrictions for achieving this was due to patients self-presenting to RGH, as well as patients presenting with atypical stroke symptoms.
- 82.9% (58 out of 70) of stroke patients were assessed by either an Occupational Therapist, Physiotherapist or Speech and Language Therapist within 24 hours of arrival. Due to IPC issues the teams have, where possible, seen patients outside of the ASU to support patients having the appropriate therapy input from as early as possible.
- The rolling 3-month discharge standard saw 53 out of 183 (29.0%) of applicable patients being discharged with Early Supported Discharge (ESD) or Community Therapy MDT. On review by the team, to the best of our knowledge, no patient was denied the ESD service in September. The fluctuation in performance may refer to less patients meeting the criteria, however, there is ongoing work by the therapy team to review YCR referrals.

What actions are we taking & when is improvement expected?

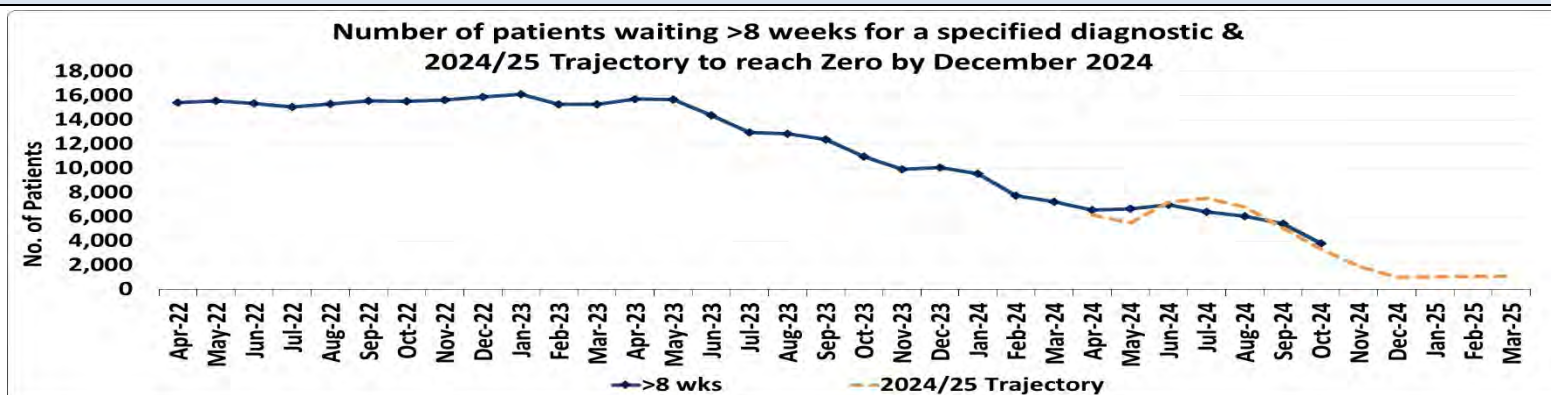
- A second locum (12 months fixed term) is due to start on mid November to cover a post that has been vacant for a number of years. This will be the first occasion in a significant period of time where the health board will have five Stroke Consultants.
- As part of the critical incident, POW stroke service has now moved to RGH as of 31st October. RGH will become the biggest admitting site for stroke. No workforce expansion has been agreed to support flow of demand into RGH site.
- ACP workforce and SSNAP co-ordinator proposal has been submitted and awaiting Care Group feedback to support expanding the workforce to enable 7-day stroke provision at PCH and POW sites. Currently unable to identify investment funding due to challenging in year position, but continue to work through options as part of the recent move from POW to RGH.
- With the move from POW to RGH, we have been able to increase bed capacity from 22 beds to 27 beds which will support with demand on this site.
- Following the critical incident there is a review of rehabilitation beds with a view of increasing rehab beds at YCR to support reduced LoS for our stroke patients on an acute ward.
- The impact of Brainomix AI software (reporting for CTs and CT angiograms) continues to be monitored. Review of 6-month data shows 119 CTAs completed, which is a significant increase compared to previously. Data is taken through the Stroke Operational and Programme Board to review in high level detail. The Clinical Director will present the overall data at the Planning, Performance & Finance Committee in December.
- CT perfusion can now be undertaken at PCH and RGH. The full realisation of the anticipated benefits are not anticipated to be observed until the workforce is expanded to support the new pathways. Review of data shows that with the use of CTP there could potentially be an 80% increase for thrombolysis, which the current workforce could not manage.
- Regional meetings with C&V are now occurring on a monthly basis. The regional clinical lead role still remains vacant.

What are the main areas of risk?

- Small consultant workforce - currently the service is running a 1 in 6 on-call rota despite only having 4 substantive consultants.
- ACP/CNS workforce across RGH and PCH - this would require investment to recruit further CNS/ACP workforce to extend hours and provide a 7-day service to support improved patient care and experience.
- Inpatient AHP resource does not meet national standards and is delivered Mon to Fri; 9 a.m. to 5 p.m.
- Bridgend Early Supported Discharge service is small and has limited capacity
- Data quality - additional resource is required to support data input/performance reporting across both RGH and POW, which will support with performance monitoring and improvement. SSNAP Co-ordinator is included in the ACP workforce expansion paper.
- Ring-fencing stroke beds continues to be a challenge due to site pressures, as well as high numbers of clinically optimised patients awaiting social care, community hospital and nursing home.
- Limited stroke rehabilitation capacity at YCR for stroke patients.
- Therapy rooms within ward areas are not fit for purpose in PCH and RGH. Many patients are currently receiving therapy input at their bedside, which is not appropriate.
- Clinically optimised patients within acute stroke bed base due to lack of community support available.
- Lack of psychology support available to our patient's post-acute stroke.
- Unknown impact for self-presenters at POW (SOP in place), however delays may occur, which we will monitor over the coming weeks & months.



Number of patients waiting >8 weeks for a specified diagnostic – revised Target is for 95% of modalities to be Zero by December 2024



Diagnostics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,079	9,563	7,759	7,236
2024/25	6,549	6,646	6,989	6,403	6,031	5,417	3,795					

Number of Patients waiting >8 Weeks for a Diagnostic Test October 2024		
Cardiology Cardiology Services	Echo Cardiogram	185
	Cardiac CT	39
	Cardiac MRI	0
	Diagnostic Angiography	63
	Stress Test	8
	DSE	36
	TOE	8
	Heart Rhythm Recording	5
	B.P. Monitoring	0
Bronchoscopy		0
Colonoscopy		154
Gastroscopy		87
Cystoscopy		836
Flexi Sig		64
Radiology	Non-Cardiac CT	619
	Non-Cardiac MRI	36
	NOUS	455
	Non-Cardiac Nuclear Medicine	13
Imaging	Fluoroscopy	123
Physiological Measurement	Urodynamics	206
Neurophysiology	EMG	412
	NCS	446
Total		3,795

How are we doing?	What actions are we taking & when is improvement anticipated?	What are the main areas of risk?																																																																																																																																											
Diagnostics: Over the past year good progress has been made to reduce the number of patients waiting more than 8 weeks prior to receiving their test, which has seen a 65% reduction since the equivalent period of 2023. Provisionally, at the end of October, 3,795 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is an improvement of 30% (1,622) on the September reported position. This month there has been a notable improvement within Cardiology in the number of patients waiting longer than 8 weeks for an Echo Cardiogram which has reduced from 581 breaching patients to currently stand at 185, with further improvement anticipated during November. The position within the NOUS service continues to improve seeing a reduction of 362 patients, bringing the total number of patients waiting in excess of 8 weeks to 455. We have also seen a 60% reduction from the previous month in the number of patients waiting longer than 8 weeks for Non-Cardiac CT, which currently stands at 619 patients waiting beyond 8 weeks. During the month, the Endoscopy service saw an increase in the number of patients breaching, with the number of patients currently waiting beyond the target of 8 weeks standing at 1,141, however this time last year the volume of breaching patients stood at 2,149.	Radiology: NOUS - business case developed and partly approved to address current backlog growth which includes a maintenance scheme. Additional WLI work approved until end of January 2025. NOUS consultant waiting list initiatives arranged across all sites. The service continues to maintain an improved MRI and CT reporting position. The Mobile MRI unit solution came to a successful end, ceasing end of September. The initiative delivered a significant reduction in >8 week waits and the overall waiting list numbers, resulting in just over 30 patients breaching >8 weeks following the completion of the project. The cohort of patients remaining were Arthrograms and Paeds GA, which required input from Anaesthetics. The position has been maintained following the completion of this project. Trajectories for CT and MRI developed and show scanning capacity shortfalls with the additional demand trends. A business case has been submitted and partially approved for a sustainable solution to increase CT scanning capacity in 2024. D&C has demonstrated a maintained increased growth in demand for CT. The CT Mobile solution became operational the beginning of October. There has been a significant reduction in >8 weeks breaching patients and overall waiting list. There are plans afoot to extend until end of December 2024. The service continues to observe sustained improved breast performance. Changes to the Breast template increased >40 patient capacity and session slots.	- The system changes required to safely decant the Princess of Wales site will undoubtedly require the recalibration and optimisation of numerous resource pools and ways of working. Neurophysiology: - The service has now developed a plan that will clear the Nerve conduction studies backlog starting in November and address the majority of the EMG waits by March 2025. Exploring further option of outsourcing for the EMG waits. Radiology: - D&C imbalance shown in most D&T services as demand has risen. CT colon demand likely to rise further as a result of the new BSW criteria and reduced age limit for screening patients; linked to Endoscopy additional capacity being commissioned. Pathology sampling has already seen this increase - currently being supported to outsourcing through the planned care recovery proposals. - Sustained increase in In Hours and Out of Hours CT emergency demand particularly at RGH. - Additional outsourcing funding is currently in place to assist with timely reporting, to reduce the reporting backlog. - Going forward a plan has been drafted in radiology to try and reduce any unnecessary demand and look at the opportunities to utilise currently unfunded CT sessions. The CT mobile solution will clear backlog waiting patients but sustainable staffing resource is needed to maintain waiting times and for safety purposes during OOH. - NOUS waiting list has been maintained with additional resources for this year. Recruitment and training are underway to help build a resilient workforce but this will take time to embed. There are also national changes to obstetric protocols that will put further pressure on the service and reduce capacity to scan NOUS patients going forward. - Increased CTU and CTC demand observed following the changes in patient pathways as a consequence of the Bridgend Critical Incident. Endoscopy: - Across site working continues to improve, but WPAS interface still remains a risk to develop a pooled waiting list – working with our digital colleagues to overcome. - GI pathway audit completed and action plan developed. This will allow the pan CTM endoscopy service to operate within a standardised approach.																																																																																																																																											
Diagnosics - >8 wks <table><thead><tr><th>Month</th><th>AB</th><th>BCU</th><th>C&V</th><th>CTM</th><th>HDda</th><th>Powys</th><th>SB</th></tr></thead><tbody><tr><td>Aug-23</td><td>12,000</td><td>13,000</td><td>11,000</td><td>10,000</td><td>8,000</td><td>7,000</td><td>6,000</td></tr><tr><td>Sep-23</td><td>11,000</td><td>12,000</td><td>12,000</td><td>9,000</td><td>7,000</td><td>6,000</td><td>5,000</td></tr><tr><td>Oct-23</td><td>10,000</td><td>11,000</td><td>13,000</td><td>8,000</td><td>6,000</td><td>5,000</td><td>4,000</td></tr><tr><td>Nov-23</td><td>9,000</td><td>10,000</td><td>14,000</td><td>7,000</td><td>5,000</td><td>4,000</td><td>3,000</td></tr><tr><td>Dec-23</td><td>8,000</td><td>9,000</td><td>15,000</td><td>6,000</td><td>4,000</td><td>3,000</td><td>2,000</td></tr><tr><td>Jan-24</td><td>7,000</td><td>8,000</td><td>14,000</td><td>5,000</td><td>3,000</td><td>2,000</td><td>1,000</td></tr><tr><td>Feb-24</td><td>6,000</td><td>7,000</td><td>13,000</td><td>4,000</td><td>2,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Mar-24</td><td>5,000</td><td>6,000</td><td>12,000</td><td>3,000</td><td>1,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Apr-24</td><td>4,000</td><td>5,000</td><td>11,000</td><td>2,000</td><td>1,000</td><td>1,000</td><td>1,000</td></tr><tr><td>May-24</td><td>3,000</td><td>4,000</td><td>10,000</td><td>1,000</td><td>1,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Jun-24</td><td>2,000</td><td>3,000</td><td>9,000</td><td>1,000</td><td>1,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Jul-24</td><td>1,000</td><td>2,000</td><td>8,000</td><td>1,000</td><td>1,000</td><td>1,000</td><td>1,000</td></tr><tr><td>Aug-24</td><td>1,000</td><td>2,000</td><td>7,000</td><td>1,000</td><td>1,000</td><td>1,000</td><td>1,000</td></tr></tbody></table> <table><thead><tr><th colspan="3">Status as at August 2024</th></tr><tr><th>Health Board</th><th>Compliance</th><th>Rank</th></tr></thead><tbody><tr><td>Powys</td><td>140</td><td>1st</td></tr><tr><td>SB</td><td>3,425</td><td>2nd</td></tr><tr><td>AB</td><td>3,658</td><td>3rd</td></tr><tr><td>HDda</td><td>5,190</td><td>4th</td></tr><tr><td>CTM</td><td>6,031</td><td>5th</td></tr><tr><td>BCU</td><td>8,243</td><td>6th</td></tr><tr><td>C&V</td><td>17,016</td><td>7th</td></tr></tbody></table>	Month	AB	BCU	C&V	CTM	HDda	Powys	SB	Aug-23	12,000	13,000	11,000	10,000	8,000	7,000	6,000	Sep-23	11,000	12,000	12,000	9,000	7,000	6,000	5,000	Oct-23	10,000	11,000	13,000	8,000	6,000	5,000	4,000	Nov-23	9,000	10,000	14,000	7,000	5,000	4,000	3,000	Dec-23	8,000	9,000	15,000	6,000	4,000	3,000	2,000	Jan-24	7,000	8,000	14,000	5,000	3,000	2,000	1,000	Feb-24	6,000	7,000	13,000	4,000	2,000	1,000	1,000	Mar-24	5,000	6,000	12,000	3,000	1,000	1,000	1,000	Apr-24	4,000	5,000	11,000	2,000	1,000	1,000	1,000	May-24	3,000	4,000	10,000	1,000	1,000	1,000	1,000	Jun-24	2,000	3,000	9,000	1,000	1,000	1,000	1,000	Jul-24	1,000	2,000	8,000	1,000	1,000	1,000	1,000	Aug-24	1,000	2,000	7,000	1,000	1,000	1,000	1,000	Status as at August 2024			Health Board	Compliance	Rank	Powys	140	1st	SB	3,425	2nd	AB	3,658	3rd	HDda	5,190	4th	CTM	6,031	5th	BCU	8,243	6th	C&V	17,016	7th		
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CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Therapies – October 2024 (provisional position)

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

Number of patients waiting >14 weeks for a specified therapy (excluding Audiology) - Target is Zero **(October 2024 = 44)**

Number of patients waiting >14 weeks for Audiology – Adult Hearing Aids - Target is Zero **(October 2024 = 144)**

% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional – Target is 100% **(October 2024 = 90.3%)**

2024/25 Therapies >14 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Excluding Adult Hearing Aids	60	45	41	22	46	42	44					
Adult Hearing Aids	135	180	188	172	109	80	144					

Number of Patients waiting >14 Weeks for a Therapy October 2024	Total Waits	Waits >14 wks	% >14 wks
Arts Therapy	14	1	7.1%
Dietetics	828	2	0.2%
Occupational Therapy	120	1	0.8%
Physiotherapy	1,242	34	2.7%
Podiatry	620	2	0.3%
Speech & Language	415	4	1.0%
Total	3,239	44	1.4%
Audiology (Adult Hearing Aids)	1,163	144	12.4%
Grand Total	4,402	188	4.3%

% of children waiting less than 14 Weeks for AHP October 2024	Total Waits	Waiting < 14 wks	% <14 wks
Arts Therapy	14	13	92.9%
Dietetics	187	187	100.0%
Occupational Therapy	42	41	97.6%
Physiotherapy	292	287	98.3%
Podiatry	79	1	1.3%
Speech & Language	285	283	99.3%
Total	899	812	90.3%

How are we doing?

During October there are provisionally 44 patients waiting in excess of 14 weeks for an initial therapy assessment, which is an increase of 2 patients from the September reported position and 144 adults waiting beyond the target for a hearing aid fitting, which is an increase of 64 patients from the previous reported position.

What actions are we taking & when is improvement anticipated?

- Ensuring administrative staff are applying the RTT rules appropriately.
- Exploring the opportunity to integrate Community Health Pathways into the Therapies triage processes with the intention to improve quality and appropriateness of referrals, engagement with Primary care service to deliver 1st Line interventions to enable improved access and timeliness for those needing AHP provision.
- Admin team continue to work on improving use of WPAS and pursuing set up of text and remind function for greater efficiency.

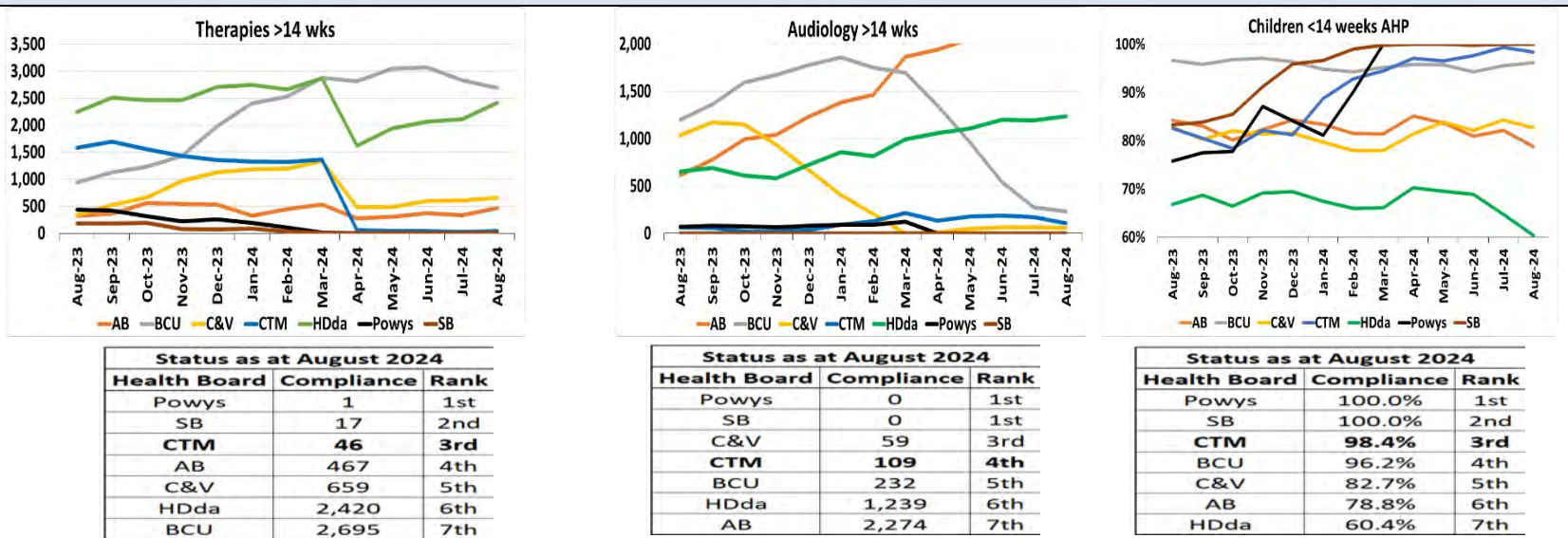
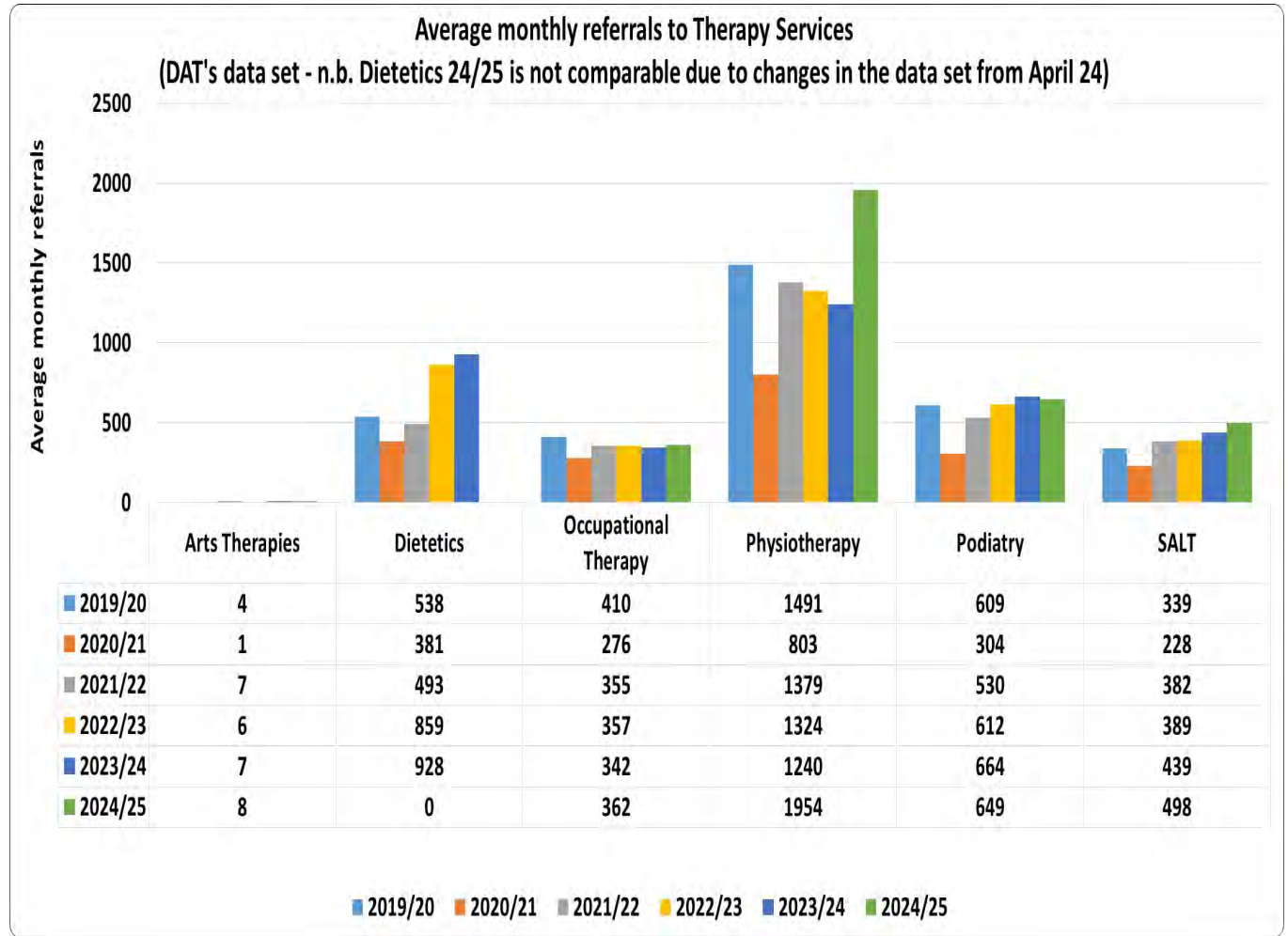
Adult hearing aids: Audiology has been gradually reducing waiting times over the last 12 months. This has been achieved by sharing waiting lists across sites and training staff in new areas of work. From Autumn 2025, all our audiology wait times will be reported to WG. For this reason and to ensure fair and equitable patient care, we are working to reduce *all* our wait times (not just the currently reportable adult 14 week RTT wait time). This means the rate of reduction in wait time may appear slower than expected and we still have some breaches. We are confident that we will meet this RTT by early 2025 and have zero breaches.

What are the main areas of risk?

Ongoing growing demand for both musculoskeletal and pelvic health physiotherapy. Without additional resource we will see an increase in average waiting times and increase in breaching patients waiting more than 14 weeks. Despite recruitment to vacant AHP roles, concerns remain in being able to see referred patients in a timely manner in line with RTT and clinical presentation/pathology. Year on year increase in referrals to Speech & Language Therapy service which, in combination with increase in complexity, will increase waiting times and possible breaches without additional workforce resource.

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

How do we compare with our peers?

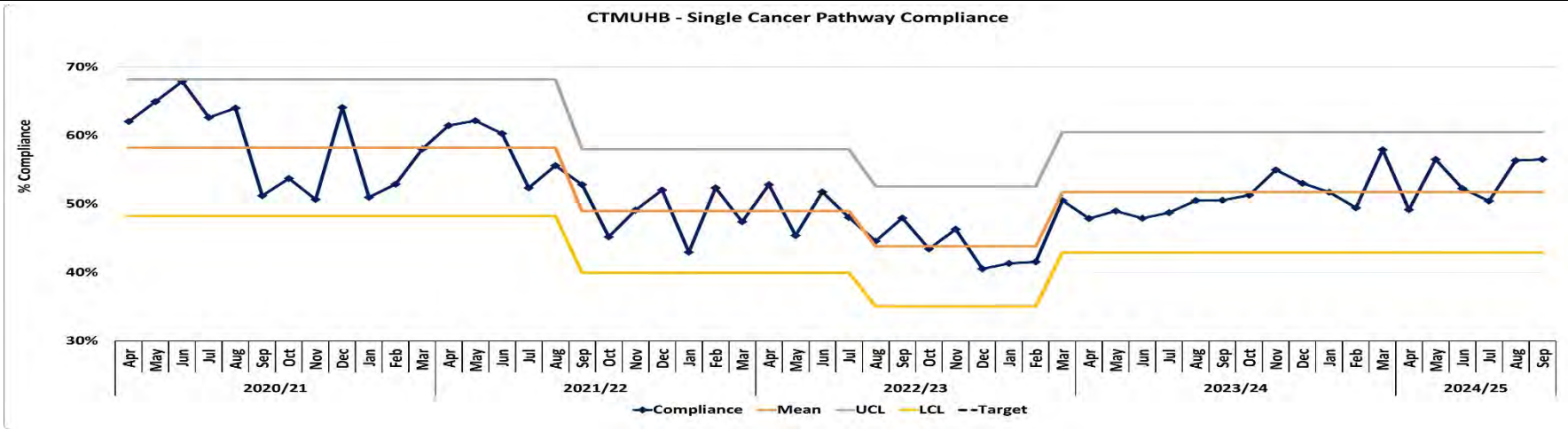




CTMUHB Planned Care Group

Single Cancer Pathway (SCP) September 2024 – 56.5 %

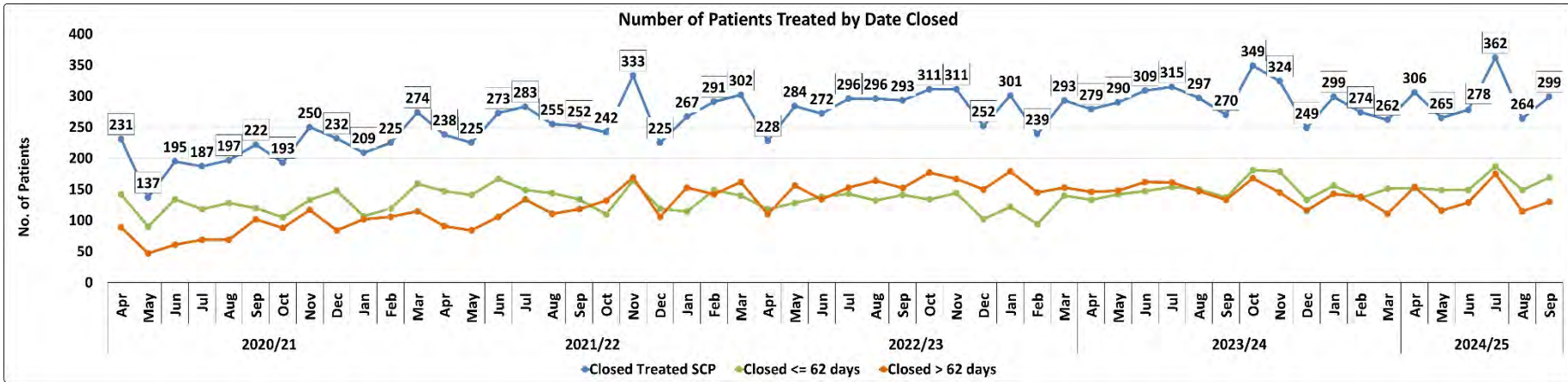
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Revised Target: 60% performance by December 2024 & 70% performance by March 2025



CTMUHB - SCP % Treated Without Suspensions - September 2024				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 60%
Head and neck	9	10	19	47.4%
Upper GI	9	14	23	39.1%
Lower GI	13	18	31	41.9%
Lung	17	13	30	56.7%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	55	8	63	87.3%
Brain/CNS	6	0	6	100.0%
Breast	37	10	47	78.7%
Gynaecological	2	10	12	16.7%
Urological	12	39	51	23.5%
Haematological	3	6	9	33.3%
Other	6	1	7	85.7%
Total	169	130	299	56.5%

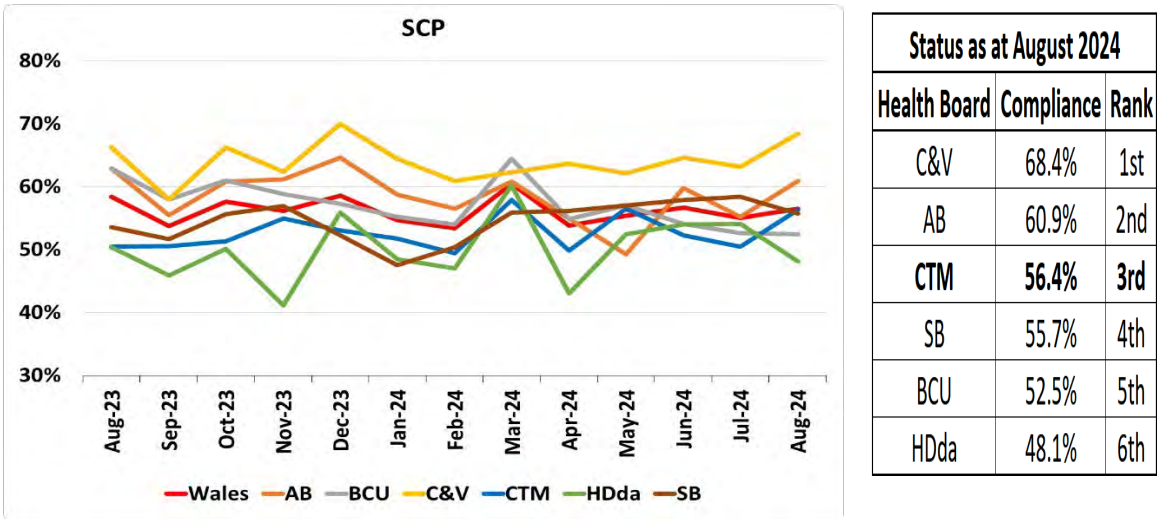
Compliance during September remained stable at 56.5%, is above the current mean of 51.7% and higher than the forecasted level of 54.2%. Four of the tumour sites reached the desired target threshold of 60% this period, as seen in the table above. Predicted compliance for October currently stands at 58.1%. The continuing delays at first outpatient (23%) and diagnostic stage (52%) are the significant factors in not achieving the target and remain our greatest concern. Diagnostic delays remain in radiology, endoscopy and pathology with tertiary delays for diagnostics & treatments also continuing.

Patients Treated by Closed Date

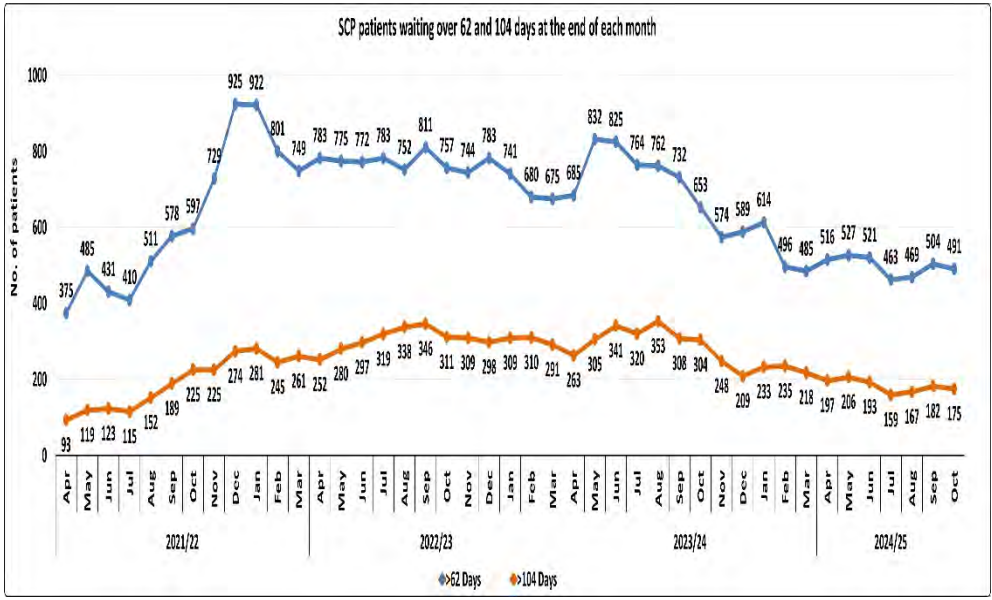


Cancer treatment volumes have marginally increased during the past 12 months with the monthly average (Oct 23 to Sep 24) equating to 294 per month with the monthly average seen in the equivalent time span of 2022/23 being 289.

How do we compare with our peers?



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



What actions are we taking & when is improvement anticipated?

- Rollout of digital vetting continues.
- Continuing outsourcing of pathology.
- Increased focus on time to first appointment through capacity review, booking analysis and standing item in Friday cancer performance meeting.
- Focus on booking of flexible cystoscopies pan CTM to reduce waiting list.
- Weekly focused cancer assurance meeting in ENT service.
- Commencing TULA (Transurethral Laser Ablation) in November.
- Sign up for training on CTM robot to undertake nephrectomies which will eliminate need to transfer some patients to tertiary center for the treatment.

What are the main areas of risk?

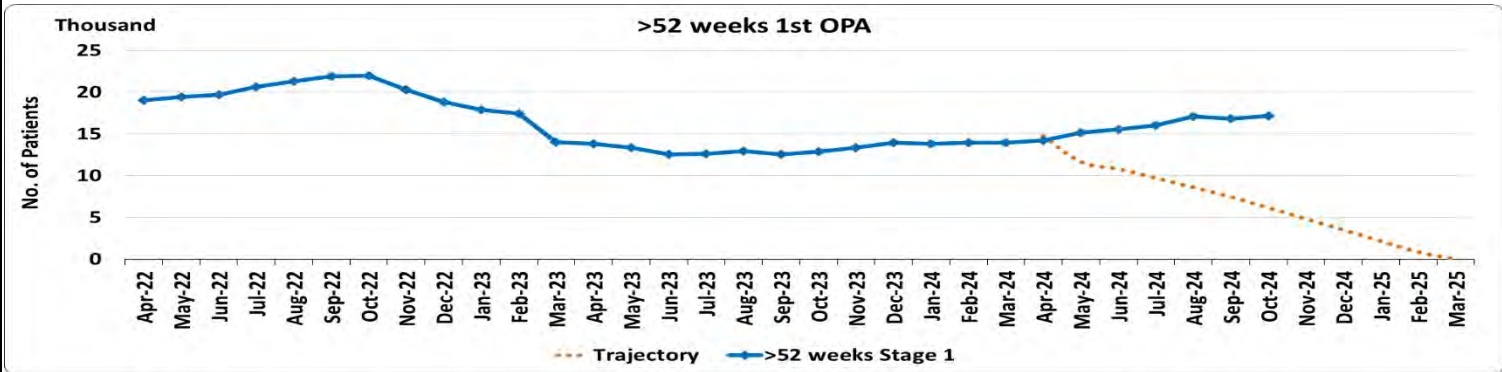
- National shortage of isotope affecting breast and urology cancer pathways.
- Sustainability of CTM Pathology and impact when disaggregating services from SBUHB.
- Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
- Implementation of genomic testing for new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



CTMUHB Planned Care Group

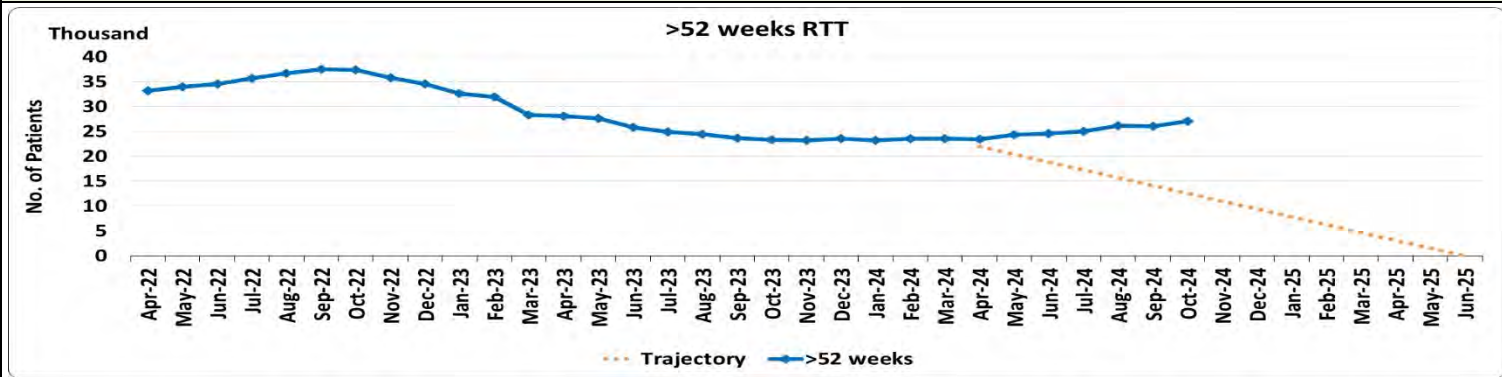
Referral to Treatment Times (RTT) – October 2024 (Provisional Position)

Number of patients waiting **over 52 weeks** for a **new outpatient appointment** **(17,172)** Target is 40% reduction on March 24 position by Sept 24 and Zero by March 25



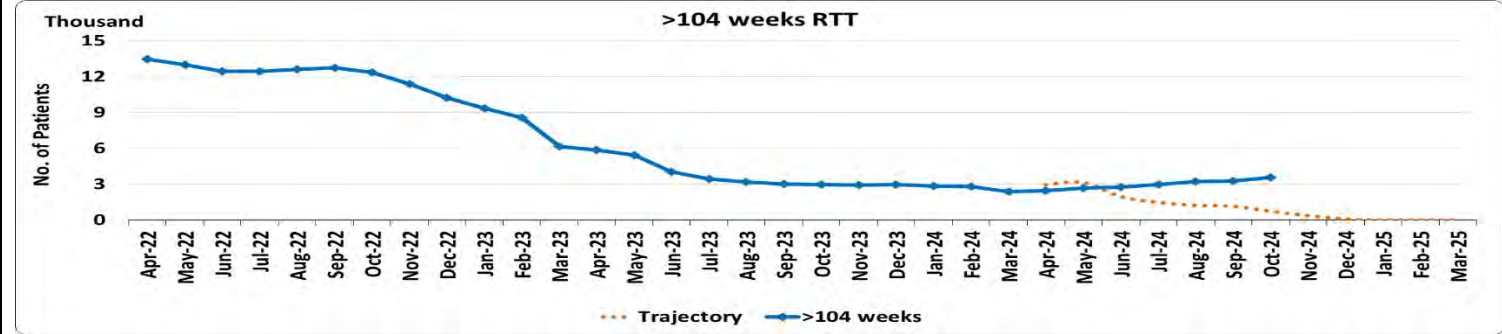
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of October is 17,172; an increase of 2.1% (357) on the September reported position and is above the desired trajectory equating to 11,024 patients waiting longer than forecasted, as shown above.

Number of patients waiting **>52 weeks RTT (27,063)** – Target is month on month reduction towards the national target of Zero by 30th June 2025



The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of October is 27,063, which as it currently stands is a 4% (1,004) increase on the September reported position, resulting in 14,520 patients waiting longer than the forecasted level, as shown above.

Number of patients waiting **>104 weeks RTT (3,572)** - Target is Zero by December 2024

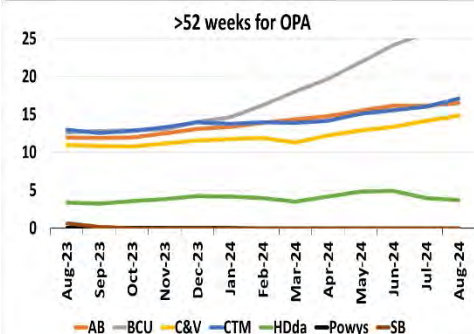


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of October is 3,572. As it currently stands this is an increase of 295 patients from the reported September position and is above the anticipated number of waiting patients forecasted to be 716, as shown above.

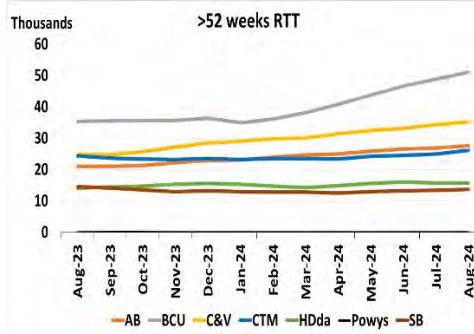
Total number of open pathways per specialty - October 2024 (provisional)

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	175	317	301	10	1445
Breast Surgery	20	73	64	1	829
Cardiology	1460	929	953	5	6529
Colorectal	429	264	257	16	2471
Dermatology	1037	833	1212	0	6366
Diagnostics	0	34	85	7	3285
Ear, Nose & Throat Service	1115	1864	3612	741	12152
Endocrinology	1	3	0	0	235
Gastroenterology	1551	585	900	53	4328
General Medicine	694	388	468	48	2935
General Surgery	638	639	767	93	5396
Geriatric Medicine	11	7	2	0	161
Gynaecology	1784	1642	1640	78	9410
Haematology (Clinical)	27	53	19	0	325
Nephrology	54	33	7	0	227
Ophthalmology	706	2437	4906	1335	17279
Oral Surgery	503	546	495	29	3177
Orthodontics	126	71	21	0	355
Orthopaedics	2348	1995	4059	831	13585
Paediatrics	249	361	275	1	3356
Pain Management	0	1	0	0	3
Rapid Diagnostic Centre	0	3	0	0	145
Respiratory Medicine	210	459	517	5	3193
Restorative Dentistry	32	15	81	42	236
Rheumatology	405	273	186	13	2022
Sport and Exercise Medicine	1	1	2	0	14
Therapies	0	0	0	0	1086
Urology	1441	1126	2236	168	8091
Vascular Surgery	78	157	426	96	1288
Total	15,095	15,109	23,491	3,572	109,924

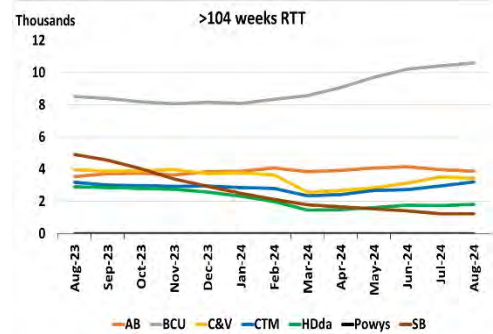
How do we compare with our peers?



Status as at August 2024		
Health Board	Compliance	Rank
SB	0	1st
Powys	1	2nd
HDda	3,683	3rd
C&V	14,813	4th
AB	16,512	5th
CTM	17,075	6th
BCU	27,441	7th



Status as at August 2024		
Health Board	Compliance	Rank
Powys	19	1st
SB	13,676	2nd
HDda	15,758	3rd
CTM	26,157	4th
AB	27,646	5th
C&V	35,287	6th
BCU	51,159	7th



Status as at August 2024		
Health Board	Compliance	Rank
Powys	2	1st
SB	1,228	2nd
HDda	1,815	3rd
CTM	3,226	4th
C&V	3,456	5th
AB	3,875	6th
BCU	10,591	7th

RTT continued on the next page...

 Referral to Treatment Times (RTT) continued - September 2024	
What actions are we taking & when is improvement anticipated?	What are the main areas of risk?
General Surgery: - Pathway validation continues for all stages - Close working with Diagnostic teams to support areas requiring urgent expedites. - Focus has shifted to the >52 week cohort to hit the target of zero patients waiting for 1st OPA by March 2025 - When PCH Theatre refurbishment completed in May 2025, theatre sessions will expand. Colorectal - The team continue working towards the WG target of zero Stage 1 patients waiting over 52 weeks by March 2025. - Currently utilising Locum to reduce colorectal stage 1 patient from the 52-week cohort. - Additional colorectal clinics are ongoing. - Undertaking clinical validation of specific clinical conditions for suitability of Stage 1 patients for virtual clinics. - Maximising theatre usage to minimise fallow lists Dermatology: - Review of all clinic templates – Demand and Capacity work completed - POW – flexibility with clinic appointments allowing for overbooking Ophthalmology: - The regional work is continuing and outsourcing to Spa Medica. Further 500 referrals sent to regional collaboration. - Corneal Transplant Service re-established at RGH - Looking at options for consultants carrying out sessions in Sana in Pencoed. Gastroenterology: - Requesting clinicians to carry out additional clinics - Validation of the waiting lists (outpatients and endoscopy) - Clinical validation – only real issues in POW are validating issues (stages 2 and 4). - POW admin support post to go out shortly to support validation and support GDU patient outcomes. Trauma and Orthopaedics: - Regular RTT meetings - Focusing on treat in turn - Offering WLI where possible - Exploring outsourcing - Validation work - Exploring workforce sustainability & expanding workforce - Exploring how to continue elective activity at other sites Gynaecology: 156 weeks remain clear at all stages and there is a sustained weekly reduction of the >104 weeks cohorts. Administrative and clinical validation work is ongoing to manage demand going into 2025. Paediatrics: Regular RTT meetings and performance review meeting to ensure no patient waiting >52 weeks at end of December 2024 in Acute Paediatrics <i>{n.b. Stage 1 is initial Outpatient stage, Stage 2 is Diagnostics, Stage 3 is Follow-up and Stage 4 is Inpatient or Daycase treatment}</i>	General Surgery: - The closure of 2 PCH theatres in December 2024, for refurbishment purposes will delay urgent and routine patient surgery, with cancer surgery being the priority. This will result in an increase in emergency admissions and will add to the already long waiting list of patients awaiting surgery. - Relocation of PCH Day Surgery, has meant the reduction from 15 trolleys to 10, throughput of patients with existing Theatre sessions will further reduce, this is also as a result of no elective beds at PCH site. Colorectal : - Reduced colorectal clinic capacity due to USC demand. - Interdependencies will need to provide additional support to meet patient demand in the middle stages of the patient pathway. - The closure of 2 theatres in December will result in a reduction in sessions and increase the already lengthy waiting lists for surgery. - SBU diagnostic delays for Endoscopy procedures - Limited Outpatient capacity to increase clinic numbers (lack of registrar participation) Ophthalmology: - The patients being outsourced are not our longest waiting patients as these are complex. Patients are being outsourced from the >70 week cohort. Gastroenterology: - Lack of clinician engagement for additional clinics - Due to the demand of Endoscopy USC's very little 8 week diagnostic partial booking is happening. - Currently seeing what can be moved from PCH theatre C to Theatre A/B to allow POW to have more Endoscopy lists. Trauma and Orthopaedics: - Closure of POW elective and trauma services - Gaps on the T&O A&C establishment - Lack of digital dictation preventing more streamlined working although some progress is being made on this - Workforce not currently large enough to manage demand and backlog Gynaecology - Inpatient gynae cases remain as a risk for us due to small number of inpatient beds and not enough capacity on a weekly basis. - Uptake of backfill lists to increase capacity at risk due to consultant rate card for surgeons and anaesthetists. - Implementation of all actions recommended by the GIRFT programme are underway (Getting It Right First Time)* <i>*GIRFT is designed to improve treatment & care by reviewing health services. Undertaking clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.</i>



CTMUHB Planned Care Group

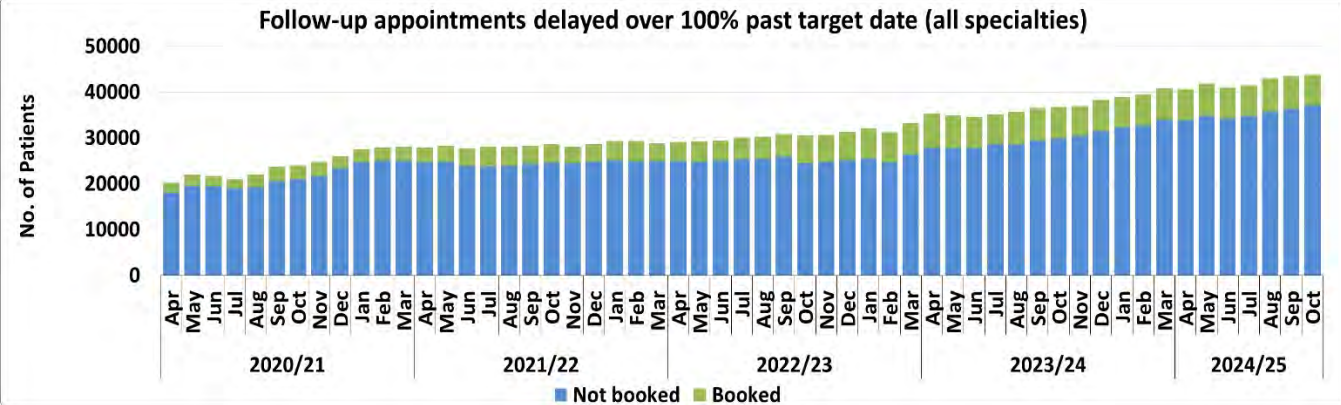
Follow-up Outpatients Not Booked (FUNB) – Provisional Position October 2024

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

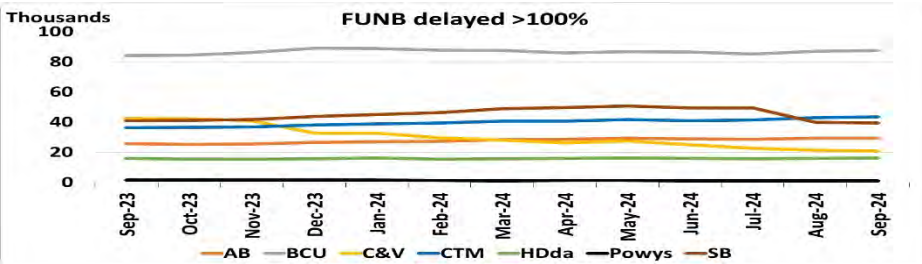
No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	90,574	57,412	147,986

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

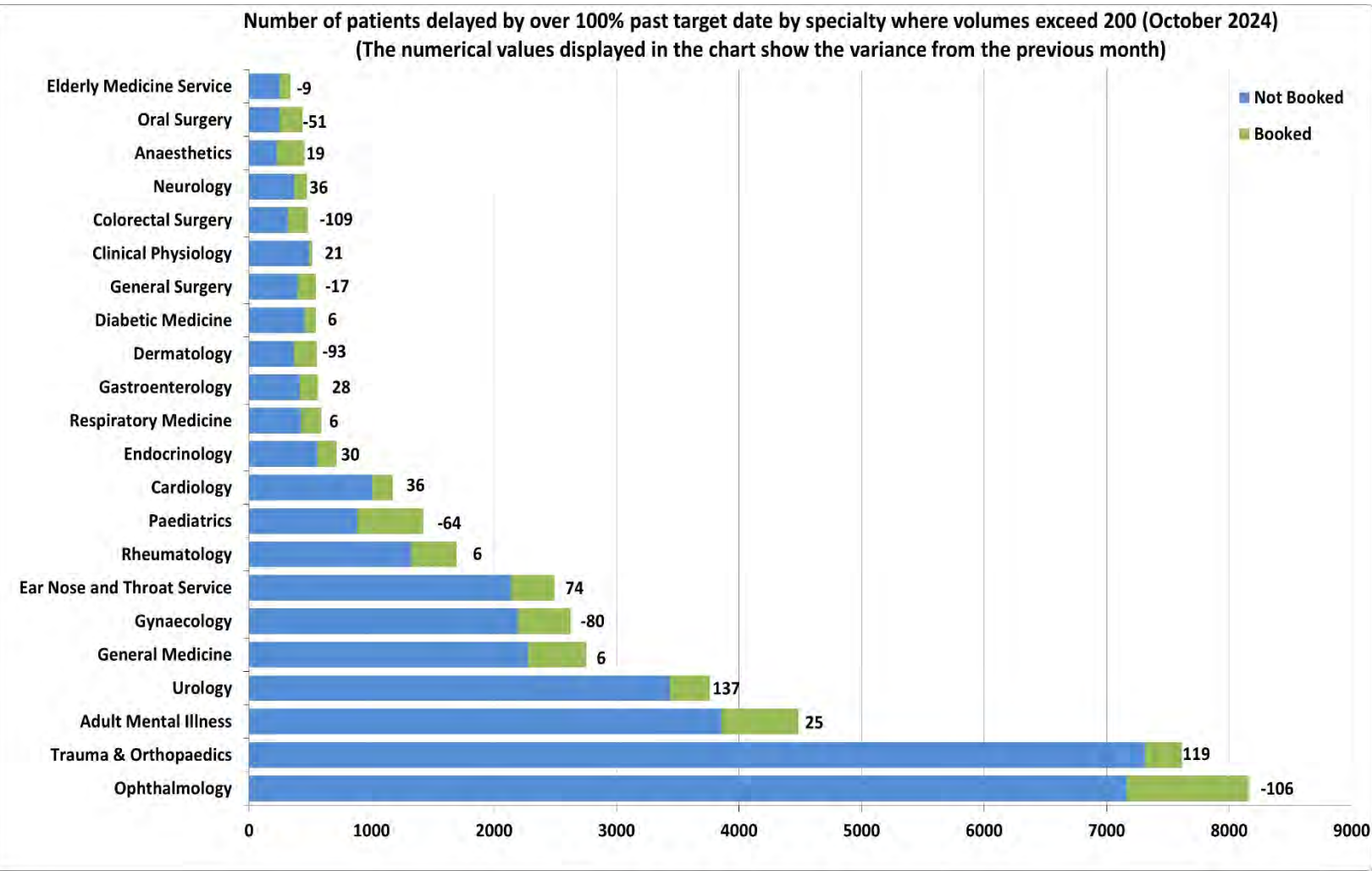
No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
37,110	6,673	43,783	29.6%



How do we compare with our peers?



Status as at September 2024		
Health Board	Compliance	Rank
Powys	1,049	1st
HDda	16,381	2nd
C&V	20,806	3rd
AB	29,347	4th
SB	39,502	5th
CTM	43,456	6th
BCU	87,522	7th



How are we doing?

The number of patients waiting for a follow-up appointment in CTM at the end of October 2024 provisionally stands at 147,986, which is a growth of 6% on the number of patients waiting during the equivalent period of 2023. There are currently no patients without a documented target date. Of the patients waiting, 43,783 (29.6) have waited more than 100% longer than their clinician advised.

From April to September this year, the average monthly follow up activity was 884 attendances higher (2.4%) at 37,018 in 2024/25 when compared with 2023/24 levels, but remains 2,488 (6.3%) lower than pre-covid activity volumes.

What actions are we taking & when is improvement anticipated?

- General Surgery:** Clinicians have been validating the longest FUNB. Secretaries providing consultants with lists for review.
- Clerical validation of waiting list continues.
 - SOS/PIFU processes are being shared again in each area.
 - Breast clinician reviewing FUNB patients in Monday AM session
- Colorectal:** Working through the numbers as much as practical
- Consultants are being provided with the FUNB waiting lists to review and provide advice on next stage i.e. face to face appointment required or discharge with advice.
 - Clinical & administrative validation ongoing
- Dermatology:** POW only – Clinical conditions and appointment directive used allowing for patients to be booked as per clinical priority. Secretaries regularly validate and update consultants and noted as a standard agenda item at the department meeting.
- RGH/PCH and Paeds HB wide – Clinics booked in advance and therefore very little scope to book off the FUNB increasing clinical risk and need for validation.
 - Slight reduction in the numbers on the FUNB list.
 - Clinical conditions and appt directive to be introduced at RGH/PCH to align practices across the specialty.
 - Reintroduced department meeting at RGH/PCH with standard agenda item to RTT/FUNB.
 - Consultants have agreed to discharge routine patients after 1 x DNA.
- Ophthalmology:** Significant clerical and clinical validation required with no current resource to carry this out.
- Work is ongoing with PIFU/SOS to help reduce the number of patients being added to the FUNB.
- Gynaecology:** Validation processes are underway across the Care Group for all patients exceeding their planned follow up timeframe.
- Validation project expected to complete end of November 2024 with validation of all patients >100% delay.

What are the main areas of risk?

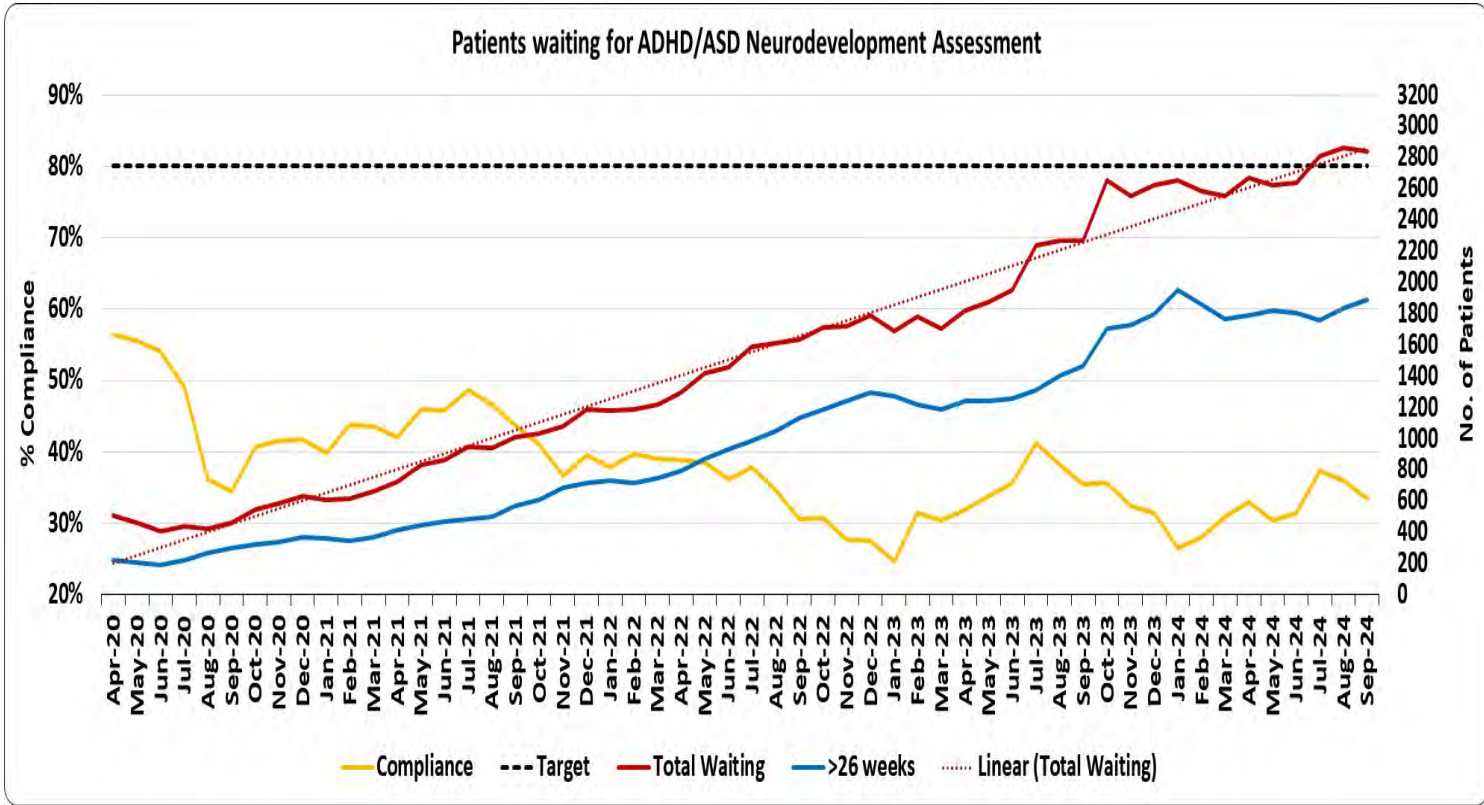
- Colorectal :**
- Limited clinic capacity for FUNB, but clinical validation ongoing.
- Dermatology:**
- Risk is greater at RGH & PCH as currently the clinical priority is not identified and consultants/secretaries are not actively managing FUNB.
- General Surgery:**
- Focus has been on RTT and SCP patients. Where possible, validation work is underway.
 - FUNB with target dates figures are different to Wizard figures.
- Ophthalmology:**
- The risk is not enough clerical or clinical time to validate the high numbers on the FUNB.
- Gynaecology:**
- Resource to undertake clinical validation.
 - Outpatient clinic capacity for booking all patients who require appointments.
 - Competing demand of RTT/New outpatient activity.



CTMUHB Children & Families Care Group

% of patients waiting less than 26 weeks to start an ADHD / ASD Neurodevelopment Assessment (Target 80 %)

September 2024 - 33.5 %



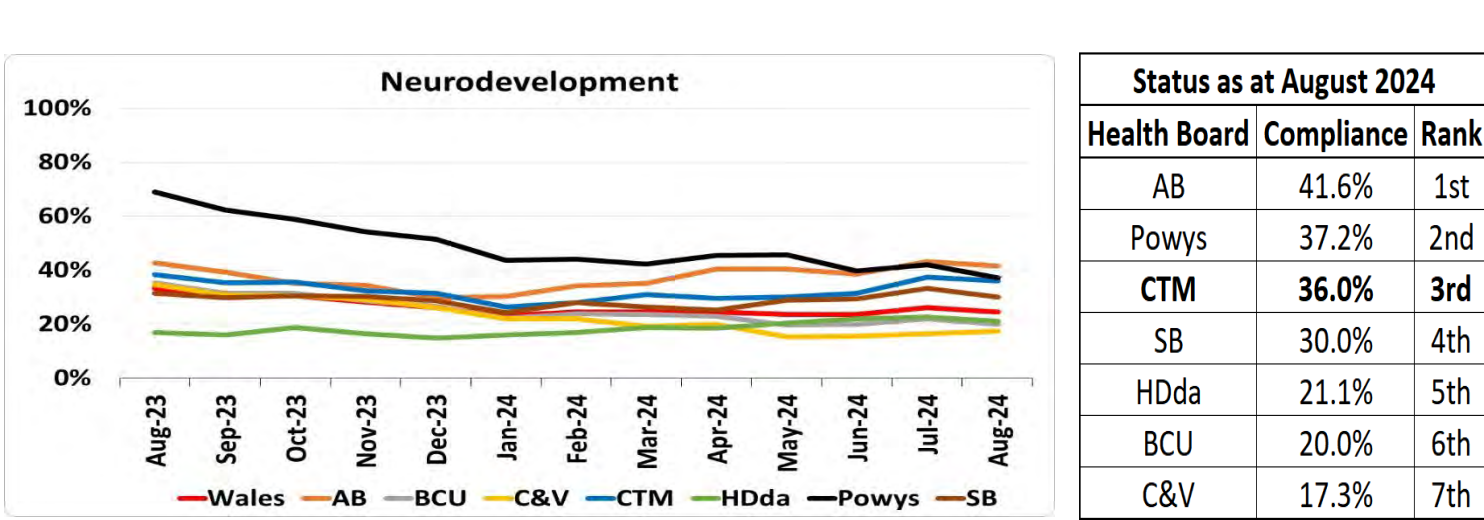
How are we doing?

We have observed that the waiting list for assessment has grown incrementally year on year, from 510 patients at April 2020 to currently stand at 2,837 patients (Sep 24); with the greatest growth occurring during 2023/24. During the period analysed in the chart above, average monthly accepted referrals have increased from 38 to 194 per month, even with robust triage decisions at the point of referral being made.

The yellow line on the chart above shows that correspondingly compliance with the 26 week access target for Neurodevelopmental remains low at 33.5%.

During the past 12 months the chart shows that compliance has been fluctuating between 26.5% and 37.4% with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

How do we compare with our peers?



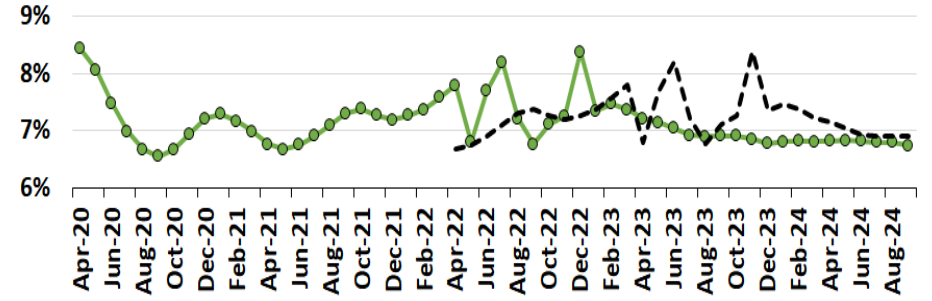
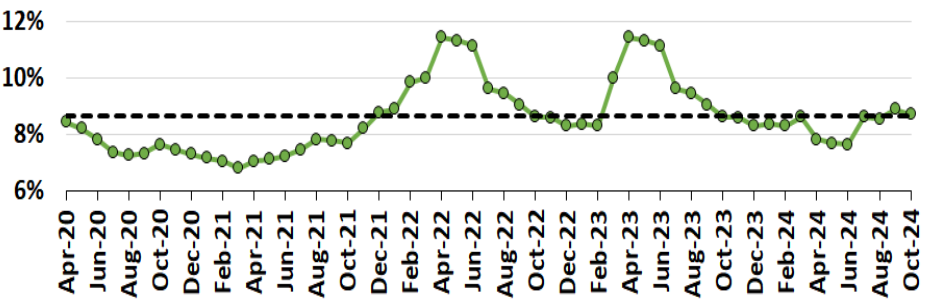
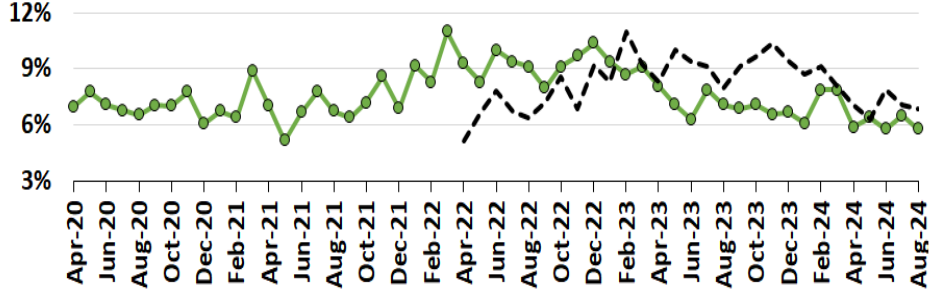
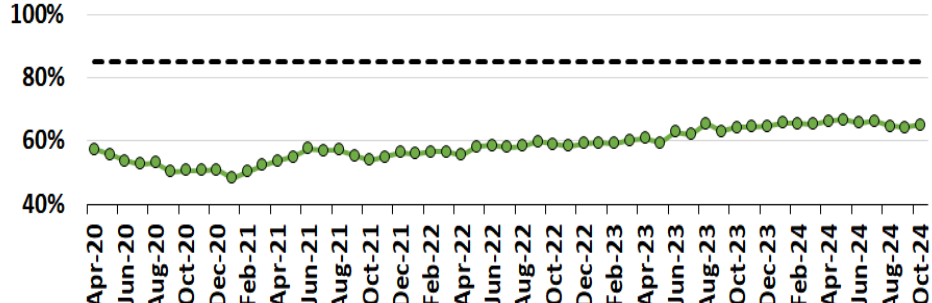
What actions are we taking & when is improvement anticipated?

- The Improvement Board is overseeing the impact of the Regional Partnership Board's allocation to Neurodevelopment (ND) services. Ongoing work in progress with local authorities, along with AHP posts to support pre/post diagnosis, with third sector agencies as additional funding has been made available until March 2025. This is being spent on increasing the capacity within the workforce, namely locum SALT/CAMHS and additional/overtime hours for existing staff.
- Additional funding provided November to end of March 2025 to support waiting list validation and provide additional funds for overtime.
- Pharmacy input into ND is supporting post-diagnosis follow-up titration & monitoring, releasing medical colleagues to support the waiting list further and we are currently recruiting to a fixed-term pharmacy technician post to support this work.
- The service has undertaken a demand and capacity analysis. Re-alignment of the budgets and recruitment of AHP/Nursing colleagues means that now post holders have commenced, the available capacity will meet the current demand (if demand remains stable). However, this does not address the backlog of patients. Recently appointed CNS/AHP staff are actively supporting with the new patient and follow-up waiting lists. If we were able to recruit 2 x B7 AHP fixed term for two years, this would address the current backlog and result in no patient waiting over 52 weeks for an initial ND assessment by the end of March 2026. Currently there is no funding within the care group to support this, but remains on the agenda.
- Developing website in conjunction with local authorities and third sector will increase our self-management and "waiting well" offer, so that families feel supported whilst on the waiting list and informed of what the services provide before families start the assessment journey. Incorporating some of the "myth-busters" that families and referrers often report into the plans for our new co-produced referral paperwork will ensure that families and professionals know what to expect from the outset.
- Ongoing validation of waiting list, with transition and signposting to relevant services/agencies.
- We anticipate that the waiting list over the coming months will decrease as additional staff commence in post and capacity meeting the demand. It is anticipated that the longest waiter at the end of March 2025 will be around 78 weeks (longest waiter at end of March 2023 and 2024 was >104 weeks), although achieving this target does involve seeing 1,800 new patients in total over 2024/25; with still a relatively small clinical team.
- There have been higher levels of sickness within the clinical team during October and this has had an impact on the commencement new assessments.

What are the main areas of risk?

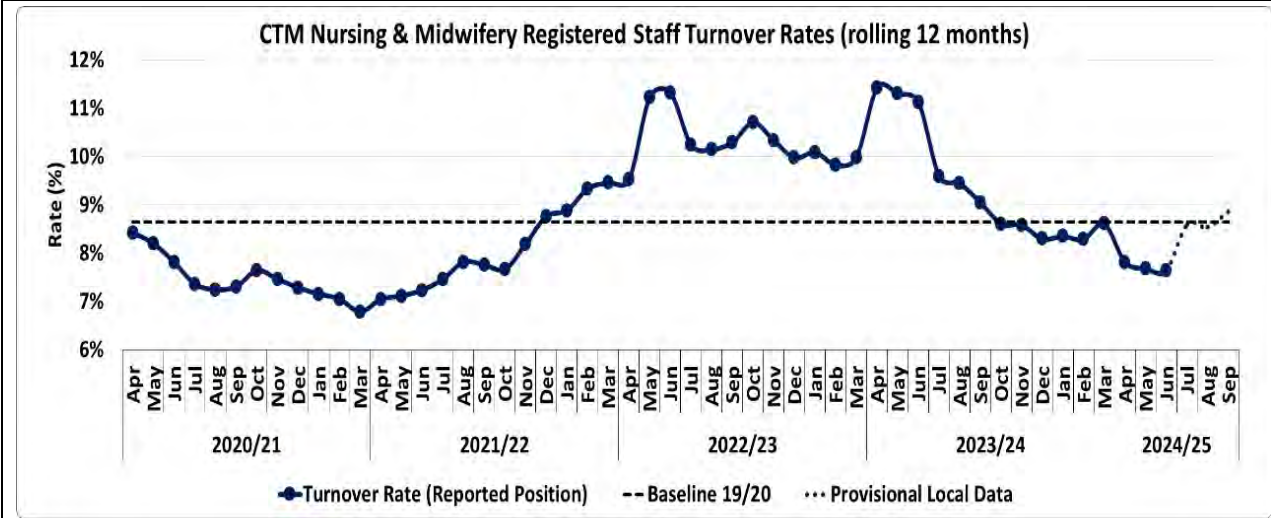
- A demand and capacity review was undertaken earlier in the year and templates have been implemented and fixed on WPAS to ensure forecast remains accurate. Vacancies within the ND team, namely ADHD nurses, had created additional waits for children/young people for ADHD assessments, although these are now starting to be brought back in line in terms of waiting times with assessments for autism as the posts have been recruited to.
- 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 although current demand will be met, as long as demand remains stable, which is uncertain. Reliance on short term funding does not provide a longer term solution, hence services are being reviewed with partners.
- Higher levels of sickness than usual within a small clinical team will have an impact on the number of new assessments.

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		6.7%	Sep-24
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2019-20 (8.65%)		8.69%	Oct-24
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		4.7%	Sep-24
Training & Development	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		65.1%	Oct-24



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



The provisional rolling 12 month turnover rate (locally sourced data) for registered N&M Staff at October 2024 is 8.69%, with the reported position at June pleasingly reducing to 7.64%. The equivalent previous rolling 12 month period (July 2022 to June 2023) rates were 11.13%.

(N.B. rates will be subject to change when HEIW data is received due to the inability to locally monitor staff leaving NHS Wales).

Lateral Moves Scheme for Band 5 Nurses and Midwives

Applications	Employees	Current Status
Complete	22	Moves taken place/Moves agreed
Shared	19	Moves identified and applications shared with manager for action
Submitted	2	To be reviewed by People Services
Pending TFR01	2	Appropriate documentation needed
Pending Vacancy	1	Submitted and awaiting vacancy
Total	46	

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

Our Retention Lead continues to work with key stakeholders to implement the actions within both the HEIW All Wales Nursing and Midwifery Retention plan and the CTM Retention Action Plan. Flexible working, promotion and work-life balance remain the principle reasons for staff leaving CTM and the Retention Lead is currently supporting ongoing retention priorities in relation to these areas. These are discussed at the CTM Retention Group, which aligns the work to other work streams around improved attraction, bolstered recruitment pipelines, our culture, Workforce Race Equality Standard (WRES), Equality, Diversity and Inclusion (ED&I), wellbeing, employee experience offer.

The CTM Retention Group gives oversight, direction and engagement on nurse retention and other staff groups. The meetings are held on a bi-monthly basis with a wide stakeholder group that includes support services across CTM. A multidisciplinary retention workshop will be held early December and will focus on working collaboratively to progress both national and local retention actions, sharing best practice and identify next steps.

While it is positive that turnover is reducing it is difficult to say, at this stage, what is contributing to the lower rates or that the interventions are having an impact, but we continue to monitor in the CTM Retention Group.

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

The Lateral Moves Scheme is designed for band 5 registered nurses and midwives, employed within CTM, who wish to request an internal move to another Band 5 post within the health board. The scheme recognises the benefits of staff working in different areas, services and teams to gain new knowledge, skills and experiences whilst enhancing professional goals and expanding their career pathways. This process introduces a more seamless and agile mechanism for doing so, which will benefit both the individual and the organisation by promoting and improving access to a wide range of internal opportunities. The scheme supports CTM to retain experienced and valued staff and also forms part of our offer to attract new nurses and midwives to join the organisation.

The Lateral Moves Scheme has been in place since February 2024, for Registered Nurses and Midwives only and progress has been made with 46 applications submitted and 22 moves agreed/taken place. There is now a focus on rolling out the scheme to wider staff groups for fairness, equity and flexibility. In December the scheme will be extended to the below staff groups in the first instance:

- Band 2 Health Care Support Workers (HCSW)
- Band 5 Allied Health Care Professionals (AHP)
- Band 5 Health Care Scientists (HCS)

A timetable for rolling out to other staff groups is also being developed to widen the scheme based on learning and feedback.

% of sickness absence rate of staff – Target is 12-month reduction trend September 2024 (6.7 %)

The rolling twelve-month sickness rate to September 2024 is 6.7% and is slightly lower than the equivalent rolling period of the previous year (6.9%).

The in-month sickness rate is 6.5% and this too is slightly lower to the equivalent period of 2023 (6.9%).

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 % - October 2024 (65.1 % - Provisional)

PDR compliance is improving slowly, currently around 65%. Compliance for the past year has ranged between 63.4% and 66.7%, recognising that this remains below the WG target of 85%.

CTM Level 1 Core Mandatory Training Compliance October 2024	
Safeguarding Children	85.3%
Health, Safety and Welfare	84.5%
Safeguarding Adults	84.3%
Equality, Diversity & Human Rights	83.4%
Moving & Handling	82.9%
Information Governance	82.0%
Violence & Aggression	80.6%
Fire Training	79.3%
Infection Prevention and Control	76.2%
Resuscitation	66.5%
HB Overall Compliance	80.5%

Currently, combined core mandatory training compliance is 72.6% with **Level 1** disciplines at 80.5% and is improving in small increments, however continuing to remain below the required standard of 85%.

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

To support the achievement of a reduction trend in sickness absence rates the People Services team focus activities under three broad areas of awareness, skills development and case management.

Awareness

- Weekly distribution of sickness absence levels by care group.
- Advice and support on relevant policies, ill-health retirement, return to work plans, reasonable adjustments, stress at work and staying well plans.
- Signposting to wellbeing framework and interventions, employee assistance programme and occupational health.

Skills development

- Pilot of new 'third formal' training with positive feedback.
- Joined task and finish group led by NWSSP Digital Learning to contribute to the managing absence at work learning module.
- Ongoing delivery of Managing Attendance at Work Training online and in person.

Case management

- Monthly long term sickness absence report used to target support for complex and long term (6+ month) sickness absence cases.
- Designated team leads aligned by care group to maintain consistency of support for managers.
- Attendance at long term sickness meetings and support for all stages of third formal sickness management.

Future areas of focus for the team include rolling out the newly developed third formal training and improving data on sickness absence case management.

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

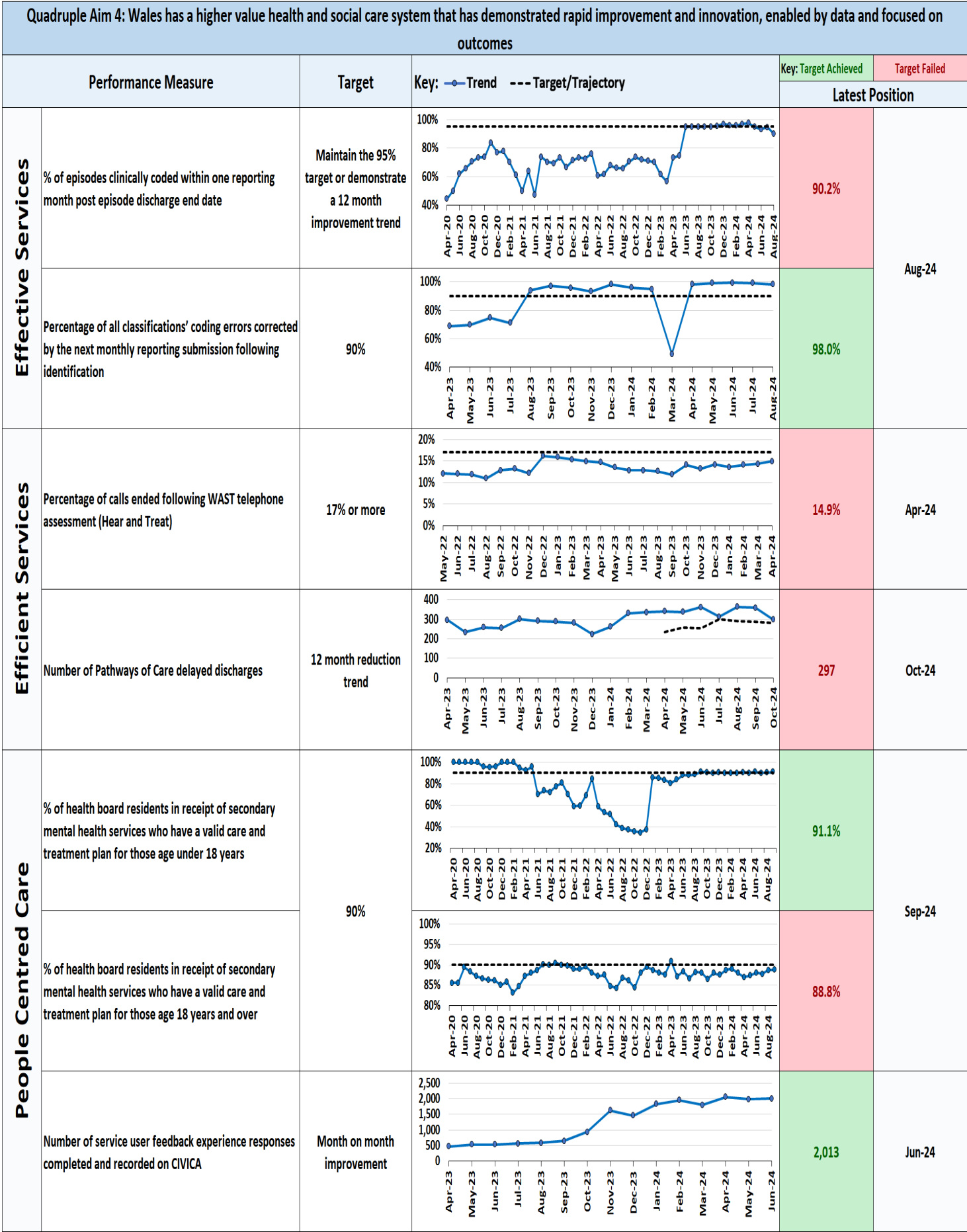
PADR – Your Conversation:

- "Making the most of PDR – *Your Conversation*" workshop developed and being delivered with management teams. This is part of a full day educational offer, embedded into the emerging Leadership Development offer.
- Evaluation form embedded into paperwork - feedback shaping improvements and modifications to the forms and associated process.
- Final brief signed off for Shared Services internal audit into PDR process.
- CTM-specific PADR and Pay Progression FAQs developed and shared with affected staff on a monthly basis (i.e. managers with staff who are due to go through a gateway).
- Targeted communications being sent to managers with PADR compliance below 85%.
- Ongoing assessment to establish how best to capture Medical & Dental appraisals as part of overall figures, in collaboration with the ongoing data dashboard work.

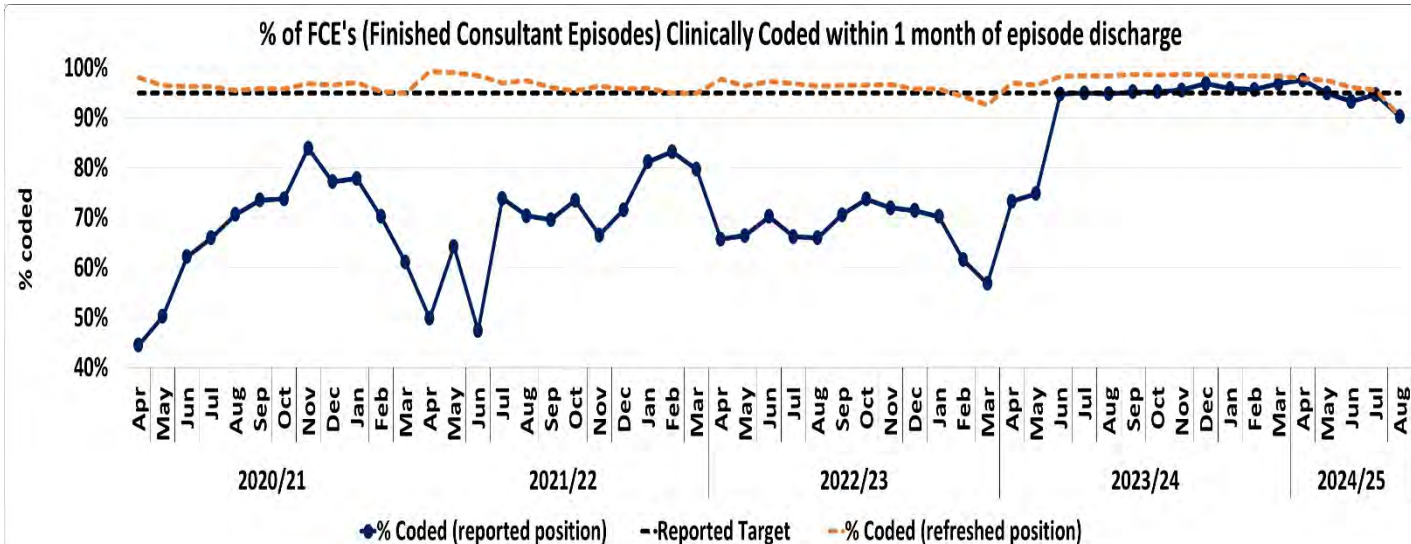
Core Learning:

- 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.
- CTM Core Learning Review Report in final draft stage, capturing organisational Core Learning provision and performance, with a view to influence an All Wales review.
- 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.
- Apprentice Core Learning Coordinator appointed and trained.

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



% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95 % target or demonstrate a 12 month improvement trend – August 2024 – 90.2 %



How are we doing?

The reported position for August 2024 is 90.2% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale and sits below the set target of 95%.

As of the start of November, the coded position from April to October currently stands at 89.0% with the backlog accrued during April to August largely coded and is at 97.4%.

Compliance for the correction of errors within 35 days was 98% during August with 49 of the 50 errors corrected within the requisite timescale.

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

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

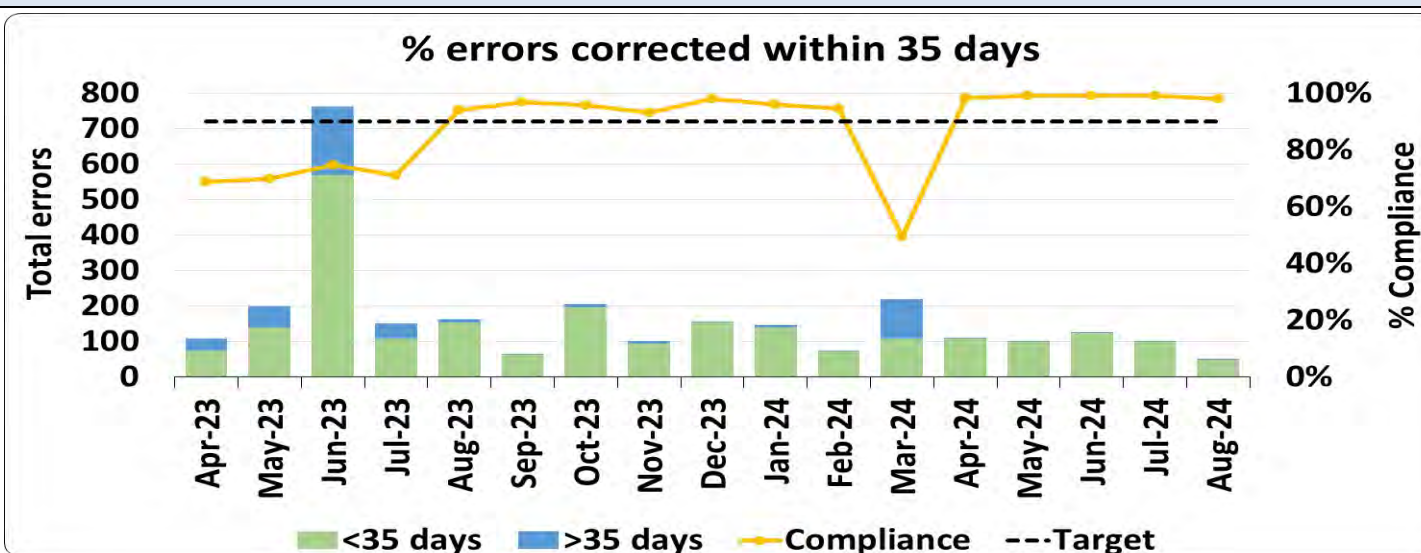
What actions are we taking & when is improvement anticipated? What are the main areas of risk?

The upgrades to the auto-coding system incorporating the validation functionality, the new coding standards and more performance hardware have been completed, with the autocoder operational, following a 4 month downtime.

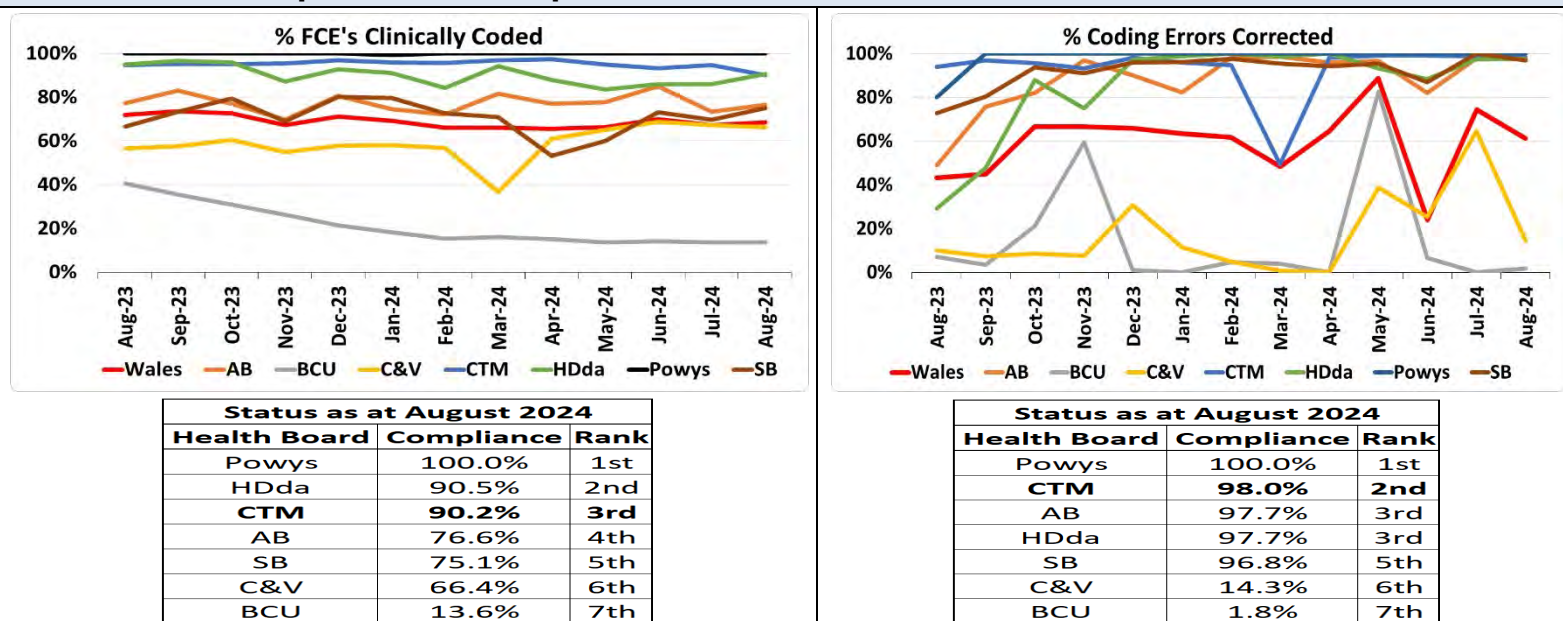
The changes in ward moves associated with the POW roof have had a disruptive impact on coding demand patterns and changes to the flow and availability of the medical record. Best endeavours are being relied upon until a more consistent pattern of service activity is observed which will enable coding capacity and processes to be re-appraised. Positively we are seeing improvements in the quality of data following the move, as colleagues observe at first hand the benefit of accurate data being recorded.

Autocoding and coding at source activities are promulgating, enhancing the richness and availability of our clinical data and our care records, with the pathology improvement board having recently given approval for the autocoder to use pathology data within its algorithms.

% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90 % - August 2024 – 98 %



How do we compare with our peers?

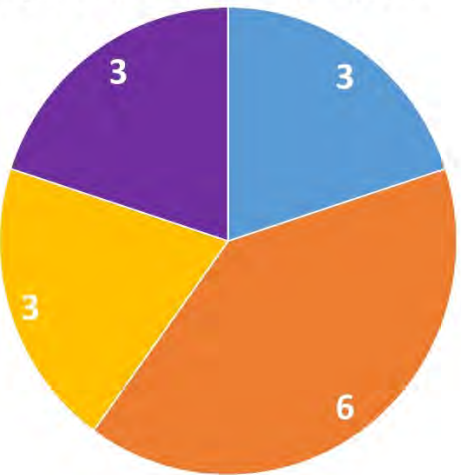


Efficient Services – Pathways of Care Delayed Discharges - October 2024

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 15 / Non Mental Health Delays = 282

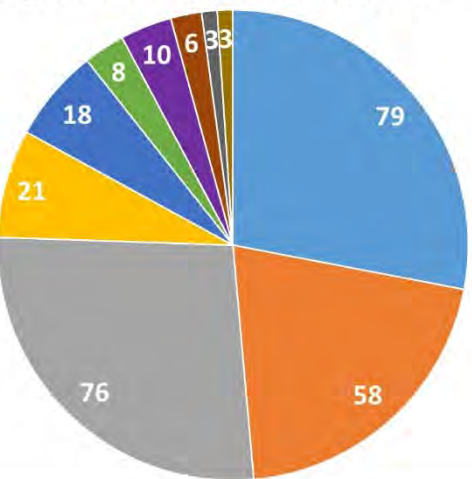
Mental Health - Reasons for Patient Pathway of Care Delays October 2024

- Assessment Issues
- Care Home placement arrangements
- Disagreements/Legislation
- Funding Issues



Non-Mental Health - Reasons for Patient Pathway of Care Delays October 2024

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



How are we doing?

On average, 317 Pathways of Care Delayed Discharges have been recorded each month for the past 12 months, with the vast majority (42.9%) related to delayed assessment, as per the table below (left) with 82 assessment delays during October as described in the table below (right) :

Reason for Delay	Oct-24	12 month average	Assessment Delay Flag - October 2024
Assessment Issues	82	136 42.9%	Awaiting completion of assessment AHP
Care Home placement arrangements	64	63 20.0%	Awaiting completion of assessment by social care
Home care related issues	76	48 15.0%	Awaiting completion of assessment Nursing
Transfer related issues	18	20 6.2%	Awaiting Continuing Healthcare (CHC) Assessment
Disagreements/Legislation	24	20 6.4%	Awaiting joint assessment
Step down to recover and assess	8	12 3.7%	Awaiting Social worker allocation
Housing Related Issues	6	7 2.3%	
NHS Bed related issues	3	3 1.0%	
Funding Issues	13	5 1.7%	
Home adaptation/equipment issues	3	3 0.9%	
Total	297	317	Total Assessment Issues 82

Work on the new Discharge Framework commenced in October and it continues to bed in. Issues at POW have made an impact in all areas of Discharge – we have seen an increase in home care related issues reflecting the general temperature of the service as well as the problems in getting packages of care in some areas covered by the UHB.

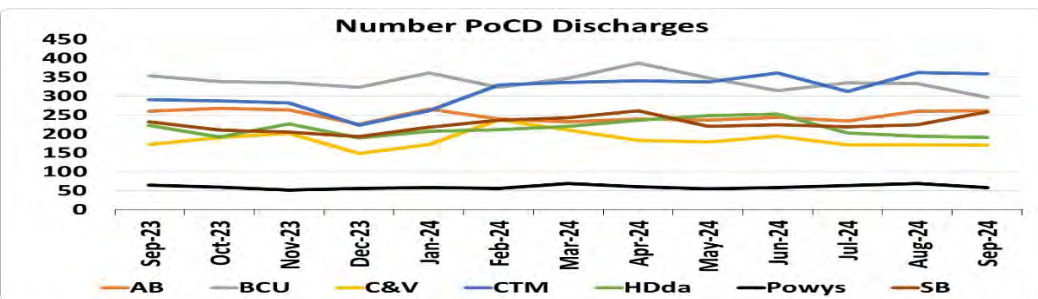
What actions are we taking & when is improvement anticipated?

- It is still early days for the roll out of 'Optimise' across CTM with the aim of improving the structure of daily board rounds, flow and discharge planning. Work continues with a good level of engagement from colleagues.
- The first meeting of colleagues concerned with the Integrated Discharge Team has now taken place with the implementation date of Quarter 3 still an aim.
- Plans and actions are captured in PoCD action plan produced in partnership with local authorities and monitored through Integrated Discharge Delivery Board, governed by 6 Goals Programme Board. The Discharge Hub Team meets up with senior colleagues from the wards and the local authority for a delayed patient review twice a week – this is providing useful management focus across community hospitals.

What are the main areas of risk?

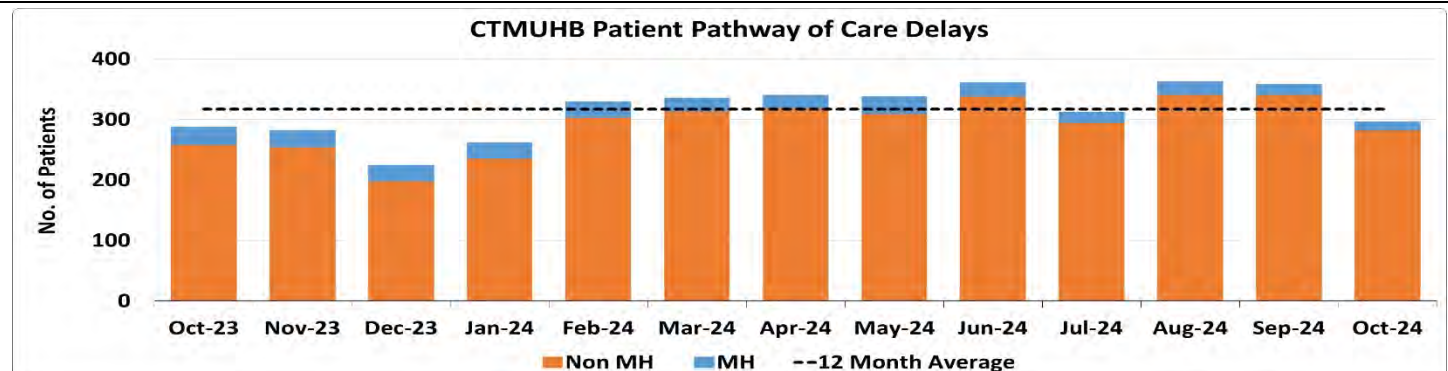
- Co-ordination of patient-centred approach to discharge planning is limited - multiple team working within individual parameters. If the discharge model in CTM remains non-integrated, the risk is that separate agencies, not centrally managed, will not be supporting D2RA best practice model, which will cause further delays and confusion.
- Analysis shows increased levels of complexity and frailty in patients, with higher levels of dementia and associated longer length of stay in our hospitals.
- Events in POW have led to high levels of pressure on Discharge Liaison, where despite some appointments, there are gaps in staffing.

How do we compare with our peers?



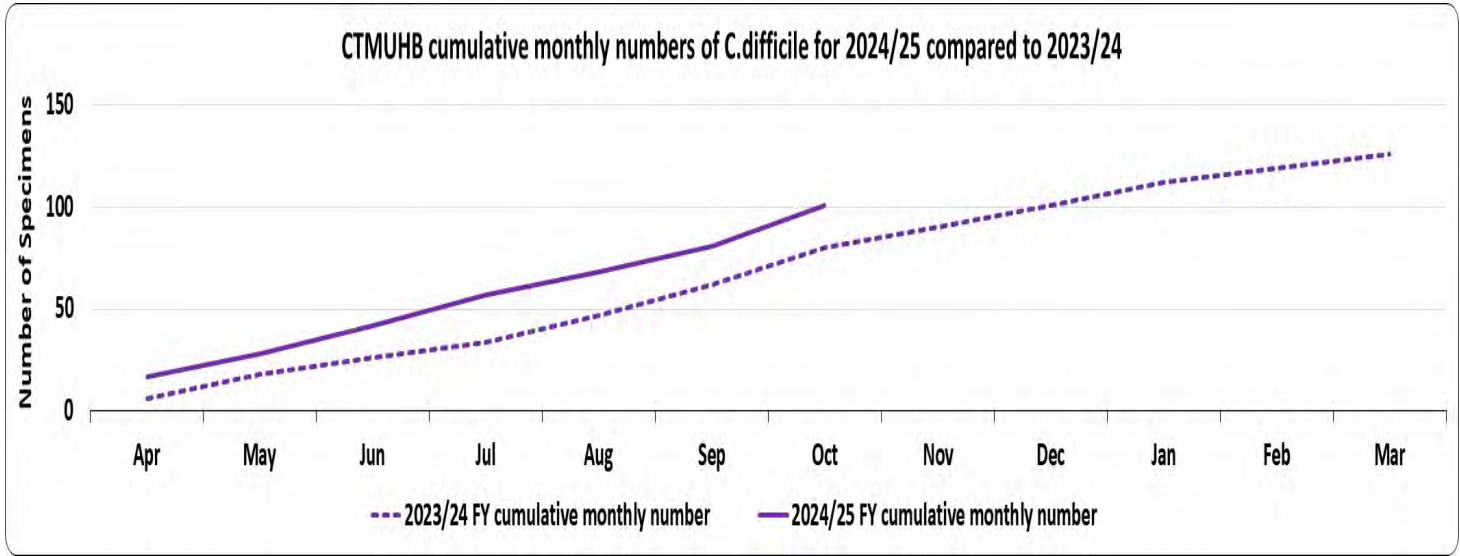
Status as at September 2024		
Health Board	Compliance	Rank
Powys	59	1st
C&V	170	2nd
HDda	191	3rd
SB	258	4th
AB	262	5th
BCU	297	6th
CTM	359	7th

Delays by Local Authority - October 2024								
Healthcare Facility	Bridgend	Caerphilly	Cardiff	Merthyr Tydfil	Neath Port Talbot	Rhondda Cynon Taff	Vale of Glamorgan	Total
PCH		3		10		21		34
POW	57				7	1	6	71
RGH					1	56		57
YCC		1		20		47		68
YCR	2		2			50		54
Glanrhyd	12							12
Ty Llidiard						1		1
Grand Total	71	4	2	30	8	176	6	297



CTMUHB Safe Services – Healthcare Acquired Infections

C.difficile

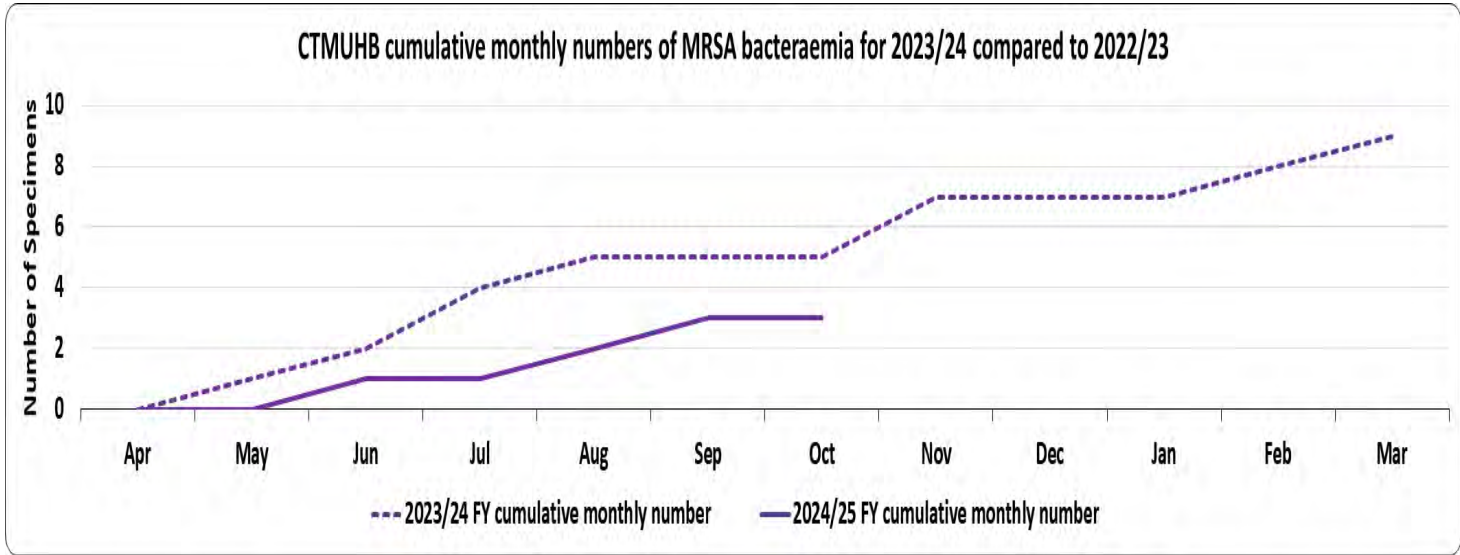


101 C.difficile cases have been reported by CTM for Apr-Oct 2024. This is 21 more cases than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 38.8, which compares to the All Wales rate of 50.49.

In CTM, 37% of cases are hospital onset associated infections (based on specimen taken >2 days into an inpatient stay) with the remaining specimens being community onset (specimen taken in a community location or <3 days as hospital inpatient). The IPC team are working with the care groups to improve the RCA process in order to maximise opportunities for learning and sharing best practice, but it is essential to ensure that there is capacity and work pathways created to work with primary care, with the support of microbiology antimicrobial stewardship as well as microbiology to ensure cases are reviewed and lessons learned are acted upon.

Work is being done to raise awareness on the need to review PPI at first opportunity as well as antimicrobial stewardship. The reduction of C.difficile cases can only be achieved with a co-ordinated effort between primary and secondary care.

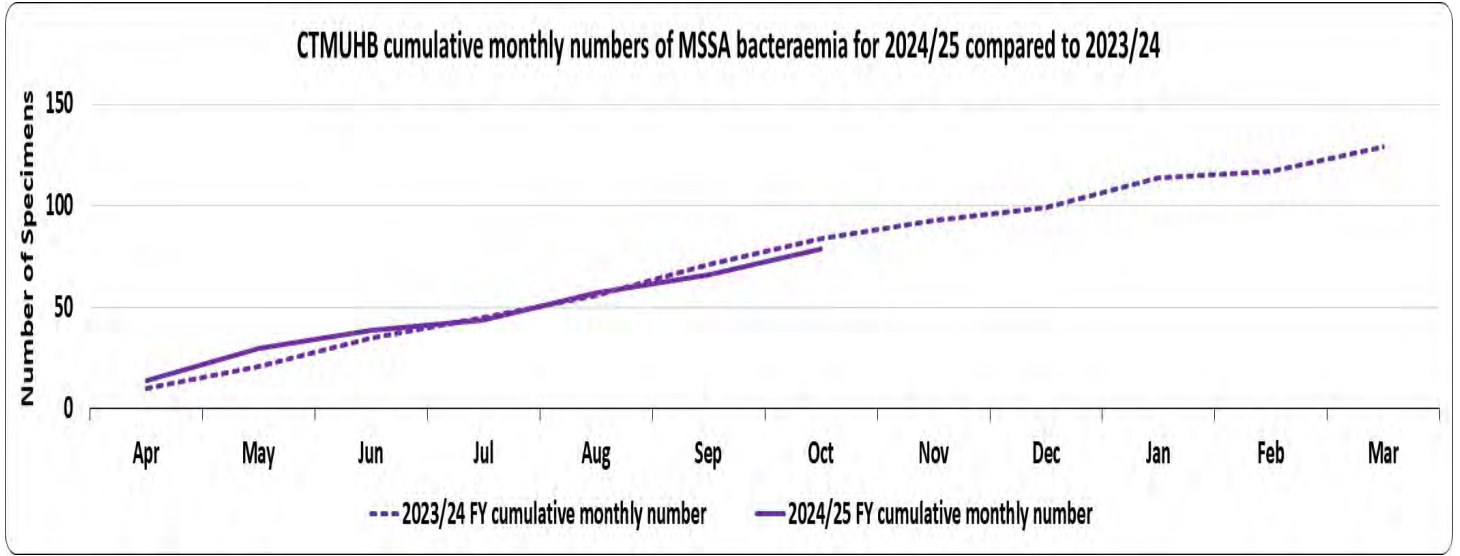
MRSA



Three community onset MRSA bacteraemia have been reported by CTM for Apr-Oct 2024. This is 2 less cases than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 1.15, which compares to the All Wales rate of 1.74.

Nonetheless, any MRSA Bacteraemia should be an avoidable event and work is being do to review these cases. It is essential that there is co-ordination between primary and secondary case towards achieving the zero goal. In general the reduction of MRSA is entangled with MSSA and more detail is explained below.

MSSA



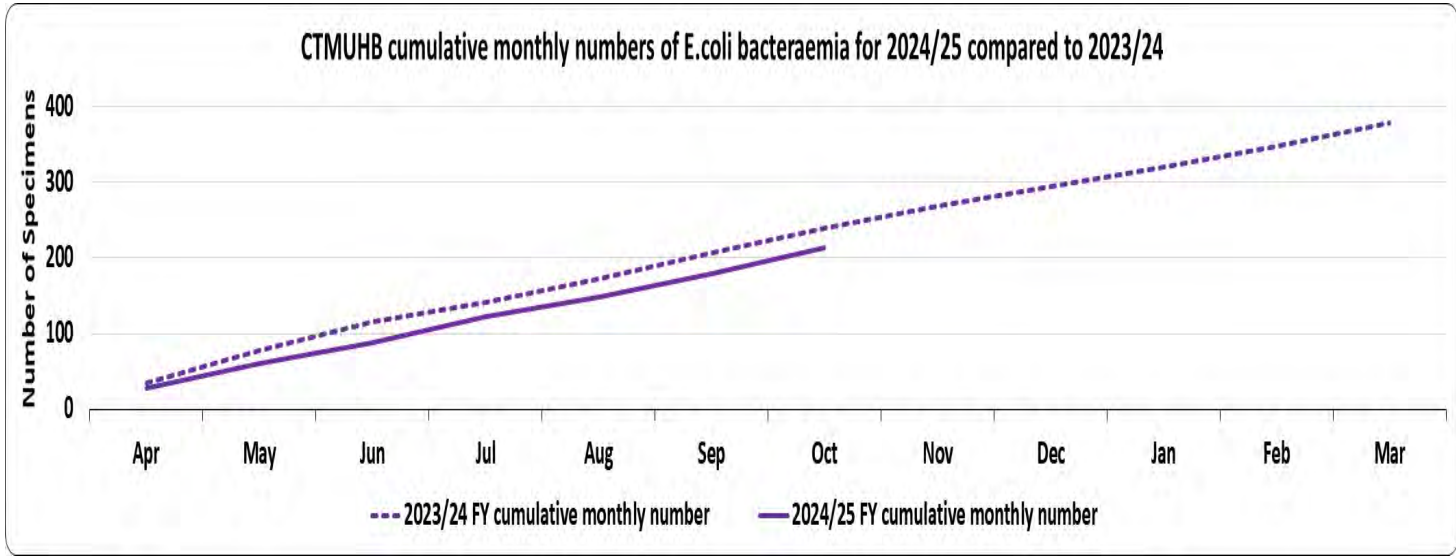
79 MSSA bacteraemia have been reported by CTM for Apr-Oct 2024. This is 5 cases less than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 30.34, which compares to the All Wales rate of 29.03.

73% of the specimens taken are community onset with around 10% of the total cases being associated with an IV device.

Support is required to restart the IV Steering Group to provide direction for IV device management across CTM. It is essential to focus on understanding the 73% CO cases, alongside adequate reviews from the positive cases. With support from epidemiology there is a need to understand if this is affecting specific pockets of population, geography or is it a general problem; as well as ensuring that lessons learned are incorporated into the primary care practice.

CTMUHB Safe Services – Healthcare Acquired Infections

E.coli

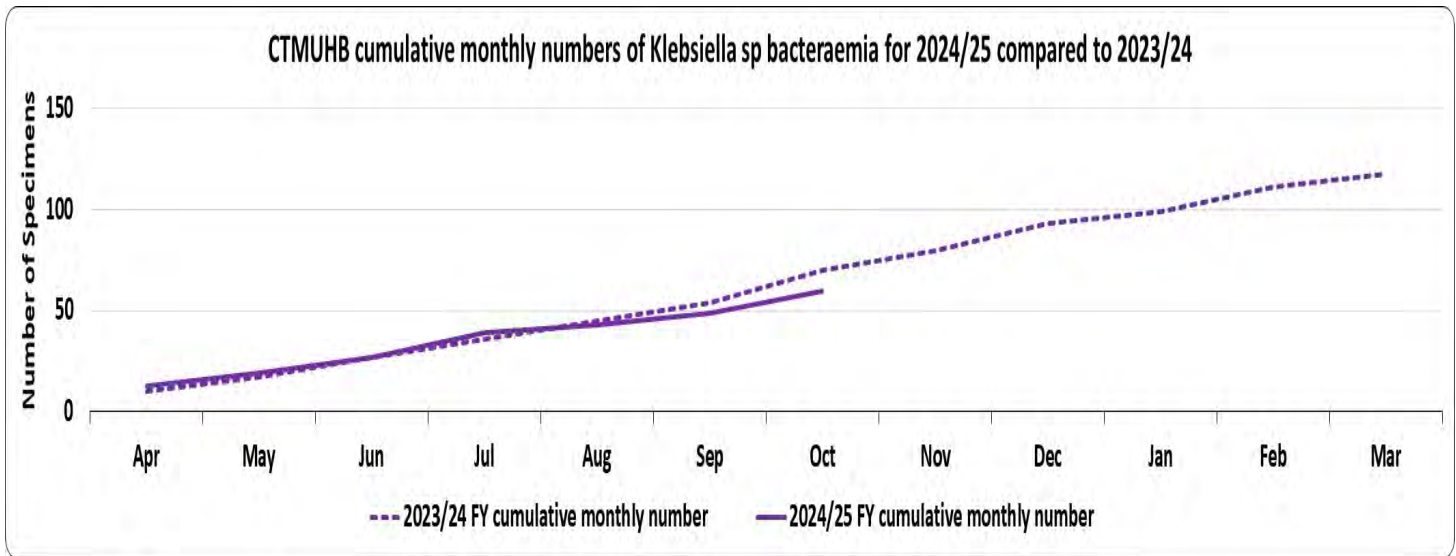


213 E.coli bacteraemia have been reported by CTM for Apr-Oct 2024. This is 26 fewer cases than the equivalent period of 2023/24. The provisional rate per 100,000 population for 2024/25 is 81.82, which compares to the all Wales rate of 69.66.

Community onset cases account for 80% of the specimens taken and a number of cases are linked to a urinary catheter. Urinary catheter management needs to be improved across CTM. The Health Board currently has a catheter passport available, but it is not widely used and a multidisciplinary collaboration needs to be developed to ensure this can be sustainably implemented. It is essential to ensure adequate review of the cases in the community and identify “hot areas” and any underlying aspects that are behind the high number of cases.

It is essential to ensure that there are defined roles and a community oriented plan to review, disseminate and monitor the implementation of lessons learned in the community to be able to achieve the goal of reducing not just E.coli but other Gram Bacteraemia.

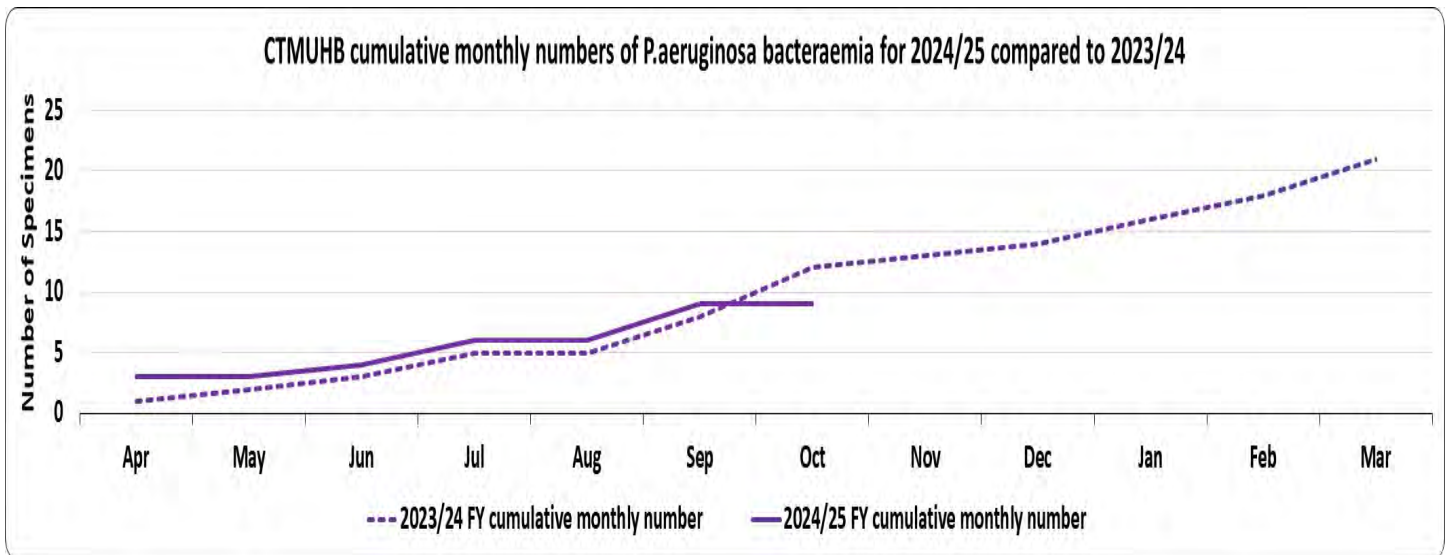
Klebsiella sp



60 Klebsiella sp bacteraemia have been reported by CTM for Apr-Oct 2024. This is 10 less cases than the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 23.05, which compares to the All Wales rate of 23.47.

Of the specimens taken, 76% are community acquired infections. Around 11% of the total cases are associated with a urinary catheter. IPC huddles are held to discuss both community onset and healthcare onset urinary catheter related bacteraemia. Work is required to identify strategies to ensure robust review and implementation of lessons learned, particularly in the community where the majority of the cases are being identified.

P.aeruginosa

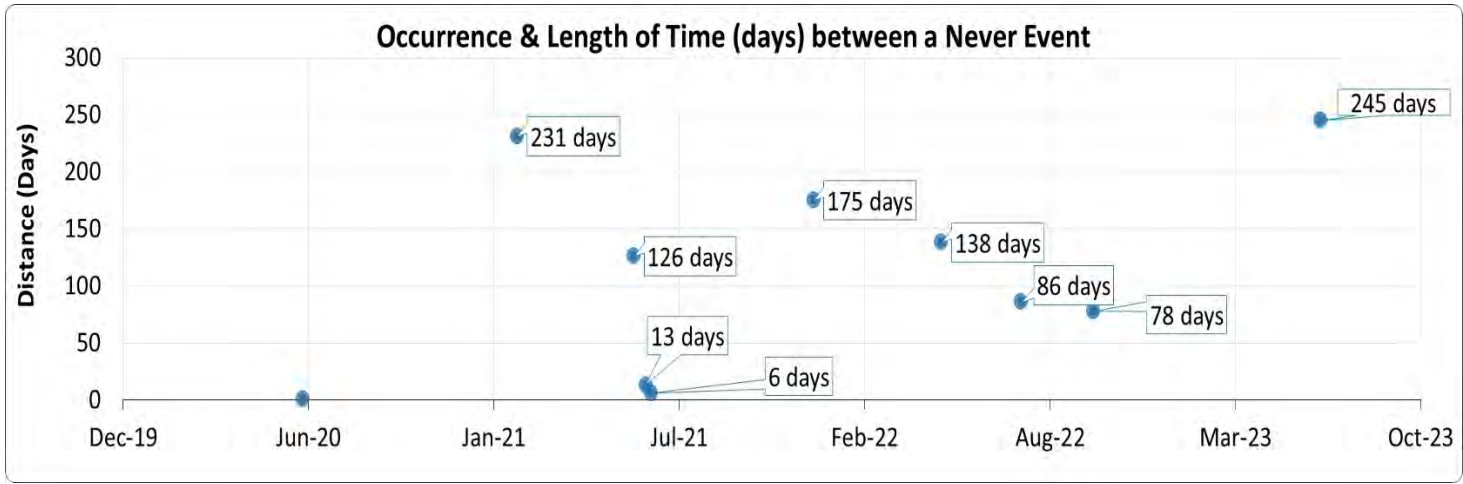


9 P.aeruginosa bacteraemia have been reported by CTM for Apr-Oct 2024. This is 3 less cases than in the equivalent period in 2023/24. The provisional rate per 100,000 population for 2024/25 is 3.46, which compares to the All Wales rate of 5.07.

44% of infections are community acquired infections. Investigations are being held on the hospital onset cases to look at identifying themes and lessons to be learned towards the reduction goal, but it is essential to identify strategies to put in place to ensure that similar reviews are happening in the community and that lessons learned are adequately shared with corrective measures implemented.

Safe Services – Never Events & Nationally Reportable Incidents

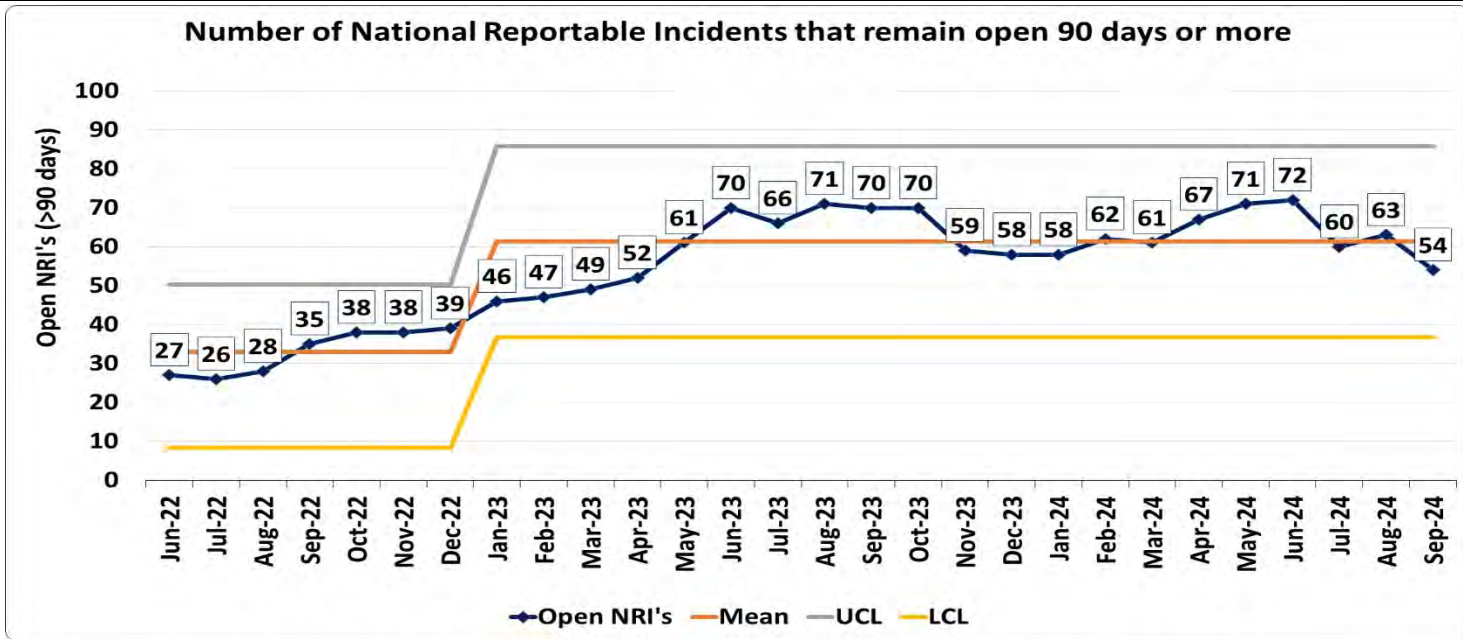
Number of Never Events – October 2024 - Zero



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 October 2024, with the last occurrence being June 2023 , relating to a wrong side surgery and investigations are continuing.

Number of National Reportable incidents that remain open 90 days or more – Target is 12 month reduction trend – September 2024 - 54

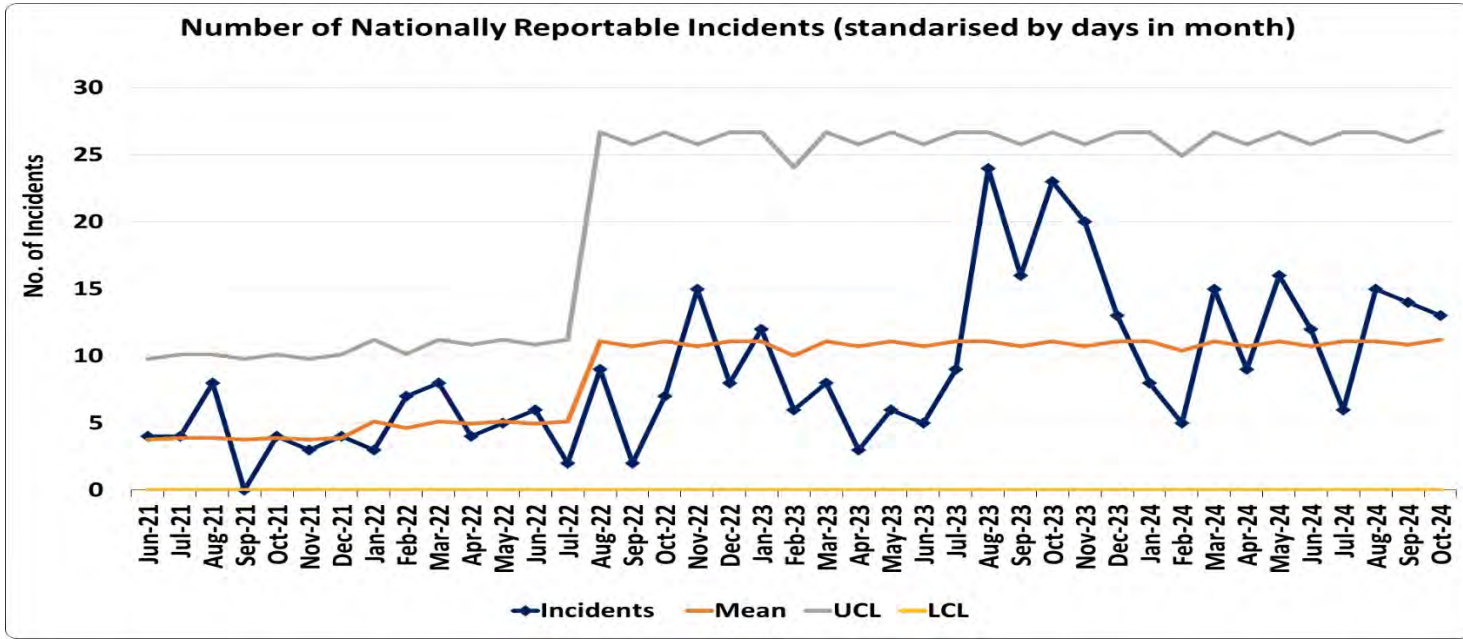


N.B. in order to allow for accurate reporting there is a time lag of approx. one month for the 90 days measure.

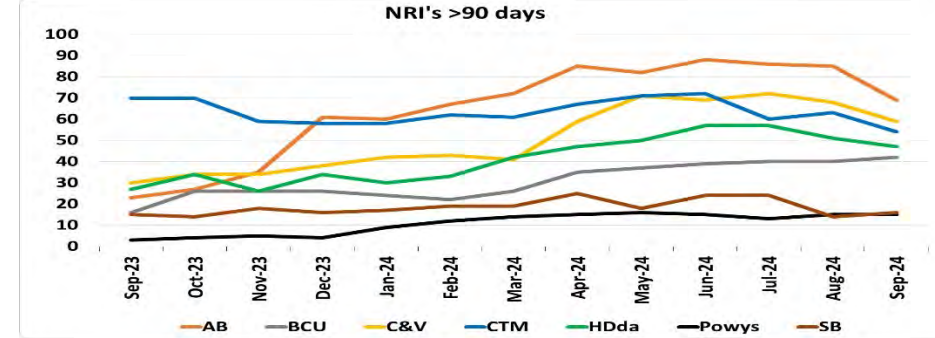
During October, 13 NRI notifications were submitted to the NHS Executive (NRI's are detailed in the table below), with a total of 146 incidents submitted during the last 12 months.

As at the 4th November, the Health Board currently has 69 open Nationally Reportable Incidents, of which 42 are overdue the timescale for completion. A trajectory plan is in place to ensure investigations are concluded and an outcome provided to patients and their families.

Type of Nationally Reportable Incidents	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Total
Pressure Damage	8	5	3	3	5	1	4	3	4	3	3	8	50
Maternity/Neonatal adverse occurrence		1	1	1	2	4	2	3		2	1	3	20
Clinical Assessment, clinical diagnosis	5	3			2		1	2		2	2	1	18
Admission / Transfer / Discharge	1	1	3		2		1	1		3	3		15
Infection Prevention & Control	5	1				1		2	1	1	3		14
Treatment, Procedure		2			1	1	7			2	1		14
Patient/Service user death			1		2		1	2	1				7
Medication										1	1		2
Slip, Trip or Fall				1								1	2
Behaviour (including violence and aggression)						1							1
Infrastructure (Staffing/Facilities/Environment)	1												1
Monitoring/Observations										1			1
Safeguarding					1								1
Grand Total	20	13	8	5	15	9	16	12	6	15	14	13	146



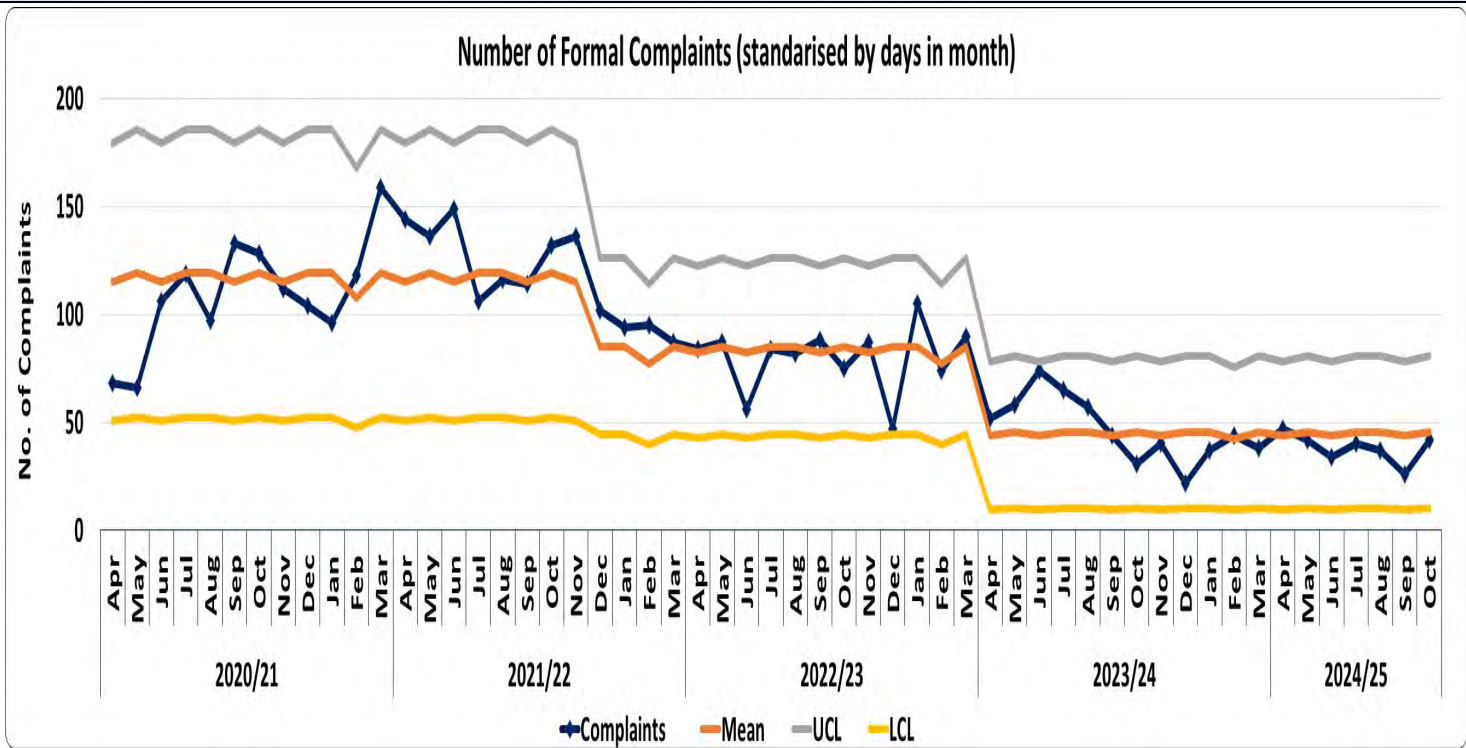
How do we compare with our peers?



Status as at September 2024		
Health Board	Compliance	Rank
Powys	15	1st
SB	16	2nd
BCU	42	3rd
HDda	47	4th
CTM	54	5th
C&V	59	6th
AB	69	7th

CTMUHB Focus on Putting Things Right

Number of formal complaints managed through Putting Things Right – October 2024 - 42 Formal Complaints

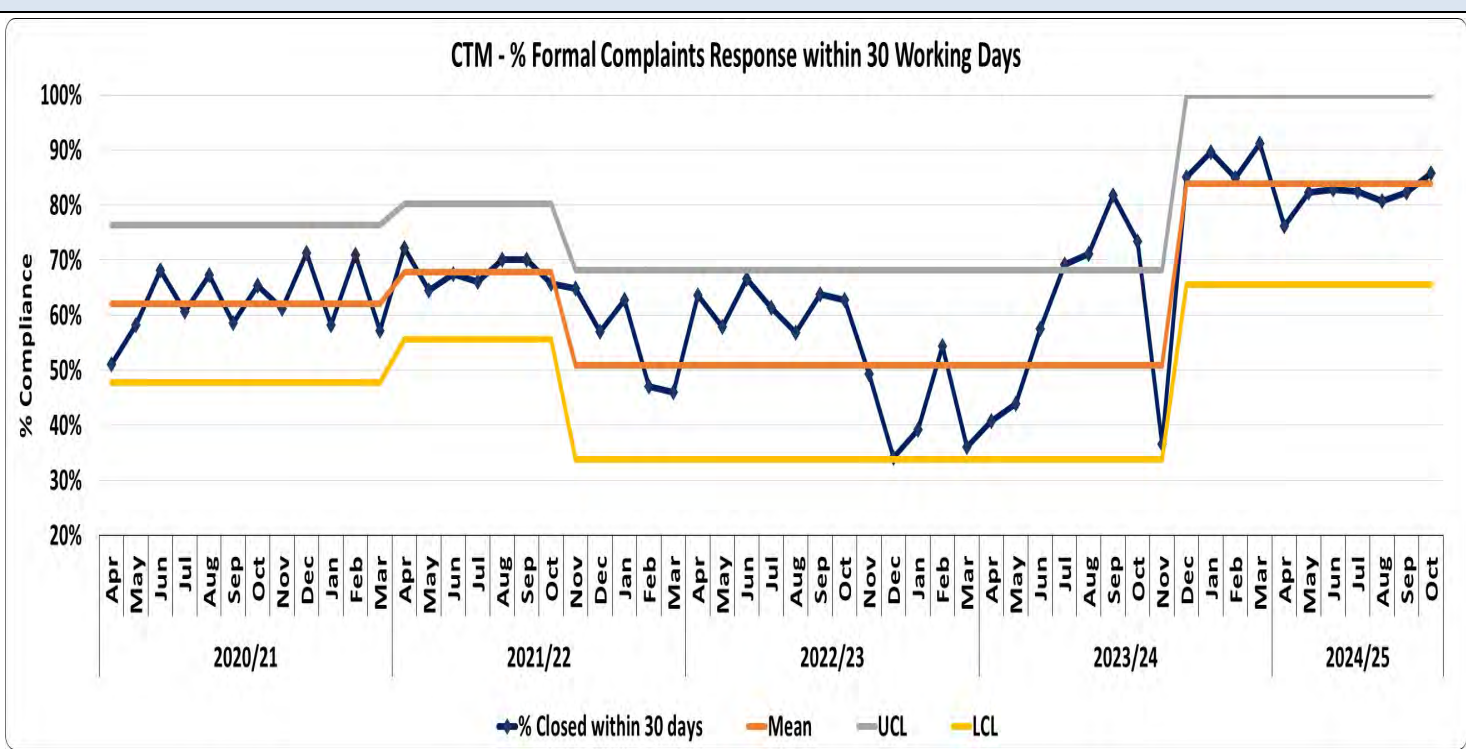


During October, 42 formal complaints were received within the organisation and managed in line with the ‘Putting Things Right’ regulations with volumes just below the current mean of 45.

For those complaints received during October, the majority related to clinical treatment/assessment (18), with the top ten themes displayed in the table below.

Top Ten - Main Themes from Complaints during the last 12 month period	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Total
Clinical treatment/Assessment	33	16	31	34	28	38	39	33	28	30	18	18	346
Discharge Issues	0	0	0	3	6	3	0	1	1	1	2	6	23
Medication	2	1	2	2	0	1	0	0	1	2	0	4	15
Attitude and Behaviour	2	1	0	0	1	1	1	0	2	1	0	1	10
Other	0	2	2	1	1	1	0	0	0	0	0	3	10
Communication Issues (including Language)	0	0	0	0	1	1	0	0	0	1	2	4	9
Appointments	0	1	1	1	0	0	1	0	1	0	1	1	7
Patient Care	1	0	1	0	0	0	0	0	1	0	0	2	5
Accident/Falls	0	0	0	0	1	0	0	0	3	1	0	0	5
Access (to Services)	0	0	0	2	0	0	0	0	0	0	2	0	4

% formal complaints response within 30 working days – October 2024 – 85.7 %



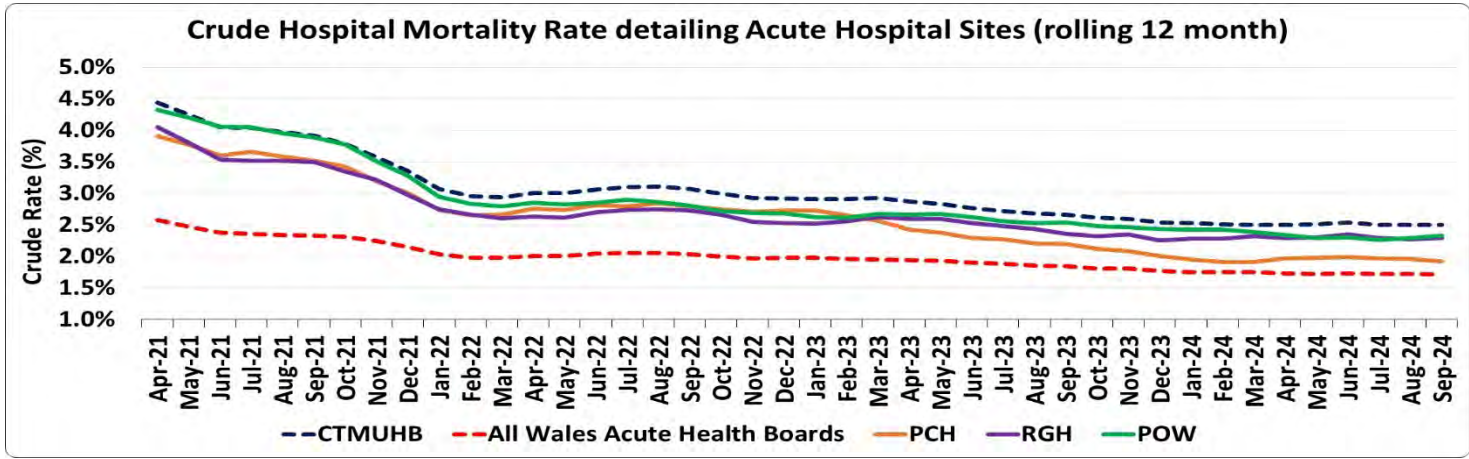
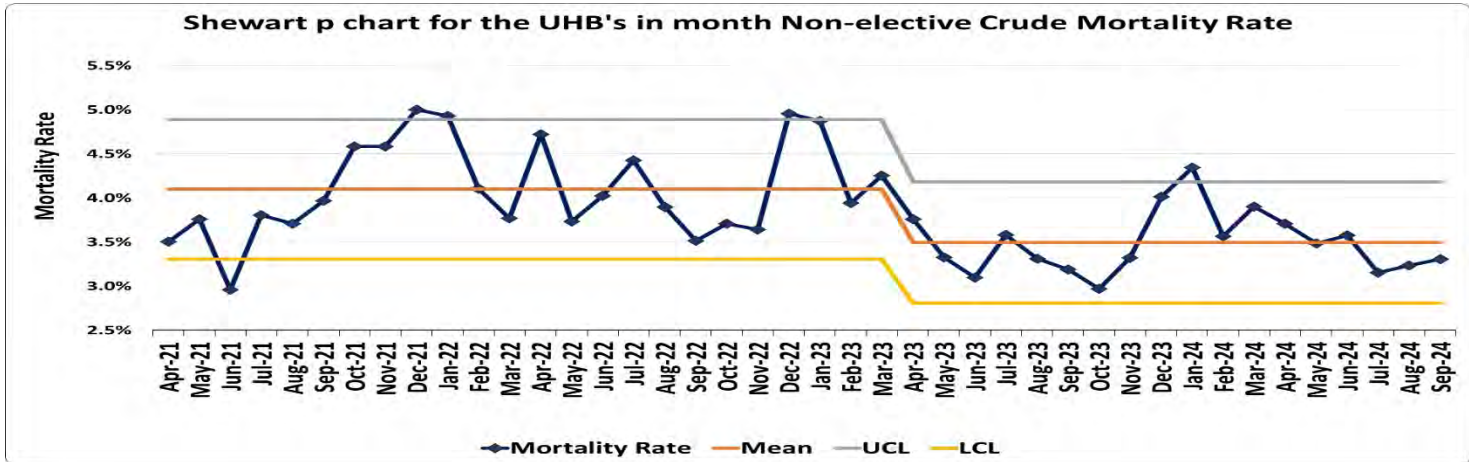
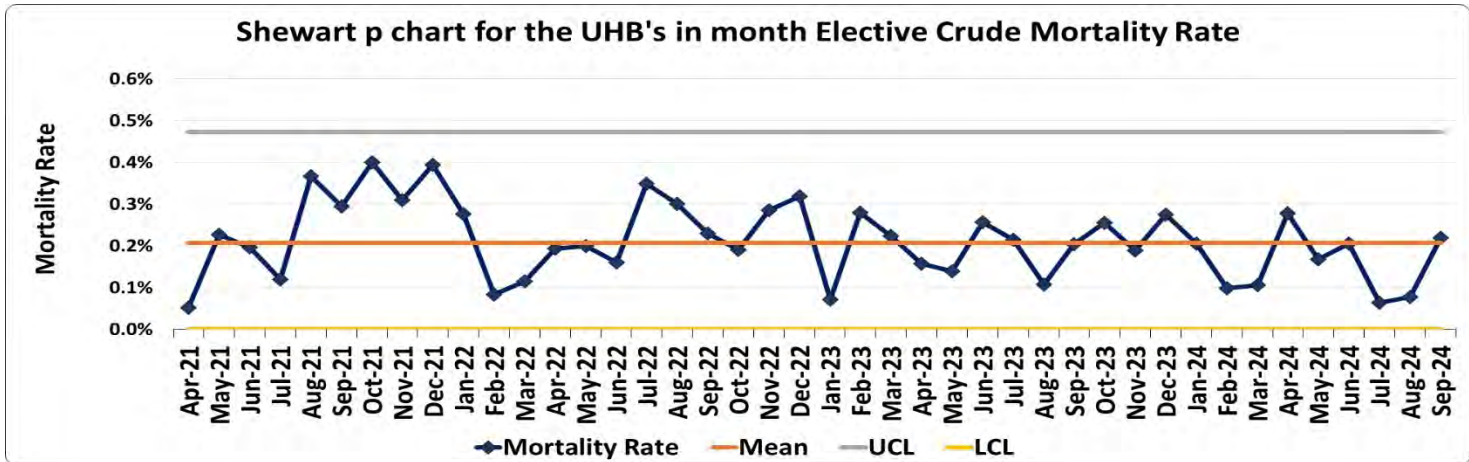
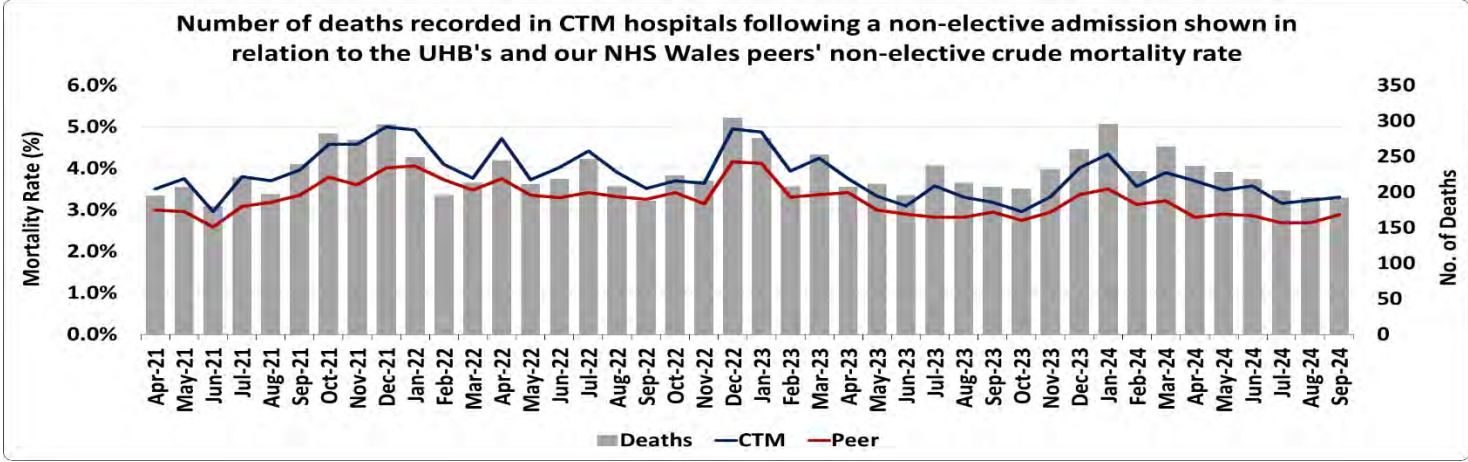
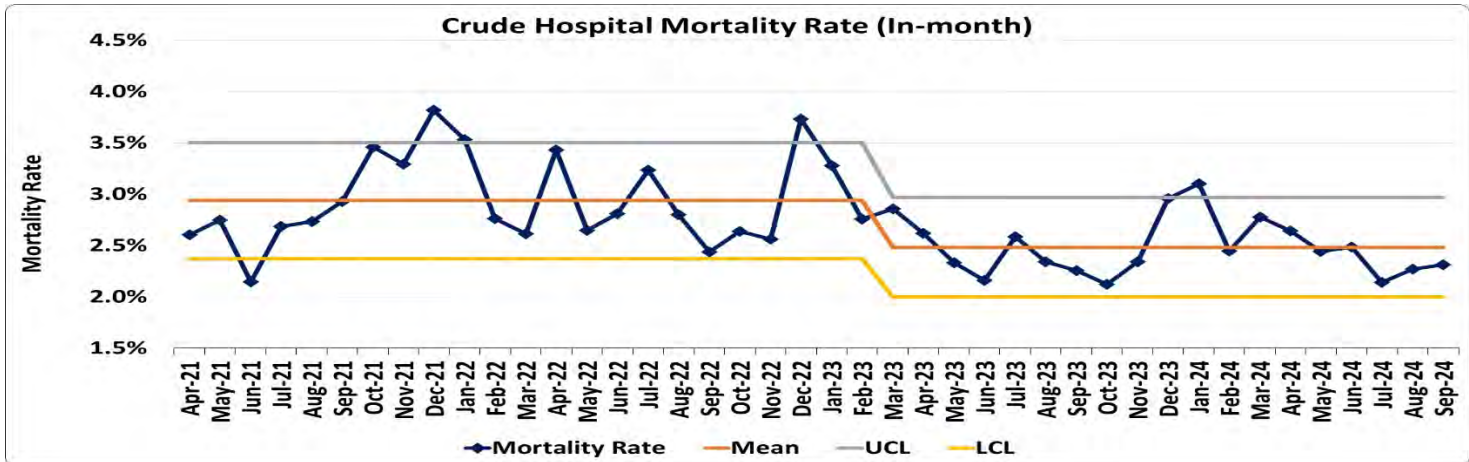
Compliance during October rose to 85.7% and stands just above the current mean of 84%

Compliance has remained over the national target of 75% during the two month period, with the Health Board’s internal target of 85% being achieved during October 2024.

As at 4th November, the Health Board had 72 open formal complaints. Of these, 17 complaints were open over 30 working days. Daily complaints huddles are fully embedded to ensure open cases are reviewed and robust escalation is undertaken

CTMUHB Focus on Mortality Rates

Crude Hospital Mortality Rates - Please note the mortality data in this report is sourced from CHKS and is derived from the Admitted Patient Care (APC) dataset



The 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/>). A digital solution to improve the efficiency and effectiveness of the mortality review process has been implemented and in operation since the start of the year.

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
- 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 7

Updates on the financial position become available on the 9th working day of the month. Consequently there is no further update available to that provided in the last financial report.

3. Key Risks / Matters for Escalation

- 3.1** The key risks for the **Performance** quadrant are covered in the summary and main body of the report.
- 3.2** The key risks for the **Quality** quadrant are:
- The transition to the new operating model poses a challenge in relation to the extraction and presentation of data. Work continues to align the Datix Cymru System to the Care Group Structure and ensure up-to-date information is accessible across the Health Board on a range of metrics.
 - Maintaining compliance with the 30 working days complaints response rate.
 - Continuing the reduction of open Nationally Reportable Incidents

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd	Data to Knowledge



(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	If more than one applies please list below: Data to Knowledge
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective Efficient, Equitable, Person Centred, Timely, Safe
Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge.	
Enw da / Reputational	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.	

5. Recommendation

- 5.1 The Board/Committee is asked to **NOTE** the Integrated Performance Dashboard.

2024-25 Finance Report

Month 7

Summary



Situation	Background
This Finance report outlines our financial performance for Month 7 (i.e. the period to 31st October 2024). This Finance report is discussed at the 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 7 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.	Section 175 of the National Health Service (Wales) Act 2014 places two financial duties on Local Health Boards: • A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years • A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, and for that plan to be submitted to and approved by the Welsh Ministers. Our draft financial plan for 24/25 was submitted to Welsh Government (WG) at the end of March 2024. This plan showed a break even position with a net risk to the plan of £9.4m. It is important to note that, even if the Health Board delivers a break-even position in 24/25, it will not achieve the 3 year break even duty due to the £24.2m deficit reported in 22/23. However, delivering a break even position in 24/25 will mean that it will be possible to achieve the 3 year break even duty in 25/26.





Summary



Assessment

Overall Revenue position - 2024/25:

- The M7 position was a £0.1m surplus in month.
- The M7 YTD position is now a £3.2m deficit. The main driver for the £3.2m YTD deficit is a £9.2m shortfall in savings delivery which is offset by other favourable variances of £(6.0)m.
- The forecast break-even position has been maintained at M7. This forecast assumes that the estimated costs associated with the POW critical incident plus additional support to recover planned care performance will be fully funded by WG (£16.4m funding requested).
- It is important to highlight that the financial risks that the Health Board is trying to manage remain high (See page 19) and there is a significant risk that the forecast break- even position could deteriorate in the coming months.

Recurrent Revenue position:

- The b'fwd recurrent deficit at the end of 2023/24 was £19.4m and the planned recurrent surplus at the end of 24/25 was £(2.1)m.
- During M7 we have deteriorated the underlying position to a forecast underlying deficit at the end of 2024/25 of £8.3m.
- It is important to highlight, that most of the risks to the In year break-even forecast (See page 18) also apply to the forecast underlying deficit and there is a significant risk that the recurrent forecast could deteriorate further in the coming months.

Recommendation

The Board, the PPFC and the ELG are asked to **DISCUSS** and **NOTE** the financial performance of the Health Board for the period to 31st October 2024.



Contents

Slide	Subject Area
5	Executive Summary
6	POW Critical incident
7	Summary Income & Expenditure account
8-9	YTD Performance & Forecast
10	Forecast Underlying Position
11-13	Pay Expenditure Trends
14	Non pay Expenditure Trends
15	Income Trends
16-17	Income Assumptions
18	Savings
19	Risk Management
20	Capital Expenditure
21	Statement of Financial Position
22	Cash Flow forecast
23	Public Sector Payment Policy Compliance

Executive Summary

Overall Revenue Position	- The M7 position was a £0.1m surplus and the M7 YTD position is now a £3.2m deficit. The main driver for the £3.2m YTD deficit is a £9.2m shortfall in savings offset by favourable variances of £(6.0)m. - The current year forecast break-even position has been maintained at M7. This forecast assumes that the estimated costs associated with the POW critical incident plus additional support to recover planned care performance will be fully funded by WG (£16.4m funding requested). - The recurrent position has deteriorated in M7 to £8.3m. - It is important to highlight that the financial risks that the Health Board is trying to manage remain high and there is a significant risk that the In year and Recurrent forecasts could deteriorate in the coming months. - The net risks to the forecast break even position at M7 are £11.7m (M6: £10.2m) and these are summarised on Page 19.
Savings Position	- Actual savings in M6 was £1.0m which was £1.2m below the M7 target of £2.2m. The M7 YTD savings is now £6.1m which is £9.2m below the M7 YTD target of £15.3m. - The M7 forecast In year savings is £12.8m, which is £13.5m below the £26.3m target. This is consistent with M6. These savings plans have been risk assessed as £12.8m Green and £0.0m Amber. - The M7 forecast Recurrent savings is £13.3m, which is £13.0m below the £26.3m target. This represents a £0.2m improvement from M6.
Cash	The closing cash balance at 30th September 2024 was £2.4m and the forecast cash balance at the end of the financial year is zero.
Capital	- The latest Capital Resource Limit for 2024/25, issued on the 1st November 2024, is £63.6m, this excludes the POW roof business case. - Expenditure to M7 was £29.1m. - The outturn capital position is forecast to be balanced against the CRL target. - The recently approved Capital business case for the POW roof replacement and associated compliance works for 2024/25 of £16.5m will be added to the CRL in M8.

POW critical incident

Key Points:

Further to recent discussions with WG, the Health Board submitted a detailed proposal on 11 November to address the pressures associated with the POW critical incident plus additional support to recover Planned care performance. The funding request is summarised below and the £16.4m needed in 24/25 was included as an anticipated allocation in our M7 Monitoring Return submission to WG.

	Assumed funding 24/25	Assumed funding 25/26
	£m	£m
Original PCR plan	3.9	0
Impact of POW on PCR plan	8.1	7.1
Impact of POW on USC/Other	4.4	4.1
Total	16.4	11.2

However, since the £16.4m has not yet been agreed with WG, we have also included a risk assessment of £4.4m in our Risk assessment on Page 19. Our risk assessment is as follows:

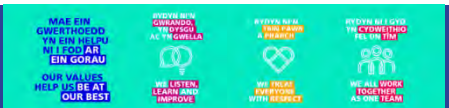
	Assumed funding	Committed	Not yet committed	Risk assessment
	£m	£m	£m	£'m
Original PCR plan	3.9	0.5	3.4	0
Impact of POW on PCR plan	8.1	0	8.1	0
Impact of POW on USC/Other	4.4	4.4	0	4.4
Total	16.4	4.9	11.5	4.4

Summary Income & Expenditure Account



	M7 Actual	M7 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(118.2)	(814.6)	(1508.7)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.1)
03. Welsh NHS Local Health Boards & Trusts Income	(6.8)	(45.2)	(77.0)
04. WHSSC Income	(1.0)	(07.4)	(12.7)
05. Welsh Government Income (Non RRL)	(0.2)	(0.5)	(0.7)
06. Other Income	(4.2)	(28.3)	(48.4)
Total Allocations & Income	(130.4)	(895.9)	(1647.6)
08. Primary Care Contractor	13.2	92.3	159.9
09. Primary Care - Drugs & Appliances	9.3	61.2	106.3
10. Provided Services - Pay	57.2	401.9	694.5
11. Provider Services - Non Pay	9.9	66.9	113.7
12. Secondary Care - Drugs	5.6	35.1	60.5
13. Healthcare Services Provided by Other NHS Bodies	23.8	164.8	282.1
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	6.3	40.2	70.4
16. Other Private & Voluntary Sector	0.7	6.9	19.4
17. Joint Financing and Other	28.5	7.8	13.4
18. Losses Special Payments and Irrecoverable Debts	(27.2)	1.4	2.4
22. DEL Depreciation\Accelerated Depreciation\Impairments	2.9	20.4	34.9
23. AME Donated Depreciation\Impairments	0.1	0.4	90.2
25. Profit\Loss Disposal of Assets	0.0	(0.1)	(0.1)
Total Expenditure	130.3	899.1	1647.6
Grand total	0.1	(3.2)	(0.0)

- Key Points:**
- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
 - The year to date position is reporting a deficit of £3.2m.
 - The Year end forecast remains a breakeven position.
 - The Year end forecast expenditure (excluding DEL and AME capital charges) is £1522m. A straight line extrapolation of M7 YTD is circa £1505m. The difference of £17m is attributed to the recent plans submitted to WG in respect to the revenue Impact of the POW critical incident and planned care recovery schemes of £16.4m.
 - The key risks to this forecast position are shown on Page 19.



Year to Date Performance and Forecast



	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	0.9	0.9	0
Month 2	1.4	2.3	0
Month 3	0.4	2.7	0
Month 4	1.4	4.1	0
Month 5	(0.2)	3.9	0
Month 6	(0.6)	3.3	0
Month 7	(0.1)	3.2	0

- Key Points:**
- The main driver for the £0.1m underspend in M7 is a £1.2m shortfall in savings delivery offset by other favourable variances of £(1.3)m.
 - The M7 YTD overspend of £3.2m includes a £9.2m shortfall in savings offset by other favourable variances of £(6.0)m.
 - The forecast break-even position has been maintained at M7. However, the level of risks that the Health Board is trying to manage remains high.
 - Whilst the Health Board is continuing to develop further recovery plans, is important to highlight that there is a significant risk that both the In year and the Recurrent forecasts could deteriorate.
 - Further details of the key drivers for the YTD position and year end forecast are provided overleaf.



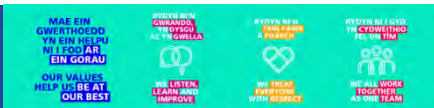
Year to Date Performance and Forecast



	M7 YTD £m	M7 Year-end forecast £m
Savings:		
Shortfall v £24.3m Delegated target	11.0	17.6
Surplus v £2.2m Non delegated target – Primary care prescribing CAT M savings	(1.8)	(4.1)
Sub total	9.2	13.5
Operating overspends:		
AB arbitration outcome	1.1	1.9
AB activity variances	0.4	0.7
Additional Regional Cataract investment	0.5	0.9
POW temporary maternity closure	0.2	0.2
Unscheduled Care Medical pay overspends	1.6	2.7
Primary Care Prescribing growth above plan	2.1	4.1
Corporate directorates – pay underspends	(1.6)	(2.7)
JCC Forecast Deficit (inc VCC transfer of service)	1.0	1.8
Net Other Operating Variances	0.5	(0.9)
Sub total	5.9	8.6
Financial plan improvements:		
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(2.9)	(5.0)
Agency costs	(1.4)	(2.4)
Energy costs	(0.7)	(1.1)
Non pay inflation	(0.6)	(1.0)
Pay contingency v 23/24 anticipated recurrent allocation	(0.6)	(1.0)
Non pay reserve for planned care activity increases	(0.4)	(0.7)
Other Cost pressure reserves	(1.0)	(1.8)
Other	(0.6)	(1.0)
Sub total	(8.2)	(14.0)
Accountancy gains	(3.7)	(6.3)
Total	3.2	1.7
Further Improvement required to achieve planned break even position		(1.7)
M7 Year End Forecast		0

Key Points:

- The forecast overspend of £1.7m includes a forecast overspend on Delegated budgets of £25.4m , offset by a forecast underspend on non Delegated budgets of £23.7m.
- A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 7 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG meetings.
- Minimum further savings of £1.7m are required in order to achieve the forecast break-even position for 2024/25.
- The Health Board also needs to manage the key risks to the forecast break even position, including the impact of the roof integrity issues at POW. These risks are estimated at £11.7m and are summarised on Page 19.



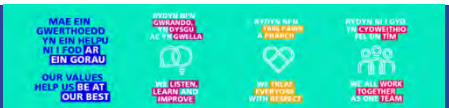
Forecast Underlying Position



Underlying Deficit	Plan £'m	M1 F/Cast £'m	M2 F/Cast £'m	M3 F/Cast £'m	M4 F/Cast £'m	M5 F/Cast £'m	M6 F/Cast £'m	M7 F/Cast £'m
B'Fwd Core Plan Deficit 23/24	19.4	19.4	19.4	19.4	19.4	19.4	19.4	19.4
Allocation & Income Changes	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)
Cost Pressures & Investment	55.2	55.2	55.2	55.2	55.2	55.2	55.2	52.6
Savings Target	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)	(13.3)
Grand Total	(2.1)	(2.1)	(2.1)	(2.1)	(2.1)	(2.1)	(2.1)	8.3

Key Points:

- The b'fwd recurrent deficit at the end of 2023/24 was £19.4m and the planned recurrent surplus at the end of 24/25 was £(2.1)m.
- During M7 we have deteriorated the underlying position to a forecast underlying deficit at the end of 2024/25 of £8.3m.
- It is important to highlight, that most of the risks to the In year break-even forecast (See page 18) also apply to the forecast underlying deficit and there is a significant risk that the recurrent forecast could deteriorate further in the coming months.



Pay Expenditure Trends



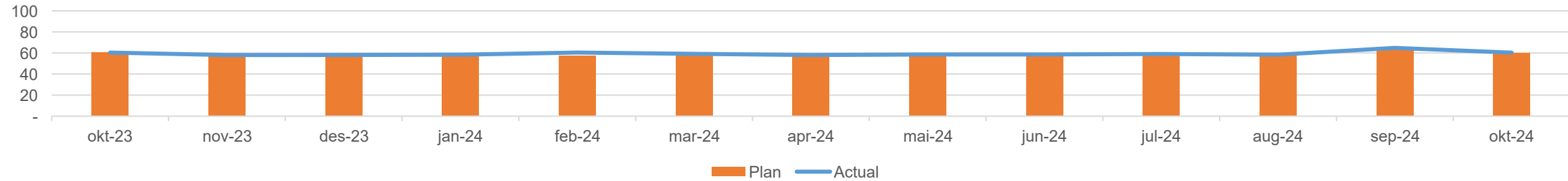
Staff Group	Jun-24 £'m	Qtr1 Ave £'m	Jul-24 £'m	Aug-24 £'m	Sep-24 £'m	Qtr2 Ave £'m	Oct-24 £'m
Administrative & Clerical	7.6	7.6	7.6	7.5	7.5	7.5	7.4
Medical And Dental	15.3	15.4	15.9	15.4	21.9	15.9	15.6
Nursing And Midwifery Registered	18.4	18.2	18.2	18.1	18.2	18.2	18.4
Add Prof Scientific And Technical	1.7	1.7	1.7	1.7	1.7	1.7	2.1
Additional Clinical Services	7.5	7.4	7.4	7.6	7.4	7.5	7.4
Allied Health Professionals	3.6	3.6	3.6	3.6	3.7	3.7	3.6
Healthcare Scientists	1.1	1.1	1.1	1.1	1.1	1.1	1.1
Estates And Ancillary	3.3	3.4	3.4	3.3	3.4	3.4	3.4
Students	0.0	0.0	.0	.0	.0	.0	.0
Grand Total	58.6	58.4	59.0	58.3	64.8	58.9	59.1

Spend category	Jun-24 £'m	Qtr1 Ave £'m	Jul-24 £'m	Aug-24 £'m	Sep-24 £'m	Qtr2 Ave £'m	Oct-24 £'m
Core	50.7	50.3	50.3	50.0	57.2	50.7	50.9
Agency	3.2	3.4	3.7	3.4	3.1	3.4	3.2
Overtime	1.4	1.4	1.5	1.5	1.5	1.5	1.7
ADH	1.9	2.0	2.2	2.1	1.6	2.0	1.9
Bank	1.1	1.2	1.2	1.3	1.3	1.2	1.3
WLI	0.2	0.2	0.2	0.1	0.2	0.2	0.1
Grand Total	58.6	58.4	59.0	58.3	64.8	58.9	59.1

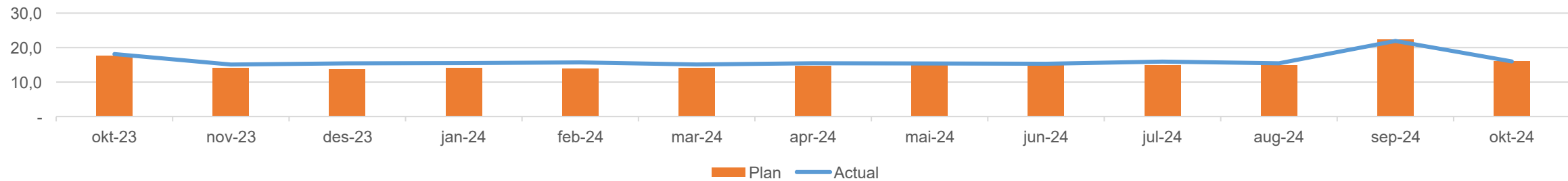
- Key Points:**
- The Medical & Dental pay award was processed in M6 including arrears. The arrears processed were circa £6.8m and the monthly estimate of the in year pay award is circa £0.7m per month.
 - Total pay expenditure in M7 was £59.1m. This remains consistent with the Q2 average adjusted for the M&D pay award of £58.9m.
 - M7 includes a recovery of overpayments of salary relating to prior years of £1.2m and an offsetting increase in current month expenditure of £1.1m, mainly within Nursing costs.
 - When compared with the Q2 Averages, the following Variable pay movements occurred:
 - Reduction of agency costs of £0.2m
 - Reduction in ADH's of £0.1m % WLI of £0.1m
 - Increase in Overtime of £0.2m
 - Increase in Bank of £0.1m

Pay Expenditure Trends

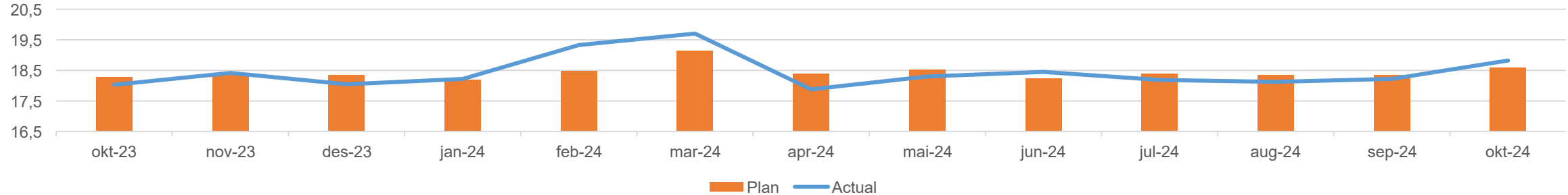
Total Pay Expenditure Trend (£'m)



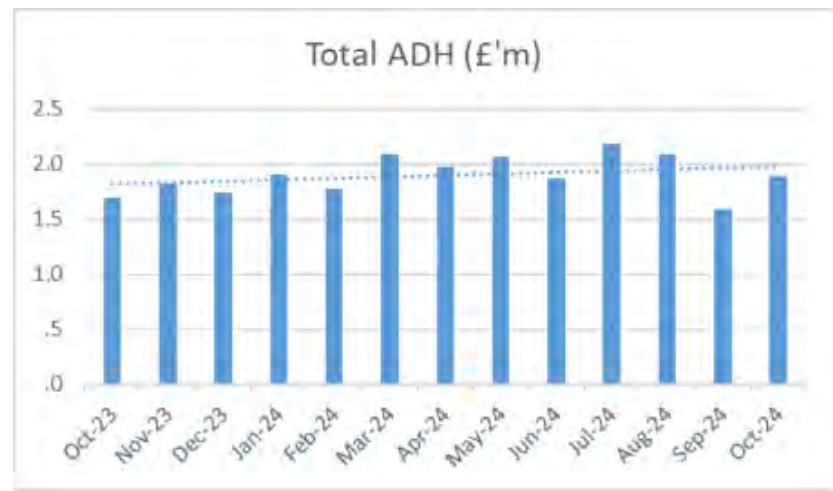
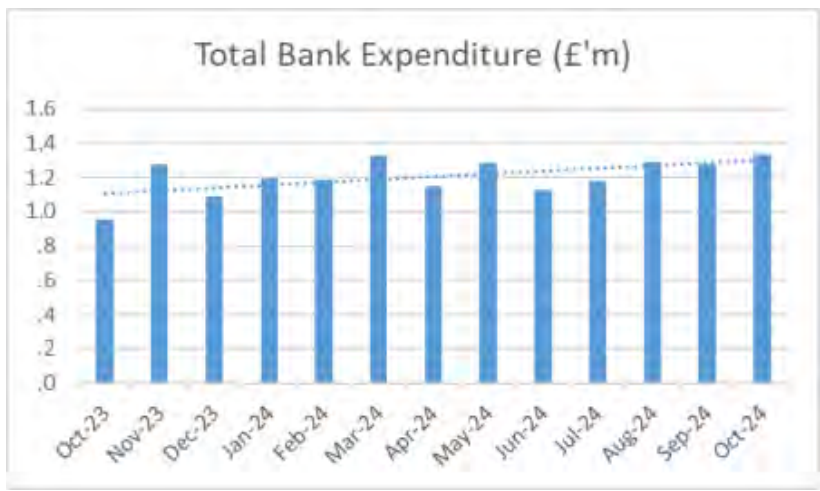
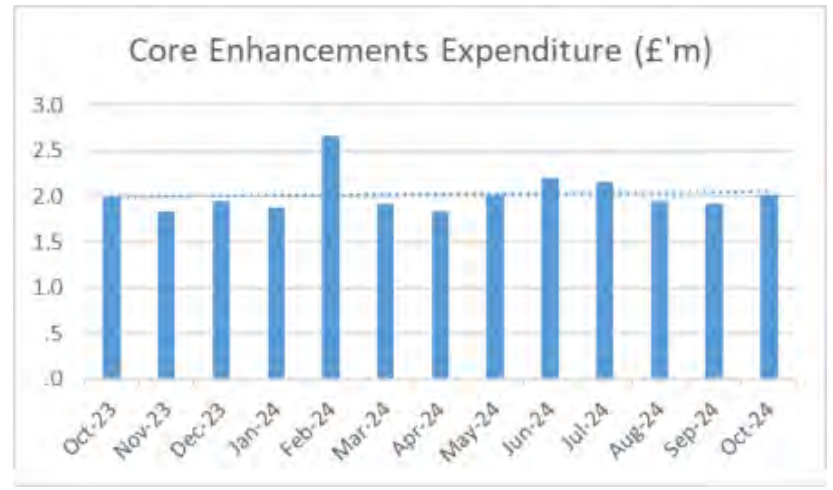
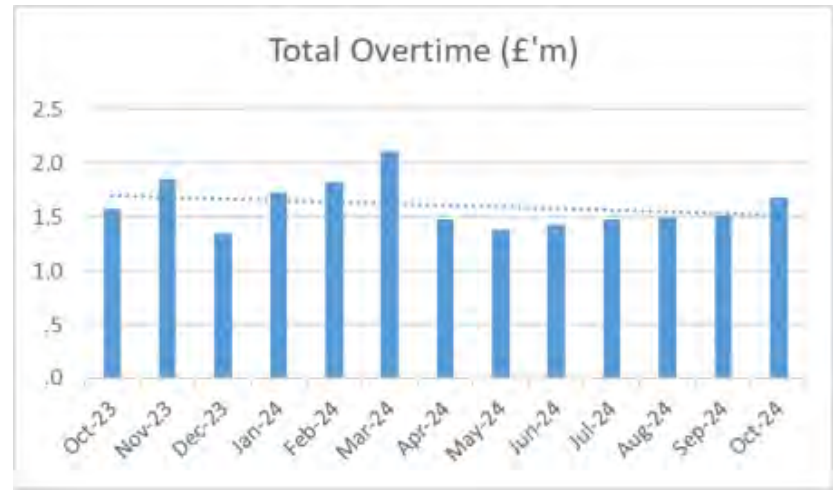
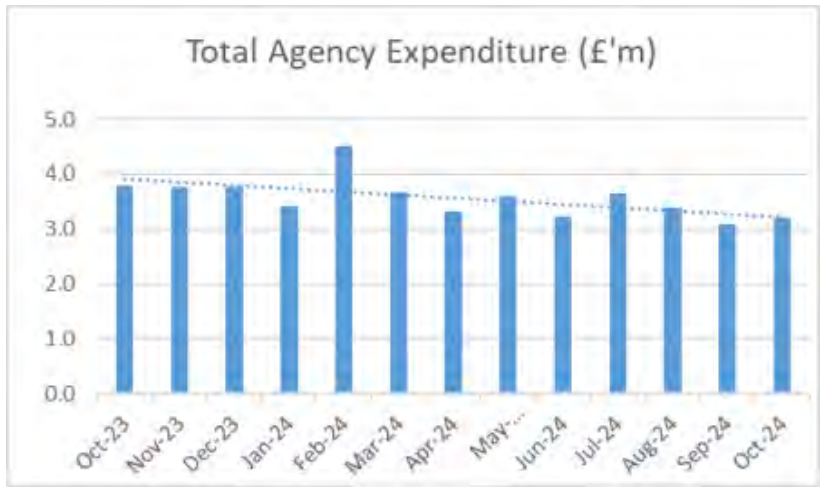
Medical & Dental Pay Expenditure Trend (£'m)



Nursing & Midwifery Pay Expenditure Trend (£'m)



Variable Pay Expenditure Trends



- Key Points :**
- Agency spend – £0.1m increase in M7 and overall a downward trend.
 - Overtime payments- £0.2m increase in M7 and a downward trend.
 - Core enhancements – Broadly flat in M7 and trend.
 - Bank – £0.1m increase in M7 and an increasing trend.
 - ADH spend – increase of £0.3m in M7 and an increasing trend.

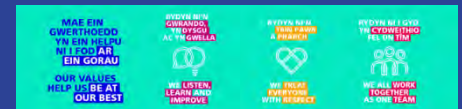
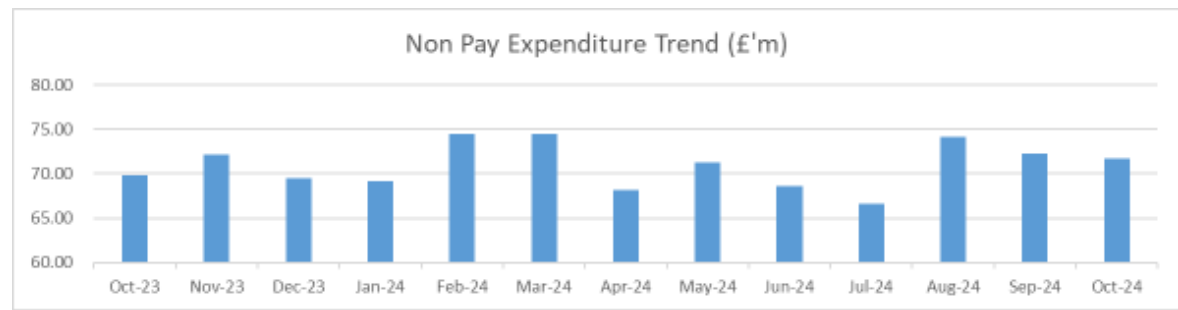
Non Pay Expenditure Trends



Non Pay Group	Qtr1 Ave	Jul-24	Aug-24	Sep-24	Qtr2 Ave	Oct-24
	£'m	£'m	£'m	£'m	£'m	£'m
Primary Care Contractors	12.1	12.4	12.6	12.7	12.6	12.6
Primary Care Drugs	8.3	8.1	9.5	9.2	8.9	9.3
Provider Non Pay	10.3	8.6	7.7	11.7	9.3	9.4
Secondary Care Drugs	4.8	5.6	4.2	5.2	5.0	5.6
Healthcare Commissioning	22.6	21.8	26.4	24.8	24.3	23.8
CHC & FNC	6.4	4.8	6.7	5.3	5.6	6.9
Other	4.7	5.2	7.0	3.4	5.2	5.3
Total Expenditure	69.3	66.6	74.2	72.2	71.0	72.9

Key Points:

- The total spend in M7 of £72.9m was £1.9m higher than the Q2 average. The main movements were:
 - Increase in Primary Care Drugs £0.4m – Latest activity indicates higher than planned demand growth
 - Increase in Secondary Care Drugs £0.6m - Correction of retrospective Wellsky system error.
 - Decrease in Healthcare Commissioning £0.5m – Correction of SBU NICE recharges incorrectly invoiced to CTM.
 - CHC & FNC increase of £1.3m – Recognition of accountancy gains in M4 & M6 reduced the Q2 average.



Income Trends



Income Group	Qtr1 Ave £'m	Jul-24 £'m	Aug-24 £'m	Sep-24 £'m	Qtr2 Ave £'m	Oct-24 £'m
Welsh NHS Income	6.5	5.7	6.9	6.4	6.3	6.8
WHSSC Income	1.0	1.0	1.2	1.0	1.1	1.0
Primary Care Contractor Income	1.0	1.2	1.1	1.1	1.1	1.3
CHC Income	0.4	0.6	0.6	0.7	0.6	0.7
Other Income	4.0	3.9	4.3	4.3	4.2	4.1
Total Income	13.0	12.4	14.1	13.5	13.3	13.8

Key Points:

- The total Income in M7 of £13.8m is £0.5m higher than the Q2 average of £13.3m. This is primarily due to:
 - Welsh NHS Income £0.5m – Improved activity levels for Swansea Bay, Cardiff & Vale & Aneurin Bevan, resulting in increased income.



Income Assumptions WG

	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,236.8	29.7	25.0	87.3	1,378.9
Anticipated Allocations:					
Emergency/Urgent Care	1.4				1.4
RLW Social Care	3.4				3.4
2024/25 RLW Pay award	2.6				2.6
IFRS 16 Adjustment	(3.0)				(3.0)
WRP Recovery	(4.5)				(4.5)
Trainees	2.1				2.1
Depreciation	94.8				94.8
23/24 & 24/25 Medical staff pay award	11.8				11.8
Additional Community Pharmacy Contractual Framework Funding 2023/24		1.4			1.4
Planned Care Recovery Funding (prior to POW incident)	3.9				3.9
Impact of POW incident upon Planned Care Recovery	8.1				8.1
Impact of POW incident upon Unscheduled Care/Other	4.4				4.4
Other	2.5			0.8	3.3
Total Allocations	1,364.4	31.2	25.0	88.2	1,508.7

Key Points:

- As at M7 the confirmed Revenue Resource allocation was £1,378.9m.
- The forecast position assumes a further £137.4m of additional allocations offset by a reduction of £7.5m for IFRS 16 adjustments and Welsh Risk Pool (WRP) recovery to give a Total allocation of £1,508.7m.

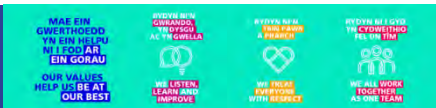
Income Assumptions - NHS



	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	(2.4)	27.4
Aneurin Bevan University	20.2	0.8	21.0
Betsi Cadwaladr University	0.0	0.3	0.3
Cardiff & Vale University	17.2	1.2	18.3
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.6	0.4	1.0
Powys	5.1	1.2	6.3
Public Health Wales	3.3	1.3	4.6
Velindre	0.0	11.8	11.8
NWSSP	0.0	0.0	0.0
DHCW	0.5	1.0	1.5
Wales Ambulance Services	0.0	0.1	0.1
JCC	12.1	0.0	12.1
HEIW	0.0	16.9	16.9
NHS Wales Executive	0.0	0.0	0.0
Total	88.9	32.5	121.3

Key Points :

- With the exception of ABUHB, all LTAs and SLAs were agreed by the 30 June deadline.
- Most of the LTA documentation has been signed by both parties but work continues to progress the final documentation and signing of our LTAs with Cardiff & Vale UHB.
- The Health Board submitted its arbitration documentation for the ABUHB LTA dispute to WG on 1st July 2024. WG ruled in favour of ABUHB and the £1.9m impact has been factored into the year end forecast (see page 8). There is also a further risk of £1.1m regarding the LTA activity baseline which has not been agreed with ABUHB. This risk has been included in the Risk Table (page 19).



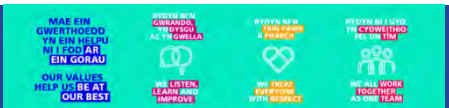
Savings



	Month 7			Month 6		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target	15.3	26.3	26.3	13.2	26.3	26.3
Actual and Forecast Savings	(6.1)	(12.8)	(13.3)	(5.1)	(12.8)	(13.1)
Total	9.2	13.5	13.0	8.1	13.5	13.2



- Key Points:**
- Actual YTD savings in M7 was £6.1m which was £9.2m below the target of £15.3m.
 - The M7 forecast In year savings is £12.8m, which is £13.5m below the £26.3m target. This is the same as M6.
 - The £12.8m forecast savings plans have been risk assessed as £12.8m Green and £0.0m Amber.
 - The M7 forecast Recurrent savings is £13.3m, which is £13.0m below the £26.3m target. This represents a £0.2m improvement from M6.





Risk Management

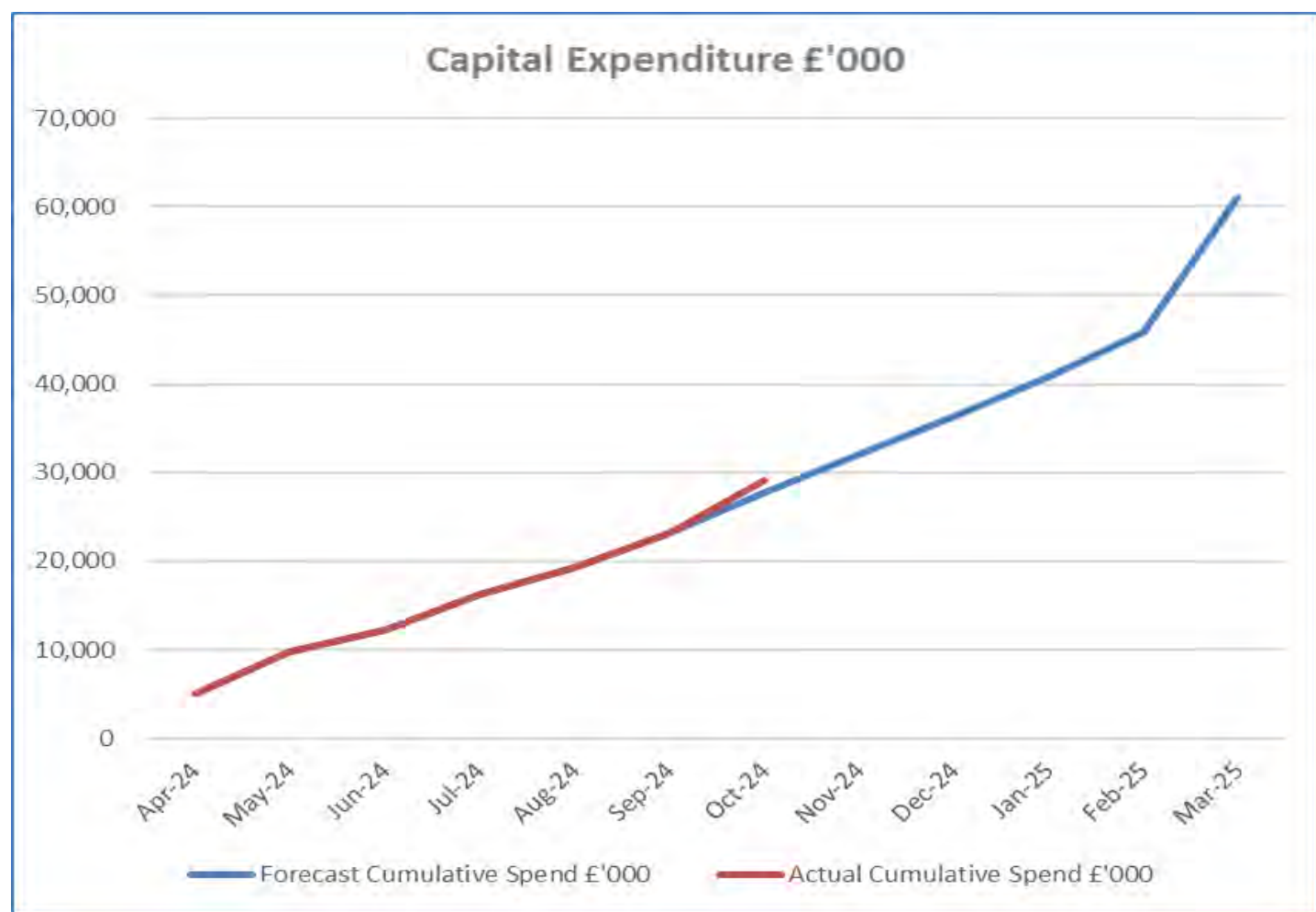
Risks and Opportunities



	M7 £m	M6 £m	Comment
Funding risks:			
Risk of the 24/25 pay award not being fully funded	1.0	tbc	Further clarification needed on funding assumptions for 24/25. The £1m is only the estimated impact of not funding pay awards for bank staff.
Risk of assumed funding for Real Living Wage for social care of £3.4m not being fully funded.	1.0	1.0	We increased our assumed allocation in M6 by £1m to be consistent with other Health Boards.
Other risks:			
Further improvement needed to achieve planned break-even position	1.7	2.3	Improvement included in year-end forecast. See Page 9.
Delivery risk on latest savings forecast	0	0.2	
Delivery risk on forecast improvement in Delegated position compared to straight line	1.9	3.6	
Other cost pressure risks	1.6	2	50% of the High and Medium risks identified by Care Groups, over and above their M7 forecasts.
ABUHB LTA baseline- Activity Risk	1.1	1.1	Risk relating to the ABUHB LTA Activity dispute at 62.5% marginal rate. See Page 17.
Potential pay banding disputes including retrospective application	tbc	tbc	
POW critical incident	4.4	tbc	See Page 6
Total Risks	12.7	10.2	
Opportunities			
Further Balance sheet opportunities in 24/25	tbc	tbc	£6.3m now included in year-end forecast at Table A (M6: £6.3m).
Review of Annual leave provision	tbc	tbc	
Retrospective vat recoveries – Microsoft contract	tbc	tbc	Updated assessment from DHCW indicates a potential £2.3m benefit, but high level of risk.
Other Non Recurrent Opportunities	(1.0)	tbc	
Total Opportunities	(1.0)	0.0	
Total	11.7	10.2	

- Key Points :
- As at M7 we are reporting an estimated net risk of £11.7m, an increase of £1.5m from M6.
 - The financial risks that the Health Board is trying to manage remains high and there is a significant risk that the In year and Recurrent forecasts could deteriorate in the coming months.





- Key Points:**
- The latest Capital Resource Limit for 2024/25, issued on the 1st November 2024, is £63.6m.
 - This is supplemented by a forecast £0.1m of donated funds in this financial year giving an overall programme of £63.8m.
 - Expenditure to M7 was £29.1m.
 - The outturn capital position is forecast to be balanced against the CRL target.
 - The Capital business case for the POW roof replacement and associated compliance works was approved by WG on 8th November. £16.5m will be added to the 2024/25 CRL in M8.

Statement of Financial Position

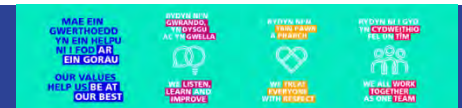


Balance Sheet	Opening Balance (01/04/2024) £'000	Closing Balance as at M06 £'000	Closing Balance as at M07 £'000
Non Current Assets			
Property, Plant & Equipment	730,452	735,810	738,817
Intangible Assets	2,092	2,092	2,092
Trade and Other Receivables	67,191	67,191	67,191
Total Non-Current Assets	799,735	805,093	808,100
Current Assets			
Inventories	7,367	7,479	7,435
Trade and Other Receivables	77,735	117,159	118,804
Cash and Cash Equivalents	1,485	6,692	2,372
Non Current Assets Classified as Held for Sale	0	0	0
Total Current Assets	86,587	131,330	128,611
Current Liabilities			
Trade and Other Payables	161,743	161,743	161,743
Provisions	36,955	36,955	36,955
Total Current Liabilities	198,698	198,698	198,698
Non-Current Liabilities			
Trade and Other Payables	18,437	28,714	32,517
Provisions	65,735	89,285	89,041
Total Non-Current Liabilities	84,172	117,999	121,558
TOTAL ASSETS EMPLOYED	603,452	619,726	616,455
Financed By:			
General Fund	493,867	510,141	506,870
Revaluation Reserve	109,585	109,585	109,585
TOTAL	603,452	619,726	616,455

Key Points :

There were a small number of movements on the balance sheet between M6 and M7:

- Trade and Other payables have increased by £4m. This is due to an increase in capital creditors of £1.2m. The remaining increase is a general increase in trade and Non-NHS creditors.
- Trade and Other Receivables have increased by £1.6m. This is mainly due to an increase in Non-NHS debtors and prepayments of £3.9m offset by a decrease in the Nursing Home Pooled Budget debtor of £2.7m.
- The cash balance has decreased by £4m to £2.4m. The Month 6 balance was at a higher level than usual to cover the estimated back dated pay award.





Cash Flow Forecast



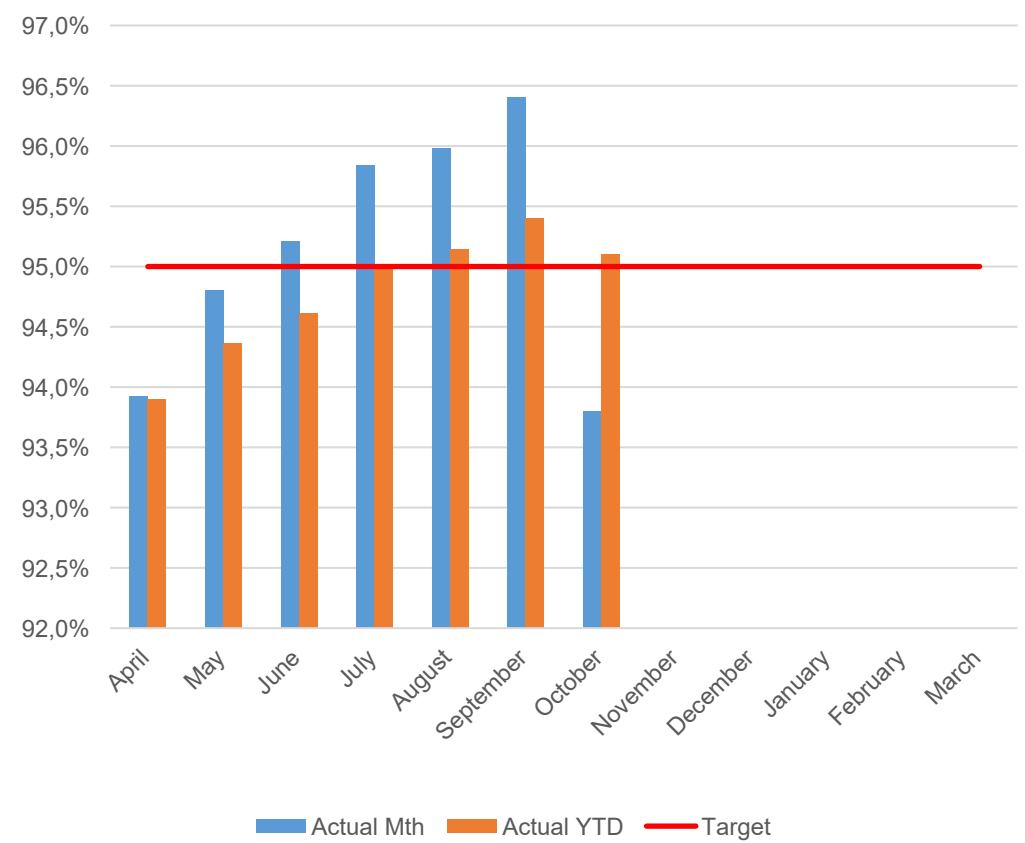
Cashflow	Actual / Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	104,060	121,501	110,845	123,671	122,274	115,153	110,593	128,500	116,379	115,500	115,500	110,235	1,394,211
WG Capital Funding	6,000	3,000	3,600	5,300	3,900	3,500	4,800	3,500	5,900	5,600	6,300	14,497	65,897
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Org'ns	13,521	8,976	10,095	10,090	10,783	10,967	10,075	10,100	10,100	11,000	11,000	11,000	127,707
Other	6,489	5,527	3,110	1,968	4,648	5,427	3,417	4,000	5,200	5,200	5,200	5,200	55,386
Total Receipts	130,070	139,004	127,650	141,029	141,605	135,047	128,885	146,100	137,579	137,300	138,000	140,932	1,643,201
Payments													
Primary Care Services	18,876	30,646	10,140	18,812	29,598	9,023	19,011	29,750	19,325	17,889	17,889	9,081	229,213
Salaries and Wages	(262)	(169)	0	300	0	132	50	0	0	0	0	131	1,009
Non Pay Expenditure	44,837	57,323	58,000	56,289	54,911	61,312	59,057	59,000	59,000	59,000	59,000	59,000	686,729
Capital Payments	5,476	6,126	3,568	2,845	4,105	3,004	4,171	4,754	5,369	5,591	6,307	14,000	65,316
Other	59,061	48,104	52,532	59,439	58,482	56,688	50,916	54,000	54,000	54,000	54,000	61,197	662,419
Total Payments	127,988	142,030	124,240	137,685	147,096	130,159	133,205	147,504	137,694	136,480	137,196	143,409	1,644,686
Net Cash In/Out	2,082	(3,026)	3,410	3,344	(5,491)	4,888	(4,320)	(1,404)	(115)	820	804	(2,477)	
Balance B/F	1,485	3,567	541	3,951	7,295	1,804	6,692	2,372	968	853	1,673	2,477	
Balance C/F	3,567	541	3,951	7,295	1,804	6,692	2,372	968	853	1,673	2,477	0	

Key Points within the Cash Flow Forecast :

- The cash balance at the end of M7 was £2.4m, which is in line with our targeted monthly balance.
- The cash flow forecast shows a balanced position. Cash for any future pay awards including arrears have not been included in the Cash Flow Forecast table and will be included in M8.
- The Revenue position includes £16.4m relating to the estimated costs associated with the POW critical incident plus additional support to recover planned care performance. This has been factored into the above cash flow forecast. However, since the latest CRL does not include the capital element of the POW critical incident, this has not currently been included.
- As at M7 we do not anticipate requiring any additional working capital balances cash or strategic cash support. However this is dependent on receiving adequate confirmed allocations for items such as the POW critical incident and pay awards and will continue to be reviewed on a monthly basis.



30 Day Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in October was 93.8%
- There was an additional 1,614 invoices processed by AP during October compared to September and the number of invoices processed over 30 days increased by 677. This increase was across a number of our large suppliers.
- We anticipate the value percentage in future months to increase to above 95%.
- The cumulative percentage to M7 is now 95.1%.
- We are forecasting to achieve the 95% target by the end of the year.



Agenda Item

6.3

CTM Health Board

Capital Programme Update 2024 / 25

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Carolyn Blockley, Head of Capital
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Matters discussed at ECMG	30/09/2024	Approved

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg UHB
ECMG	Executive Capital Management Group
IRCF	Integration and Rebalancing Care Fund
FEN	Fire Enforcement Notice
CRL	Capital Resource Limit
AWCP	All Wales Capital Programme
NBV	Net Book Value
YCR	Ysbyty Cwm Cynon

PCH	Prince Charles Hospital
POWH	Princess of Wales Hospital
NIAW	National Imaging Academy Wales
WG	Welsh Government
EFAB	Estates Facilities Advisory Board

1. Situation / Background

The purpose of this report is to provide an update on the current Capital resource limit for 2024/25 and expenditure commitments made to date. The report also covers the actual capital expenditure as at Month 5 and a brief update on all current major capital projects

2. Specific Matters for Consideration

2.1 2024/25 Capital Funding Position

The latest capital funding position for 2024/25 is shown in Table 1 below comprising £6.915m discretionary and £53.901m All Wales Capital funding giving a total Capital Resource Limit (CRL) of £60.816m.

The majority of the All Wales schemes below were reported in previous updates to the Board as existing schemes continuing into 24/25. There are however some notable additions where funding has been secured in year for diagnostic equipment replacement in YCR and Maesteg Hospital as well as significant funding of £5.570m to target backlog maintenance across the estates.

IFRS16 funding has been approved of £0.707m and this is added to the CRL.

Funding is added to Table 1 to show donations of £0.043m which takes the total funding available in year to £61.566m.



Table 1 Confirmed CRL funding 2024/25	Current CRL £'000
Discretionary allocation 2024/2025	6,915
Prince Charles Hospital Refurbishment - Phase 2	24,138
Prince Charles Hospital Refurbishment - Phase 3 Fees	1,187
Llantrisant Health Park – PBC Fees	2,041
Efab - Infrastructure	4,678
Efab - Fire	904
Efab - Decarbonisation	1,426
Fire Enforcement Works - Princess of Wales - fees	185
Emergency Department and Minor Injury Unit Improvements	113
Diagnostic Equipment - February 2024	212
National Imaging Academy Wales Discretionary	200
Diagnostic Equipment 2024-25	1,025
Backlog Maintenance - 2024-25	5,570
DPIF	
DPIF - ePMA Implementation	1,973
IRCF	
Sunnyside	9,293
Maesteg Health and Wellbeing Park	956
All Wales Capital Funding	53,901
IFRS 16 Funding	707
Total WG Funding	61,523
Disposal of Assets with NBV	
Government granted/Donated income	43
Total Capital Funding as at 27.08.2024	61,566

The Capital team are working on confirming accurate full year forecasts particularly for the PCH refurbishment project and Bridgend Health and Wellbeing Centre (Sunnyside). Allocation adjustments for these schemes will be requested by the end of October 2024 to bring allocations in line with the latest forecasts.

The spend to 31st August 2024 across all schemes is £19.316M which is equal to 31% of the total committed spend. This is in line with expectation for this point in the financial year.

2.2 Discretionary Programme Commitments 2024/25

The table above details discretionary capital funding of £6.915m in 2024/25. In addition to this the Executive Capital Management Group (ECMG) agree each year to over commit the programme to assist with managing inevitable year end slippage in capital schemes. A c13.5% over commitment of £940k was made at the start of the financial year based on previous experience. As specific slippage amounts are confirmed this is managed appropriately to ensure a balanced outturn position at the end of the financial year.

Table 2 below shows all approvals and commitments to the end of September against the areas of ICT, Equipment, Backlog Maintenance, Statutory Compliance and Service Redesign.

The position shows that the over commitment has increased slightly from the original £0.940m to £1.016m. There are ring-fenced allocations within this that

are yet to be committed which could be released if required, in addition there are also slippage risks within the backlog maintenance allocation given the significant additional funding received in year that are likely to require managing into next financial year. When this detail is known further commitments may be required to ensure the forecast of a balanced outturn position is maintained.

Cwm Taf Morgannwg Discretionary Capital Plan 24/25		
Table 2 - Discretionary Funding and Allocations		Current Position
Funding Sources		
Discretionary Capital Funding		10,180
EFAB Top Slice		-1,899
All Wales Capital Scheme Commitments B/F		-1,366
Property Disposals		0
13.5% Over commitment		940
Total Funding (Including over-commitment)		7,855
Department Allocations		
IT	Funding	1,638
	Expenditure Allocations	1,642
	Contingency Allocation	-
	Overcommitment against allocation	4
Statutory Compliance	Funding	1,120
	Expenditure Allocations	920
	Contingency Allocation	200
	Overcommitment against allocation	-
Backlog Maintenance	Funding	1,290
	Expenditure Allocations	1,173
	Contingency Allocation	116
	Overcommitment against allocation	-
Equipment	Funding	1,698
	Expenditure Allocations	1,778
	Contingency Allocation	-
	Overcommitment against allocation	57
Service Redesign	Funding	1,316
	Expenditure Allocations	964
	Contingency Allocation	352
	Overcommitment against allocation	-
Ringfenced allocation - Blast Chillers/Access Controls		787
Contingency b/f disc schemes		-
Sub Total Committed Expenditure		6,476
Subtotal amounts remaining to commit		1,455
Total anticipated Spend		7,931
Position against Funding (including planned overcommitment)		76
Position against actual funding under/(Over)		1,016

Statutory Compliance and Backlog Maintenance

Within statutory compliance and backlog maintenance there is an amount of £316k remaining to be allocated. Of this, £200k is currently being held for the potential switchboard centralisation project. A project group has recently been established with weekly meetings, the initial key focus for the project is to establish the detailed costing to deliver the technical solution. This scheme is complex in terms of IT and estates impact, but both are engaging with the facilities led project. The current assessment is that the revenue savings linked to this scheme are unlikely to be realised this financial year although the target is still to deliver the capital solution in year.

The remaining £116k is being held as contingency for existing schemes or urgent requests.

It should be noted that with the significant additional funding secured along with EFAB and discretionary there is c£15m being spent across the estate over 70 schemes on backlog maintenance and statutory compliance in year.

Whilst this is a welcome investment it does bring challenges in terms of resources required to project manage and link with estates staff as well as contractors and will likely limit the ability to scope and deliver additional service transformation schemes to those already identified. As mentioned above the likelihood is that not all of the schemes will deliver in full this financial year however the funding from WG has been allocated on this basis. It will therefore be necessary to manage some of this through discretionary capital in year to enable some of the schemes to complete early next financial year

Equipment Allocation

The Operational Capital Group (OCG) meet on a monthly basis to present and discuss urgent requests as well as collate remaining priorities for this financial year.

As the equipment allocation is fully committed only service critical requests are currently being put forward for approval. At the last meeting on the 19th September 2024 no urgent requests were made however a significant number of priorities were submitted for consideration. These requests have been collated and form the basis of a bid to WG for additional funding, this will also start to form the list of priorities for any internal slippage generated.

As requested by WG a submission was made on the 30th September 2024 with information received from the care groups, clinical engineering, estates, IT, radiology and NIAW. The bid for funding gave options across a number of areas totalling £9.333m. WG have confirmed that the first round of funding will be awarded to backlog maintenance schemes to allow time for delivery, this is expected by the end of October. Further allocations are then likely to be made in November as further funding becomes available.

CTM Year End Funding Bids	£'000
Backlog Maintenance	1,250
Equipment	2,930
Digital	4,368
Imaging	600
NIAW	185
Total	9,333

The top priorities identified in the return were POWH roof and POWH windows as part of backlog maintenance. In terms of the roof, the amount deliverable in 2024/25 was not known at the time of submission and hence a marker of £500k was included initially. In follow up conversations as the scheme has evolved a potentially much larger number has been discussed with WG. As soon as a programme of works has been agreed and costs are known an updated profile will

be provided to WG. WG have confirmed that they are supportive of us delivering as much of the roof replacement scheme in 2024/25 as possible given the current disruption to services

Service Redesign / Works Schemes

At the start of the financial year, a number of priority schemes were identified by the service and allocated a project manager in order to gain a firmer cost estimate, as well as potential programme as some of the larger schemes may need to span financial years. A balance of £352k currently remains and is expected to be released over the next 2 months to the priority schemes. In addition to this a ring-fenced allocations remains in place for the blast freezer replacement in the Central Production Unit (£500k) and access control works in POWH (£287k). The details of these schemes including confirmation of deliverability in year are due to be confirmed ASAP to allow release of the funds.

2.3 Major Capital Schemes

The spend to date on All Wales Capital Programme (AWCP) schemes up to end of August is £17.656m which represents 33% of the approved funding for AWCP. The current status and detail of the major capital projects is provided in Appendix A.

2.4 Property Disposal

Following the Estates Rationalisation work under the Value and Effectiveness Portfolio Board, the Health Board wishes to dispose of Pontypridd Health Centre. Pontypridd Health Centre was vacated 27th September 2024 and under the Public Sector Protocol has been listed on the EPIMS database portal for interest from other public sector partners. One organisation has visited once and requested a second visit in October, so this is likely to be the next site disposal.

The Board is being asked to approve the request to dispose of Pontypridd Health Centre as part of the estates rationalisation programme.

2.5 NHS Wales Prioritisation

As reported previously, Welsh Government continue to report that the future years capital programme remains under extreme pressure. As a result WG launched an all Wales capital prioritisation exercise. The NHS Infrastructure Investment Board (IIB) in Welsh Government agreed a framework which will provide a common basis for investment decision making. Organisations were asked to complete an investment form for all potential business cases requiring funding from the All Wales Capital Programme, irrelevant of where they are in the business case process. This excludes requests for funding from the Digital Priorities Investment Fund (DPIF) and the Integration and Rebalancing Capital Fund (IRCF).

The below was submitted to WG as part of this process:



		2024-25	2025-26	2026-27	Further Years	Total
Priority	Scheme	£m	£m	£m	£m	£m
1	Llantrisant Health Park Infrastructure Programme	12.27	67.42	74.05		153.74
2	POW Theatres - Fire Safety Requirements	0.50	15.00	0.50		16.00
3	PCH - Phase 3		23.20	23.20	11.60	58.00
4	POW Programme of infrastructure work	1.00	15.00	45.00	189.00	250.00
5	Endoscopy Scope Decontamination POW	3.00	2.00			5.00
6	RGH Mechanical Infrastructure	0.50	3.00	2.50	3.00	9.00
7	Diagnostic Imaging Replacements	2.00	3.00	2.00		7.00
8	Additional ward facilities on 3 major DGH sites	2.00	4.00	3.00	3.00	12.00
9	Phased Outpatient Reconfiguration	1.00	2.00	3.00		6.00
10	Consolidation of Mental Health Services	1.00	3.00	5.00	41.00	50.00
11	ITU - reconfiguration		0.50	1.00	13.50	15.00
12	HSDU Single Site Decontamination			0.50	13.50	14.00
13	Third Eye Theatre at POW				5.00	5.00
14	Regional Pathology		0.50	1.00	48.50	50.00
15	Interventional Cardiology Unit				5.00	5.00
16	Emergency Dept South			0.50	11.50	12.00
17	Reconfiguration of Obs & Gynae South				20.00	20.00
18	Mortuary capacity PCH				5.00	5.00
19	Diagnostic Imaging Replacements				19.00	19.00
20	Centralised haematology day unit				3.00	3.00
21	Expand Central Production Unit			0.50	11.00	11.50
22	Single CTM Contact Centre				2.00	2.00
		23.27	138.62	161.75	404.60	728.24

Based on the priorities submitted to WG the Health Board is looking to develop a number of business cases over the next few years for submission to WG. Work has commenced in detail on the top 7 priorities.

WG gave an update at the Capital Review Meeting in September regarding the NHS All Wales Capital Prioritisation exercise and confirmed that the information submitted had been used to inform internal WG work required as part of the budget setting process post 2024/25. Following a few internal meetings with Directors an update is being drafted for the new Cabinet Secretary on core elements of the plan.

WG explained that there is a plan to introduce a targeted investment fund (similar to EFAB) which would be ring-fenced for Backlog Maintenance, Mental Health, Fire risks, Decarbonisation and Decontamination. A ring-fenced Equipment and Diagnostics allocation is also being suggested along with a slight increase to discretionary allocations. More work is then required on the scheme specific priorities that would sit outside these allocations and this is required to be reported back to the Executive Directors Team in WG followed by the Leadership Board in December.

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

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



	POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	Yes (Include further detail below)	
	Legal implication of the capital programme are assessed for each project and advice sought accordingly but 2 programmes are subject to FENs	
Enw da / Reputational	Yes (Include further detail below)	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	The paper discusses the use of capital resources	

4. Recommendation

4.1 The Board are asked to:

NOTE the funding position for 2024/25, commitments made against this allocation and the bid submitted to WG for additional year-end funding

NOTE the spend to date, risks re delivery and plans in place to deliver a breakeven position

APPROVE the disposal of Pontypridd Health Centre

NOTE the priority schemes submitted to Welsh Government as part of the all Wales NHS prioritisation framework and work progressing on a number of these schemes

Appendix A – Major Capital Schemes Update

PCH Ground & First Floor Scheme

Phase	Approved Allocation £000	Previous Years Spend £000	24/25 AWCP Allocation £000	Forecast 24/25 spend £000	Forecast Future yr Spend £000	Expected completion date
Phase 2	217,388	141,539	24,138	29,779	46,070	01/09/26
Phase 3	2,887	1,700	1,187	1,187		tbc

Phase 2 of the Ground and First Floor Refurbishment Programme is a £220m scheme addressing the lifting of the Fire Enforcement Notice on Prince Charles Hospital. Construction began in November 2020 and is anticipated to complete in September 2026.

The works are being delivered in 6 Sections of activity. Of the initial 6 Sections, construction work is presently ongoing in Section 4. Four sections have been completed; 1, 2, 3 & 6. Section 5 is yet to commence.

Section 3 was a significant phase of works which recently completed and covered the refurbishment of the Out-patient, Therapies and Radiology Department on the Ground Floor and Maxillofacial, Endoscopy, Oncology and Theatres areas on the 1st Floor.

CRL funding for 24/25 for phases 2 and 3 was issued as £25.325M, £1.187M of this being for phase 3. The current forecast spend on both phases in 2024/25 is £30.96M which is £5.64M above the agreed CRL for this year. This will be closely monitored and a change to the funding amount will be requested as part of CRL setting in October 2024 to bring forward the allocation from 2025/26

The remaining contingency balance on the total scheme is currently £2.013m. In addition to this there is a forecast gain share figure of £3.3m. Final accounts have been agreed on sections 1, 2 and 6 and the gain share for these is effectively confirmed at £2.6m. However, the remaining figure is likely to change as sections 3 has not yet been agreed. WG will request that gain share is returned if not required for delivery of the scheme so it cannot be assumed that the gain share will be available to the Health Board. Further discussions will be had with Welsh Government at an appropriate point in the scheme however it should be noted that based on the latest inflation forecast it is likely that an ask will need to be made to retain the gain share to cover inflationary pressures on the scheme. Inflation is a risk that sits with WG not the Health Board.

The scheme has currently committed 92% of the available contingency. This is being kept under close review with NWSSP-SES and Welsh Government and will be linked to discussions around retention of the gain share and VAT reclaim

Bridgend Health and Wellbeing Centre (Sunnyside)

Approved Allocation £000	Previous Years Spend £000	24/25 AWCP Allocation £000	Current forecast £000	Year Spend	Completion Date
19,222	1,379	9,293	5,400		Autumn 2025 (potential delay to Jan 2026)

Funding of £10.7M was initially approved by WG in October 2020 for this scheme being delivered in partnership with Linc Cymru. In early July 2021 the contractor (WRW) went into administration. A new contract has now been signed with Wynne Construction Ltd and an uplift of funding up to £19.222m secured to progress with the scheme

The new contractor took possession of the site on 25th March 2024 and Health Centre works commenced on the 3rd June 2024. Further to on-going testing Wynne Construction confirmed that the foundations were not to design drawings standard and piecemeal repairs would not be possible. As a result, all existing HB area foundations have been stripped out. As this process was allowed for in the programme there are no cost or timescale implications. S111 Highways work to the site entrances and all off-site works has commenced.

The most recent cash flow forecast indicates that the spend in the current financial year will be significantly below the CRL allocation. The latest forecast is that spend will be £5.4m which is £3.9m below the CRL of £9.3m. Due to the project being in very early stages the Health Board are reviewing cash flow forecasts with the cost advisor and will look to confirm the position ASAP. The risk of slippage has been flagged to WG in the monthly reporting.

As per a condition of the revised funding additional decarbonisation measures have now been incorporated. This includes additional photovoltaics and a full air source heating solution into the design of the building as well as recommended fabric performance improvements to the roof and ground floor. Gas fired boilers with therefore be removed from the scheme entirely and the scheme moves to an all-electric solution. The scheme will also need a temporary generator connection point at approximately.

Work is also ongoing on other key funding conditions including integration with Bridged County Borough Council (BCBC) and the voluntary sector. BCBC have confirmed that they would like part of their integrated network team to be included in the building, this can be accommodated with minimal design changes. Discussions regarding a pharmacy provider are also commencing through the

Pharmacy Advisor although this can be a long, complicated process and is not expected to be resolved in time for the opening of the centre.

Original completion date was October 2025 however at the August progress meeting the contractor reported a revised date of 9th January 2026. More information has been requested to support this significant change and it is being challenged by the Health Board and advisors.

POWH – Fire Enforcement Notice and Theatres

Approved £000	Allocation	Previous Years Spend £000	24/25 allocation £000	AWCP £000	Forecast 24/25 spend £000
823		567	185 Plus £70k discretionary		255

The fire enforcement notice was applied to the main theatre at POWH in December 2018, however the former Abertawe Bro Morgannwg University (ABMU) Health Board was unable to discharge the full requirements prior to the boundary change. Since that time CTM has proactively worked to discharge the “below ceiling” elements of the notice covering storage and training however the above ceiling elements around the theatre infrastructure have proven more complex.

The Fire Enforcement notice has been extended three times since the boundary change. For the most recent extension the HB met with SWFRS on the 27th November 2023 and they were pleased to see a programme with milestones and asked for assurance that no further changes to the plan were anticipated.

They were assured that the preferred way forward for the Health Board has been agreed and appears acceptable to WG. The Assistant Director of Health, Safety & Fire emailed South Wales Fire and Rescue Service (SWFRS) on 13th December 2023 formally seeking an extension for 2 years from 1st January 2024. SWFRS agreed to extend the deadline by the maximum they can of one further year, accepting that we will need to apply for a further one year extension in December 2024.

Based on the timeline presented to WG and SWFRS of decanting theatres by May 2024 the scheme is now behind this timeline. A draft programme has been presented by appointed advisors which indicates a decant of theatres by October 2025. There are a number of options to shorten this programme, however, the details of the decant provision required will need to be agreed

Key action for next period is to confirm decant requirements and start procurement process. In relation to the works required in the POWH Theatres, the design team are progressing well. Agreement has been reached with the design team, Estates and our Fire Officers on the fire strategy/design solution to meet the FEN. A meeting with NWSSP-SES Senior Fire Safety Advisor was held 22nd July 2024 ahead of an update with SWFRS on 24th July 2024.

Centralised Decontamination Unit at POWH

Approved £000	Allocation	Previous Years Spend £000	23/24 allocation £000	AWCP £000	Forecast spend £000	23/24
268		268	0		1	

The 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 “land locked” HSDU department on the first floor of the main building.

The Strategic Outline Case was approved by WG in March 2020 who provided fees to develop the design and a business justification case for WG submission. An experienced design team was appointed to progress this scheme. User meetings have produced signed-off layouts and the production and completion of room data sheets.

Planning approval for the scheme was granted in February 2023 and tendering was completed in March 2023 with a preferred supplier identified and informed.

However, the Health Board paused the process to assess strategic options given the need to consider decontamination services for the Llantrisant Health Park. The Chief Operating Officer is also discussing the possibility of a sub-regional facility with other local Health Boards.

The last JAG accreditation visit occurred on 8th December 2023 and following this the decontamination lead has put several contingency options together to address the situation. The Health Board has subsequently proposed a mobile decontamination facility be brought to the POW site with a decontamination task & finish group being formed by the COO. The Task & Finish group had a site visit on 13th February 2024 to assess potential locations for a mobile unit and an options paper is being drafted by the Group Lead. Whilst the short-term plan for a mobile facility is progressing the longer term plan still needs to be agreed by the service to enable the capital team to continue in developing a business case for submission

Maesteg Health and Wellbeing Centre

The Health Board has successfully secured £987k of fees funding from the Integration and Rebalancing Capital Fund (IRCF) to develop a business case for the re-development of the Maesteg Hospital into a Health Park.

The IRCF preferred approach for this scheme is a joint SOC/OBC followed by a Full Business Case (FBC) and the aim is to complete the SOC/Outline Business Case (OBC) by March 2025.

A Project manager, cost advisor and Supply Chain Partner (SCP) were all appointed in February 2024.

From the draft programme issued by the SCP, decisions to firm up the scope of the options for appraisal were taken in early April e.g. one ward not two, second GP Practice, community (retail) pharmacy.

An options appraisal workshop to score the long list and identify the options to take forward from to the short list was held on 6th August 2024. The top scoring options proposed to be taken forward for further design work with indicative costs are:-

Option No.	Option Title	Estimated Out-turn Cost
3	Maesteg Health, Care and Wellbeing Hub 3,998m ²	£53.616m
3a	Maesteg Health, Care and Wellbeing Hub with Urgent Care 4,547m ²	£58.530m
4	Maesteg Health, Care and Wellbeing Hub with Rehab/Re-ablement beds 5,798m ²	£75.271m
5	Maesteg Health, Care and Wellbeing Hub with Rehab/Re-ablement beds and Urgent Care 6,367m ²	£81.348m

For comparison the cost of refurbishing the existing 3,100m² as a baseline with no service/joint working benefits has been estimated as £44.517m.

Given the scale of the costs above the Health Board sought a steer on affordability before embarking on RIBA Stage 2 detailed design in order to manage the expenditure of design fees within the approved sum. The Health Board informed IRCF of the options and costs on 20th September, prior to the WG CRM meeting on 24th September 2024. IRCF stated that the anticipated cost envelope was c£20m - £25m and explained that providing beds does not meet with their criteria for IRCF funding. It was agreed that that there could be other funding streams that contributed to the scheme as a “mixed-funding” approach. BCBC has agreed to include the HWC scheme as part of their Maesteg Placemaking Plan in line with the Town Centre First programme which may provide access to some funding.

The SCP has been asked to consider options of what may be possible with around £25m to £30m funding and the options for splitting the work into phase to spread the costs over a longer period of time.

Estates Infrastructure (EFAB) Schemes

The Welsh Government has approved £11.086M of infrastructure schemes over 2 years as part of its EFAB programme to upgrade and replace significant elements of the Health Board’s Estates infrastructure across various sites. The Health Board must contribute 30% of this funding, which is top sliced from the opening discretionary position.

By their very nature, each scheme is technically complex and significant external mechanical and electrical engineering expertise is required to ensure appropriately designed schemes are prepared for competitive tender and experienced contractors are appointed to ensure delivery. In some cases however procurement of contractors will be via single quotation/tender waiver to ensure compatibility with existing systems and processes (this is particularly the case regarding our fire and BMS systems).

Individual project progress reports for each EFAB scheme are monitored on a monthly basis by an EFAB Working Group chaired by the Assistant Director of Estates & Capital. A number of the schemes are reported as high or medium risk, and these are expanded on below.

As has been reported previously, it has been agreed with WG that the 4 schemes below will be delivered together to avoid multiple temporary closure of the POW Special Care Baby Unit (SCBU).

POW IPS/UPS
POW MCPs
POW AHU for AMU
POW AHU for Maternity

All four schemes have now started on site and are progressing as planned to deliver within the agreed period of Sept – Nov whilst services are temporarily diverted. With support from Capital Planning, Workforce and OD, staff side reps etc. a weekly Project Team has been overseeing all aspects of the process covering contingencies, staff transfers and a comprehensive communications plan for staff, mother-to-be, the public, Members of the Senedd etc. Patient Care and Safety have sent an Early Warning Notice of temporary transfer of service to facilitate the works to WG. Enabling works have been carried out at PCH to assist with additional capacity there.

The works mentioned above have not yet been impacted by any of the recent water ingress issues in POWH.

Install IPS in ITU RGH - This will now be delayed to early next financial year given the disruption already being managed with existing schemes. Whilst the scheme has been identified as a high-risk priority there are a number of different factors in RGH which reduce the risk compared to the risk in place in POWH. Estates have confirmed that the unit in RGH does have a UPS system but no IPS, the work was therefore identified to install an IPS system and while there replace the UPS to serve the unit for years to come. The RGH site has far more resilience overall than PoW and has N+1 generators meaning that the whole site could be supported even if one of the generators fail, again this is not the case in POWH.

The allocation for this scheme will be returned to WG for re-provision in 2025/26.

All Sites Roll Out of Voltage Optimisation - This scheme has been suspended due to issues surrounding the previous year's installation and a lack of transparency regarding the savings attainable. WG have now approved a bid to utilise this funding on other decarbonisation opportunities as per the below.

Decarbonisation Underspend - In addition to the above there is c£500k of underspend on the BMS upgrade at POWH, bids were submitted to WG to utilise this funding for further PV panels and BMS upgrades. The use of this underspend was approved by WG on the 4th July 2024.

Fire Underspend -VAT has been reclaimed on two fire schemes that completed last year, this left a £78k underspend. In the return submitted to WG a request was made to retain this underspend and utilise for the Phase 2 Fire Compartmentation scheme currently being procured. This was approved by WG in month and allocation adjusted to reflect this.

Maesteg Generator - Funding of £600k was allocated to replace the generator with an N+1 configuration. Given the recent discussions with WG on the wider redevelopment programme the scheme has been paused. The generator is only needed if there are inpatient beds on the site and, as there are no inpatient beds currently on site, it is not considered to be any service issue/risk in pausing this scheme. The funding issues will be discussed with WG.

Llantrisant Health Park

Design and Infrastructure Progress

Whilst discussions with WG over the funding requirements and next steps are ongoing internal work on investigating options to further shorten the programme. Contractor discussions have identified that there are some MMC (modern methods of construction) options that could support a programme reduction and this could make it more favourable over a full modular solution. This is being subjected to an urgent review.

A tender package for early demolition works is being developed and proposed to be issued in October. Once a contractor is identified then an application for funding can be made to WG for the works to be carried out.

Ongoing works are progressing positively with the LHP clinical team and lead clinicians in each of the speciality area. Footprints have been developed for orthopaedic theatres and day surgery as well as the associated inpatient unit. This work is subject to ongoing refinement and testing with clinical colleagues to ascertain the optimal design and layout.

A planning pre application submission was submitted on 11th September 2024. In addition, a SAB (drainage) pre app was also made on 13th September 2024.

Both are being considered by the relevant authorities before a series of meetings and discussions take place in late October 2024.

The mobile MRI remains on site until 28th September. Patient and staff feedback has been positive in terms of the location and accessibility of the site. Since coming onto site 1907 patients have received their scan and this has enabled a reduction of ca 50% in patients waiting for an MRI with a marked reduction in patients waiting 8 weeks or more. Once the mobile MRI has been removed from the site a CT scanner will be installed for 8 weeks during October and November 2024.

Financial Position

At the close of RIBA 2 the programme is forecast to spend £2.517M which is £464K over the current WG approved allocation. This represents the design fees in proceeding to this stage as well as the costs associated with the delivery of the Mobile MRI on the LHP site. Currently this overspend position remains a risk to the CTM capital programme until further WG funding is approved.

Should funding not be approved by the close of the RIBA 2 stage then the Health Board could decide not to instruct the external consultants to proceed directly onto RIBA 3 however this would clearly have programme impacts.

Ongoing attempts are being made to secure an uplift to WG funding. The WG requested Strategic Overview Document was submitted on 11th September along with a cover letter setting out the level of financial risk alongside the latest programme.

National Imaging Academy

In April 2024 WG approved a recurring ring-fenced allocation of £200k for the National Imaging Academy Wales. The funding is to enable the facility and associated digital infrastructure to be maintained and to provide continuity of access and secure environment for learning and development.

The Academy have previously relied on late year end funding allocations however this will enable them to plan required works and replacements. Priorities for this year were presented and approved at the July 1st 2024 ECMG which covered a mix of digital replacements and building improvements.



CTM Health Board

Integrated Medium Term Plan 2025-2028 – Development Process

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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 & 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 / Forum / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg UH

1. Situation / Background

- 1.1 Developing an integrated medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014).
- 1.2 Health board plans must ensure delivery of the requirements of the Quality and Engagement Act 2020, including delivery of the duty of quality and duty of candour.
- 1.3 The IMTP is required to align performance, service, workforce and financial planning along with the wider corporate teams' plans.
- 1.4 During the planning cycle for 2024-2025, undertaken during the last financial year, the health board worked to develop a balanced financial plan and the health board's plan was approved by Welsh Government during summer 2024.
- 1.5 The financial context for the 2025-2028 IMTP planning cycle remains extremely challenging and a number of additional in-year complexities have emerged which will be likely to impact on the financial planning for the forthcoming cycle.
- 1.6 The annual planning framework in support of the IMTP process for the 2025-2028 planning cycle is yet to be received.
- 1.7 Health organisations will be 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 for this planning cycle has not yet been received.

2. Specific Matters for Consideration

- 2.1 The 2025-2028 IMTP will be set in the context of CTM 2030 and informed by work on the acute clinical services plan. The plan is likely to be iterative given the timelines for completion of the Acute Clinical Services Plan (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.
- 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 health board's intention remains to seek to deliver a balanced financial plan during the period of the IMTP, however, as noted, the financial position remains challenging and the full impact of in-year pressures, including challenges to full delivery of the health board's savings plans, is yet to be fully determined.
- 2.4 Ministerial expectations for the IMTP will include a requirement for the health board to deliver on the following:
- 2.4.1 Ministerial priorities and measures
 - 2.4.2 NHS Performance Framework
 - 2.4.3 Outcomes Framework
 - 2.4.4 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)
- 2.5 An executive steering group oversees the development of the plan and support allocated to each care group. This steering group has endorsed the development of a set of commissioning intentions for internally delivered services which provide the strategic direction for the plans which the care groups and corporate teams will develop. These commissioning intentions set out the emerging priorities above and beyond the priority areas already agreed during the previous planning cycle, which will remain extant. The commissioning intentions are included as appendix 1.
- 2.6 Commissioning intentions for services provided by other NHS bodies will also be developed. In previous years the health board has received commissioning intentions from the Emergency Ambulance Services Committee and an Integrated Commissioning Plan from the Welsh Health Specialised Services Committee ahead of the completion of the IMTP. However, following the formation of the Joint Commissioning Committee (JCC), it has been confirmed that the JCC will be required to develop an IMTP. It will be necessary to ensure alignment between these the health board and the JCC plans.
- 2.7 The 2024-2027 plan provides a structure for the development of the new plan. Plans on a page developed for the 2024-2027 plan will be reviewed and refreshed taking into account emerging requirements, and with a focus on delivery of the strategic commissioning intentions.
- 2.8 Key milestones for delivery of the plan are set out below.

Month	Key activities/ deliverables
October 2024	Welsh Government Planning Framework expected shortly. The internal framework will be revised, as required.



Month	Key activities/ deliverables
	Internal service plans to be commenced
November 2024	- Internal service plans to be completed - Work undertaken to complete a first draft of the minimum dataset
December 2024	Financial allocation for 2025-2026 expected to be issued
January 2025	First draft plans
March 2025	Completed plan to be considered by the board for submission to Welsh Government by 31st March 2025.

2.9 A further key enabler for completion of the Health Board's three-year plan is confirmation from Welsh Government of the financial allocation for 2025-2026. This will be fundamental to the assurance of deliverable plans within the Health Board's financial allocation. Welsh Government officials have not yet confirmed a date for notification of the Health Board's 2025- 2026 financial allocation.

2.10 The plan is required to be submitted to Welsh Government by 31st March 2025 and should the Health Board be unable to submit a balanced plan, an accountable officer letter is required to be sent to Welsh Government prior to submission of the plan.

3. Key Risks / Matters for Escalation

3.1 This report is presented to provide the board with the process for developing the Health Board's IMTP for the period from 2025-2028.

3.2 Given the tight timescales for delivery of the plan to Welsh Government, planning must commence in advance of receipt of the key planning documents and templates for the submission and in advance of confirmation of financial allocation for the forthcoming financial year.

3.3 This will require service plans and the draft IMTP document to go through several iterations to ensure that they are aligned with the requirements and expectations of Welsh Government.

3.4 To minimise the risk of requiring major changes, regular meetings are held between the Health Board's Planning Team and Welsh Government's officers.



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: The IMTP is drafted with consideration of all strategic goals.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: As the three year plan comprises the whole of the health board's scope of delivery all strategic areas apply.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: All domains of quality apply.
Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	Yes - Recycle
	If more than one applies please list below: The health board's sustainability impacts are considered in this plan.

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Requisite assessments will be completed.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Requisite assessments will be completed.



Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report. The IMTP will require completion of a financial plan and the plan sets out the health board's priority development areas.	

5. Recommendation

- 5.1 The Board is requested to NOTE the contents of this report with particular consideration of the risks to delivery of a balanced financial plan alongside delivery of the Health Board's objectives.

6. Next Steps

- 6.1 Further updates on the development of the plan and the delivery of priorities will be provided to the Board.

DRAFT 2

CTMUHB Commissioning Intentions 2025/26

The following intentions are based on CTMUHB priorities, they sit alongside Wales Performance Framework. This document sets out overarching intentions within CTMUHBs activity and all relate to the overall strategic vision of “CTM 2030”. Core to this is addressing health inequalities and the social determinants of ill health; promoting primary prevention and self-care and driving integration. It is our vision to our vision reduce reliance on hospital services and shift a proportion of our activity and balance of spend into community and primary care services. Key enablers running supporting our commissioning intentions are digital solutions and development of resilient workforce models and efficient use of estate.

Potential statement re access to seed funding

Strategic Aim	Commissioning statement	Metric	Target date
Creating Health	Population Health • PHM. Improve primary care systematic management of vulnerable individuals identified through risk stratification • Design a Community Health and Wellbeing Worker service across the region, making best use of existing roles – initiate 3 proof of concept sites • Development of the CTM Offer/Deal work in conjunction with our partners (including our population) – initiate 3 POC sites • Continued development of a whole system healthy weight approach (tier 3) • Delivery of a children and young people’s weight management approach supported by a further development of adult weight management service building towards an integrated family based approach • Focus on improved breast feeding rates • Working with our partners to develop a whole system approach to supporting healthy parent infant relationships • Development of diabetes services for Type 1 and Type 2 – taking national and international best practice to inform this work	Personalised care plans in place Service initiated Business case completed and service development. Increase in breast feeding Diabetes service in place. Improved outcomes for patients	



	- Continued focus on reducing smoking prevalence, including Help Me Quit (evaluation of lung health check programme and participation in planning for next phase – national roll out) - Continued focus liver disease including reducing alcohol consumption, developing a specific therapy led service and eliminating Hepatitis B and C Prevention - A focus on shared decision making to empower patients to make informed decisions - Continue work towards a consistent system wide approach to 'self- care' for minor conditions and long term conditions - We will deliver our screening programmes including the development work for expansion of the age range for bowel screening.	Access to Minor Ailments Scheme. LTC care plans? BSW target delivery/ PHW measures	
Improving Care	Community Services - Optimisation of Discharge to Recovery and Assess (D2RA) services to speed up discharges from hospitals and enable more patients to leave hospital in a timely and supported way - Continued development of integrated community teams, including a focus on the population health pathway - Development of intermediate care services with the local authorities – 200 more places - Redesign functions of community hospitals to ensure focus on rehabilitation and reablement - Align Primary Care, Community and Dementia Responses to Residential and Care Homes settings Planned Care	Reduction in delayed pathways. New hospital model	



	- Continue shift of services into community settings, building on transformation of Glaucoma services and rolling into other specialities. Aligned to transformation of outpatient delivery including new to follow up ratios (differentiated by speciality) - Deliver of PIT and GIRFT programme outputs - INNU application and expansion, including no listings of BMI>40, ceasing septo-rhinoplasty procedures Diagnostics, Therapies, Pharmacy and Specialities - To improve patient outcomes through better use of medicines, ensuring that evidence-based care is embedded into routine practice through medicines optimisation - Llantrisant Health Park development of delivery plans for CDH - To secure an effective neuro-physiology service - To secure an effective expansion plan with regional collaboration to expand cellular pathology services and repatriate Bridgend work Primary Care - Maximise opportunities to deliver services at scale for quality and efficiency purposes (includes look at Carousel clinics and CVD, Resp and Diabetes indicators) - Diabetes: Improve recorded delivery of 8 core processes  Completion of 8 care HV Measures March processes CTM Q4 Fir 24.pptx - Increased use of Health Pathways - Development of the Navigation Hub to work with WAST to delay/prevent conveyances - Two 'ologies' shifting from secondary care to primary care, to include the further development of ophthalmology including the Welsh General Ophthalmic Services Contract and the identified priority areas of Diabetes and Respiratory services	5% Secondary to Primary shift PIT metrics achieved. Reduction in INNU Procurement/build Neurophysiology access improvement. >Wales average All core processes to be reported and monitored 20% reduction in referrals on 23/24 baseline 20% reduction in ambulance conveyances a/a 5% shift	



	- Establish a sustainable spirometry testing service Mental Health and Learning Disabilities - In conjunction with our partners work across the region to deliver the Regional Neurodevelopmental Service Improvement plan - New models of care – day services, older adult beds, rehab and recovery, crisis, Care Home rapid dementia response - No wrong front door – 111#2, alternatives to admission Unscheduled Care Delivery of the 6 goals programme - Design of a system wide frailty model - Design of a South Central Wales Stroke service and a focus on improved SSNAP score for CTM patients through a resilient stroke pathway - Redesign trauma pathways (including fracture liaison service) - Implement Acute Medicine/SDEC strategy Children and Families - Maternity and neonates (aligned to JCC regional review) - Safeguarding - Gynaecology hub (activity increase linked to Bridgend repatriation from SLA) - Deliver on outputs of Heath Visitor review - Review Acute Paeds model (PAUs on 3 sites)		
Inspiring our People	- Implementation of the People Plan - Design and delivery of in year workforce plans for the all Wales Strategic Workforce Plans (MH, Genomics, Pharmacy etc.)		



	➤ Development of workforce model to support ACSP, LHP and Regional Working Programme: new ways of working, workforce redesign, new roles & skills development • Right size the workforce - Continue to develop establishment reporting (control) work to agree service, finance and workforce baseline establishments and gaps • Agency reduction plans and improved bank utilisation • Wellbeing at work: healthier workforce. • Psychological Safety and Sexual Safety support/approaches to keep staff safe /well • Promotion of staff survey and improved employment experience index • Continued promotion of PADR /medical appraisal • Delivery of the Nursing and CTM Retention Plans • Focussed attraction work, EVP and employer branding • Apprenticeships and widening access • A focus on aligning quality measures and incentives across the system to support a positive patient experience and in hearing the patient's voice • Continue to develop a system approach to a safer culture and learning from incidents • Target number of participants through leadership development programmes • Agreed ED&I work plan and delivery of in year requirements • Maximising and nurturing Welsh language skills and work to achieve Welsh Language Standards • Digital opportunities to release capacity and improve digital capability aligned to HEIW Digital Capability Framework • Preparation for the new electronic workforce solution for new supplier options in Summer 2026 and implementation in 2027-2030 • Stat and Mand training	• % vacancy rates • Agency spend as a percentage of the total pay bill • % sickness absence rate • % headcount who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months in training • Turnover rate for nurse and midwifery registered staff • Staff Survey results • Increase in Flexible working rates • progress using the Workforce Race Equality Standard (WRES) indicators to inform anti-racism strategic plans and work practices.	



		• progress against the organisation's SEP's equality objectives • progress to improve dementia care (providing evidence of training and development in line with the Good Work – Dementia and Learning Development Framework) and increasing access to timely diagnosis	
Sustaining our Future	• To ensure that the services we commission reduce unnecessary referrals, diagnostics, admissions, or prescribing activity in order to improve quality, productivity and outcomes • To continue to work with academia and industry to innovate around recycling of health board waste and materials • To minimise the use of Nitrous Oxide across the health board and decommission the manifolds. • To work with our partners to make most efficient use of pooled resources (funding, workforce, equipment, estate etc)	Monitor referral trends and ROTT. Impact of waste schemes and development of further schemes. Monitor usage. Target level?	



(Agenda Item)		(28 th of November 2024)	(Public Health Board)	(CTM Winter Planning Presentation)
Rep	Impact Assessment:			
FOI Status:	Please select: Open (Public)		Indicate the Quality / Safety / Patient Experience Implications:	To ensure the provision of high quality and safe care can be sustained to meet higher levels of demand during winter period.
If closed please indicate reason:			Related Health and Care Standard	e.g. Governance, Leadership & Accountability
Prepared By:	Sarah James/Sian Bingham		Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes (include date) No (Explain why) This is a report drawing together existing activity and planned activity from Care Groups and Departments across the Health Board
Presented By:	Gethin Hughes			
Approving Executive Sponsor:	Gethin Hughes			
Report Purpose	Please Select: For Approval Endorsing for Approval For Discussion For Noting		Are there any Legal Implications / Impact.	Yes or No
Engagement undertaken to date:	Contributions across Care Groups and Corporate Departments. Activities included within the Plan have had extensive engagement and consultations.		Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes or No If Yes please include brief detail. Delivery of plans are dependent on availability and timescales of recruitment into posts. There are also cost pressures noted for adverse weather preparedness
			Link to Strategic Goals	Please Select: Sustaining Our Future Inspiring People Improving Care Creating Health

Acronyms / Glossary of Terms

CTM	Cwm Taf Morgannwg UHB
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
POW	Princess of Wales Hospital
YGT	Ysbyty George Thomas
YCC	Ysbyty Cwm Cynon
UEC	Unscheduled and Emergency Care
WAST	Welsh Ambulance Services Trust
COFD	Clinically Optimised for Discharge
LA's	Local Authorities
CEPOD	Continuous Enquiry into Perioperative Deaths
WG	Welsh Government
STAMP	Strategic Transformation Acute Medicine Programme
HB	Health Board
SMOC	Senior Manager on Call

SBUHB	Swansea Bay University Health Board
BI	Business Intelligence
ED	Emergency Department
IPC	Infection Prevention and Control
ECC	Enhanced Community Care
EOC	Executive on Call
H&S	Health & Safety
AESU	Ambulatory Emergency Surgical Unit
SDEC	Same Day Emergency Care
F1 & F2	Foundation Doctors
AMU	Acute Medical Unit
GP	General Practitioner
RAG	Red, Amber & Green

Overview

- Active planning and preparation for Winter since August. Concept of a continuous cycle of transformation using existing resources embedded throughout process. A particular focus this year on driving improvements and developments early in the year with the aim of implementation in readiness for/during the challenging winter period.
- The concept of “Reset 2 Weeks” has been used as a tool to ensure momentum, to get upstream of capacity and flow, and to test impact of developing services and approaches.
- Ensuring that the Health Board can respond to the needs of our Patients and our Communities safely as well as effectively meet the levels of demand and expected performance levels, is a whole system approach.
- Given the interdependencies within the system to ensure holistic patient pathways, our preparation as well as our delivery of services is therefore multi-disciplinary/departmental. Continuing to mature the collaborative working with partners, including LAs, being central to ensure admission avoidance and optimal discharge strategies are in place.
- This year our resilience and plans have been tested early as a result of the water ingress issues at POW, prompting the Health Board to declare a Critical Incident.

Critical Incident – Impact on Winter Plan

- Responding to the Critical Incident key priority during October and into November. The Health Board is now managing its impact, planning for winter as well as recovery.
- Reconfiguration of services and pathways have resulted in numerous changes across RGH and POW. Newly established beds in the Community utilised at pace to support the decant.
- Despite the current additional capacity brought online, there:
 - remains a shortfall of circa 75 beds against the base commissioned bed capacity.
 - ring fenced winter surge capacity at RGH is no longer available as it has been utilised to accommodate wards that have been relocated from POW.
- Capital grant funding from WG has been secured to support the development of further Community capacity across the Health Board's estates. Timeframes for delivery and implementation are to be confirmed.
- Due to the changing landscape across the HB, the initial winter modelling projections and assumptions are being reviewed and adjusted to take account of the ward changes, pathway changes, temporary reduced bed base and evolving elective activity plans and capacity. BI are working on this with Ops and Planning to progress this.

Winter bed modelling

Bed demand / Capacity = **-120** (bed shortfall)

This has already taken into account:

- All current core commissioned beds across acute sites
- All current core commissioned beds across community sites
- Planned additional community bed capacity from February
- IPC expected rates based on last 2 years
- Current RTT Plan

Not included:

Standard surge Capacity – boarding/treatment rooms etc

Key risks not yet factored in:

- Vanguard facility implications
- COFD rates

Mitigations detailed by Care Group for the Winter Plan. Plans to be followed up where its expected that the over and above admission avoidance/optimal discharging could be quantified e.g Virtual Ward/Respiratory Virtual Ward/ECC/STAMP etc. This will be progressed via the Reset/Winter Planning Group meetings mechanism.

Care Group and Departmental Plans

- The following slides set out the activities broken down by Care Group and Departments for the purposes of the presentation.
- A Gantt chart is being developed to provide a visual overview of all developments and the implementation of additional capacity across the Winter months. This will illustrate the collective developments and timelines across the Health Board and its interdependencies.

Leadership of Flow

The Site Leadership teams play a critical role in the day-to-day management of flow of patients and ensuring the co-ordination of required actions from across the System to achieve this. Key actions include:

- Promoting and driving SAFER actions e.g. via Optimal rollout at RGH.
- Assurance that rotas over the Christmas period are in place so that cover for gaps and contingency planning can be achieved.
- In collaboration with Care Groups, reviewing and influencing the requirement for additional staffing for any Surge capacity and/or to support optimal flow over the Christmas period e.g. additional senior decision makers etc.
- Strong leadership of the management of implementing site flow plans with a whole system approach adopted across Acute and Community capacity.
- Ensuring a buddy system for SMOC and EOC rotas over Christmas period.
- Aligning the use of surge capacity with anticipated periods of higher escalation.
- Strengthening site-based escalation cards with clear trigger points and actions to be taken.
- Another reset fortnight scheduled to include focus on de-escalating sites before Christmas, implementing additional activity and intensive collaborative multi-agency focus on optimal discharges to reduce the COFD patients, so that patients are in the right place/bed.
- Early planning for additional WAST vehicles to support timely discharges.
- Site preparedness across estates and facilities and other enabling services e.g Digital/H&S etc.

Planned Care Group - Overview

- Surgical SDEC to be rolled out across all 3 sites : live at PCH and RGH, POW AESU model under review.
- The elective recovery planning cell continues to progress modelling and plans to maintain the required elective activity to meet all 104 week RTT target by 31/03/2025. Plans will be determined by funding levels and availability of outsourcing capacity.

Risks and Mitigations

- To further mitigate hospital flow issues as well as to provide optimal levels of elective activity, the Health Board has been awarded WG capital funding to realise a modular Theatre to be located at RGH. Dates to be confirmed and modelling underway to confirm expected performance levels.
- The impact of the disaggregation of Orthopaedics from SBUHB is being worked through so that early plans can be developed should issues emerge.
- Increased level of sickness will require mitigation, additional F1s & F2s may be required, this will form part of work being undertaken by the workforce planning cell.

Unscheduled Care Group – Overview 1

Strategic Transformation of Acute Medicine Programme (STAMP)

- STAMP established to rapidly develop and implement a consistent approach in the delivery of Acute Medicine across all three acute sites.
- The Programme is aligned to national best practice and guidance and Six Goals UEC Goal 4 – to ensure that
 - patients get the right care at the right time in the right place - irrespective of hospital and system pressures.
 - EDs are not a 'single point of access = single point of failure'.
- Stamp @PCH Phase 1 launched August 2024 during "reset fortnight" to facilitate the appropriate flow for successful implementation of an SDEC service.
- Initial evaluation of the data evidences the impact on flow for both AMU and Site and reduction in Length of Stay and better patient experience evidenced.
- STAMP @ RGH Phase 2 to commence via a workshop planned 26th November 2024, provisional date for "reset fortnight" 16th December 2024.

Trauma Pathway Review

- Pan Health Board Executive commissioned review to re-design and improve pathways to benefit patients and flow.

Unscheduled Care Group – Overview 2

Creation of a dedicated Paediatric ED at RGH

Relocation of the paediatric area to a separate major's trolley within the ED footprint. Children nursed in an open area whereby the nurse's station will provide oversight, recognising any deterioration in a child's condition, more visible to those accessing services. Within the new footprint there are two cubicles (cubicles 18 and 19) which will continue to be used for adult patients to ensure sufficient adult trolley capacity.

Urgent Treatment Centre

- Launched supporting Goal 4 of the “Six Goals for Urgent and Emergency Care National Programme” providing a locally accessible alternative pathway to the Emergency Department for delivering urgent, same day treatment to patients who attend with minor illnesses. Contributes to:
 - Reducing inappropriate ED attendances,
 - improving patient access to services,
 - improving patient experience/care.
 - Educating patients about the alternatives to the Emergency Department.
- Open 10:00 – 18:00 Monday to Friday. Staffed by a GP and Health Care Assistant.
- Launched November 1st 2024 with the intention to extend if the 3 month pilot is successfully implemented.

example of partnership working between the Urgent Care and Primary Care Groups, Value Based Health Care Team and the 6 Goals Programme Team.

Primary Care and Community – Overview 1

Admission Avoidance

Navigation Hub

- Recruitment of additional GPs to support and strengthen the Urgent Treatment Centre in PCH 5 days a week (already underway) and to extend the Care Home support to 7 days a week. Timescales will be determined by recruitment outcomes.
- Restarting the respiratory virtual ward – patients with COPD exacerbations identified and RAG rated. Interventions from HCA and or Nurse Specialist/GP is undertaken to avoid unnecessary admissions and proactive approach to monitoring. TBC December anticipated.
- Joint pilot with WAST with Luscii telehealth monitoring machines put into 5 care homes which have the greatest conveyance rates to remotely monitor by WAST clinical team when calls are made. Expected during early December 2024.
- Exploring further utilisation of virtual ward to support patients remain in their own home – progressing with Tech Cymri – early stages of discussions – timescales Dec 2024.

Primary Care

- Pharmacies working with the Navigation Hub to explore how it can support community teams who need access to prescribing antibiotics therefore avoiding them having to go to GPs. Timescale - mid December?
- Community Health and Wellbeing Teams already focused on the top 5% of patients who are at risk of escalation and crisis.
- Front door support planned e.g. GPs etc. Practice have access to funding through the demand and capacity allocation to support additional GP/nursing sessions. Exploring further options to support care homes therefore relieving the pressure on GP practices. Reducing the demands on GPs through requests from community nursing teams through the Navigation Hub as first point of contact.
- Immunisations – Winter respiratory programmes are being delivered and to increase uptake weekend clinics are offered. Mop up sessions will be undertaken in January.

Primary Care and Community - Overview 2

Discharge Planning

- E-whiteboards to be introduced into Angelton and YGT.
- Focus on improving data quality of e-whiteboards across all sites to ensure patients are on the right pathway. This underway as part of the Optimise Project at RGH.
- Trusted Assessors – encouraging the roll out but need to focus on developing the confidence amongst professionals.
- Work underway to work with the LA to explore how to maximise the placements to reduce voids and fill the beds.
- Enhanced Community Care (ECC) – Introduction of band 3 HCSW to support patients who are ready for discharge or at risk of crisis and are awaiting a care package but are unsafe to be left in-between calls or until the package of care is in place. A bridging service. This will reduce risk of patients staying longer than is necessary in hospital and deconditioning. Advert is live and closes at the end of November. The initial team will commence in Bridgend Locality.

Additional Community Capacity

- To date 44 additional Community beds have been established at YGT and Angelton. Patients transferred from POW and RGH.
- Capital funding awarded by WG to create an additional 53 beds across YCC/YGT and Angelton. Design work underway. Capital work to be completed circa end Jan/Feb. Workforce plans to be developed with transfer of all community beds to the Care Group under discussion.
- Recruitment of Consultant 10 sessions to oversee and lead the community – hospitals and community teams.
- As part of Further Faster additional 10WTE district nurses have been recruited to enhance capacity and to help meet the district nursing principles and delivery of the community nursing framework.

Children and Families – Overview 1

Children & Young People

The capacity in paediatrics has been reduced due to the impact of the POWH critical Incident, increasing demand on RGH resulting in reduced capacity. The following responses are being progressed:

- RGH Paediatrics now has a small PAU area (2 assessment beds and 5 chairs) officially opening 22nd November.
- As per Chief Medical Officer letter, the Care Group is urgently working through plans on how we create additional 25% paediatric inpatient beds. Feasible at PCH and POW by using PAU spaces as inpatient beds. RGH complex with the current compressed footprint.

Children and Women's Health

- Maternity and SCBU closed at POWH closed in September for scheduled electrical works. Repatriation estimated January. PCH will return to BAU when this happens, as will other HBs.
- 10 SCBU cots will return to the POWH site along with 26 Maternity beds.

Children and Families – Overview 2

Women's Health

- Due to the critical incident, POW main theatre sessions have been lost on the POWH site. Inpatient activity on the PCH and RGH sites have increased to maintain capacity (through obtaining backfill of other specialities where available).
- Plans are in place to meet 104-week RTT target if capacity is maintained with additional theatre sessions and outsourcing for major procedures during the winter months.
- Emergency Gynae is still being admitted and seen at POW and any cases requiring emergency surgery are subject to Cepod prioritisation.
- POW Gynae assessment unit has been lost temporarily but patients are seen quickly by the team in ED and decision making initiated.
- Plans to repatriate hysteroscopy services from SHUHB NPTH to CTMUHB are delayed due to wider POWH critical incident. The Care Groups and Estates are scoping options to repatriate.

DTPS - Overview

- An additional physiotherapist will work in RGH ED to assist with advanced clinical assessment over the winter period. This will reduce the length of stay and increase turn around at front door.
- Medicines management team have responded to the Ward moves and are distributing staff across the CTM footprint to accommodate operational needs.
- Additional locum microbiology BMS staff approved through Silver Command to support out of hours fragility at RGH. 1 appointed further 1 still out to advert.
- Mortuary capacity surge plan has been developed and is in place.
- Radiology will respond to Care Groups requirements and additional radiographers have been supported through Silver for trauma resilience at RGH.

Mortuary Capacity

- For assurance in comparison to 22/23, CTM has 85 additional spaces including 25 bariatric spaces to support during the Winter
- Arrangements remain in place for Area Coroner support for managing PM demand collaboratively.
- In response to lessons learned from winter 22/23, an escalation plan to enable the team to rapidly respond to capacity challenges has been produced and submitted to the Coroner. It outlines how CTM will respond as occupancy thresholds are reached and details actions required to mitigate the pressure.
- Maintaining flow of deceased through the mortuaries during Winter to enable capacity to remain available is critical however, some of which is not in CTM's direct control. To achieve flow the HB needs the support from all partner's in after death services to have sufficient capacity to manage the additional winter demand. To support this regular brief meetings with the Area Coroner have been requested to monitor Postmortem demand and ensure capacity is in place via Medilink.
- SLA to firm up arrangements relating to locum APT required as soon as possible to ensure that CTM can support requirements, including forensic, this winter. It has also been requested that support continues this winter for CN1a's to write up deaths which has facilitated flow.

Mental Health - Overview

- Mental Health services do not experience extreme seasonal demand. Consequently, the focus for planning and commissioning is to provide consistent levels of services and provision throughout the 12 months of the year.
- Mental Health Services focus on ensuring:
 - resilient rotas taking into account planned and unplanned staff absences. This supports sustaining service levels to meet the needs of patients as well as to support the wider Health Care system.
 - responsive in reach services into Acute services particularly at the Front Door and to support optimal discharges.

Facilities - Overview

Preparations are being made in support of the adverse weather winter plan;

- The main gritting contract has been secured for FY24-25 with snow clearance support also available at additional cost if and when required.
- A risk assessment and costed options appraisal paper is being developed in partnership with the CTM Civil Contingencies Manager, which includes an option to utilise existing 4x4's within the organisation x 6 in total. They include x4 high clearance vehicles from estates, x2 high clearance from Grounds & Gardens (who already form part of the winter response carrying out gritting at community sites).
- The adverse weather plan has been updated for circulation and attached along with a copy of the policy.
- The volunteer staff driver rotas are being prepared and closely monitored.

Overarching Risks, Issues and Mitigations

Risks /Issues	Mitigations
Continued vulnerability due to the POW Critical Incident and shortfall of beds compounded by expected levels of IPC challenges.	Information finalising updated modelling taking into account all additional capacity as well as planned additional capacity.
Sustaining elective activities and achieving T1 targets during winter.	Elective Recovery Cell Planning continues. Modular capacity and outsourcing plans.
Sustaining/Improving Front door performance and achieving T1 targets during winter.	- Implementation of STAMP at PCH and RGH to improve flow across the system and reduce LOS. - Urgent Treatment Centre at PCH recruitment of additional GPs to strengthen service. - Targeting activity under the auspices of the Navigation Hub to reduce demand at the front door and ensure attendance is avoided where alternative options are available.
Capital Scheme slippage delaying additional bed capacity and elective activity.	- Close monitoring through Capital Governance arrangements. - Greater focus on collaboration with LAs re discharge planning. - Spot purchasing independent beds.

Risks /Issues – continued	Mitigations
Staff absences due to winter conditions.	• Policy and process to be circulated to staff to ensure clarity re expectations and criteria for use of vehicles.
Flow impacted by rising numbers of COFD.	• Close working and delivery of urgent plans with LA colleagues. • Involvement of LA at Flow meetings. • Trusted Assessor rollout. • Maintaining e-whiteboards.
Spread of winter viruses impacting on flow particularly due to constraints of our facilities to isolate patients.	• Prompt IPC advice and support. • Immunisations programme and mop up sessions in January.
Delays/difficulties recruiting staff for additional capacity and/or new developments.	• Developing realistic plans.
No additional financial support for additional staff / cover for absences.	• Preparations have been incorporated into a continuous cycle of Transformation. • Care Groups and Directorates required to plan within existing budget envelopes and maximising existing capacity.
21/22	284/601

Recommendation:

The Board or Committee are asked to:

Example:

Note the Health Board's position in relation to Winter preparedness and plans.

Unapproved Minutes of the Public Board Meeting

Date and Time of Meeting	26 th September 2024 commencing at 9:00am.
Venue	In Person at The Hub, Royal Glamorgan Hospital Virtual Teams option available for Board Members

Members Present	Jonathan Morgan	Chair
	Kath Palmer	Vice Chair
	Helen Lentle	Independent Member – Legal
	Dilys Jouvenat	Independent Member – Third Sector
	Rachel Rowlands	Independent Member – Community
	Ian Wells	Independent Member – Digital & Data
	Carolyn Donoghue	Independent Member – University
	Geraint Hopkins	Independent Member – Local Authority
	Patsy Roseblade	Independent Member - Finance
	Paul Mears	Chief Executive Officer
	Greg Dix	Deputy Chief Executive / Executive Director of Nursing
	Sarah James	Deputy Chief Operating Officer (Virtually In Part)
	Linda Prosser	Executive Director of Strategy & Transformation
	Lauren Edwards	Executive Director of Allied Health Professions & Health Science
	Philip Daniels	Executive Director of Public Health
	Dom Hurford	Executive Medical Director (In part)
	Mark Thomas	Deputy Director of Finance (In part)
	Hywel Daniel	Executive Director for People (In part)
	Lisa Curtis-Jones	Associate Board Member – Director of Social Services (Merthyr Tydfil) (Virtually)
	Sally Bolt	Associate Board Member – Chair of the Clinical Advisory Group
In Attendance	Gareth Watts	Director of Corporate Governance / Board Secretary
	Stuart Morris	Director of Digital
	Simon Blackburn	Director of Communications, Engagement & Fundraising (In part)
	Daniel Price	Regional Director, Llais Cymru
	Ceri Bear	Llais Cymru Representative
	Matt Jenkins	Regional Integration Director

Guest Speakers	For Item 3.1 – Listening and Learning Story	
	Paul Blake	Consultant Surgeon
	For Item 4.1 – Spotlight Report on Organ Donation and Transplantation	

	David Jones	Intensive Care Consultant
	Charlotte Goodwin	Lead Nurse (South Wales Organ Donation Services Team)
	For Item 8.2 – LHP Update	
	Rosie Cavill	LHP Infrastructure Programme Director
	Glenys Mansfield	LHP Clinical Operations Director
Public Observers		
	Nathan Couch	Audit Wales
	Helen Davies	Infection Prevention & Control Nurse
Meeting Support	Cally Hamblyn	Assistant Director of Governance & Risk (Virtually)
	Emma Walters	Head of Corporate Governance & Board Business
	Kathrine Davies	Corporate Governance Manager (Virtually)
	Tyler Lewis	Corporate Governance Officer

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Chair welcomed everyone to the meeting, particularly those joining for the first time and guests and colleagues joining for specific agenda items. The format of the proceedings were also noted by the Chair.
1.2	Apologies for Absence
	Apologies for absence were noted from: - Sally May, Executive Director of Finance - Gethin Hughes, Chief Operating Officer - Anne Morris, Associate Board Member
1.3	Declarations of Interest
	No declarations of interest were noted prior to or during the meeting.

2.	CONSENT AGENDA BUSINESS
2.1	The Chair asked members if there were any items from the consent agenda that Board Members wished to bring forward to the main agenda for discussion.
	There were NONE.
3.	SHARED LISTENING AND LEARNING
3.1	Listening and Learning Story
	The Chair welcomed P. Blake to present the listening and learning story in relation to a patient's experience of Robotics Surgery. P Blake shared a presentation and video.
	D Hurford extended his thanks to P Blake for sharing the presentation and noted that it was clear to see what impact and benefits this had to patients from the patient experience that had been shared. Members recognised the significant



amount of time, in addition to their contracted hours, that clinicians had dedicated to undertaking the robotics surgery training as they could see the benefits this had for patients.

The Chair made reference to the nature of the conversation that takes place between the clinical team and the patient, given that reference had been made by the patient in the video that it gave them faith, and sought clarity how critical the training and support from staff had been in engaging with patients regarding this type of surgery. P Blake advised that his approach is to meet with the patient and their relative or friend a week or two in advance of the procedure to discuss, and added that patients often asked whether the surgeon would be present in the operating theatre. P Blake advised that assurances were given to patients that there would be a full complement of staff in the theatre suite. Members noted that patients were becoming more aware of robotics surgery and had welcomed the introduction of robotics surgery into the Health Board as a positive step forward.

C Donoghue advised that she was pleased to see the impact of robotics surgery being shared and acknowledged the whole system benefit in terms of it helping to shorten patient waiting times for this type of surgery, reduced hospital stays post-surgery and improved recovery times. She queried if these benefits has been captured in the original Business Case approved by the Board. P Blake advised that it was hoped that these benefits would be realised when the Business Case was developed and added that it was pleasing to see that they had been realised. In response to a question raised by C Donoghue as to how the evaluation of these benefits was being undertaken, P Blake advised that the Health Board was part of a UK wide collaborative study which should support the Health Board in attracting more registrars and consultants from a research and training perspective who were looking to be trained in the use of robotics surgery.

I Wells sought clarity as to what percentage of patients would be eligible for this type of surgery. P Blake advised that around two thirds/three quarters of patients would be eligible, and added that generally, if a patient was able to have keyhole surgery, they would be able to have surgery robotically. P Blake advised that patients with significant scar tissue and patients requiring emergency surgery would not be eligible for robotics surgery, given the preparation time involved for robotics procedures.

P Daniels stressed the importance of promoting the need for higher uptakes for Bowel Screening as this will ensure that patients are being detected early enough for them to be considered for robotics surgery. P Blake advised that he is hopeful that the patient who shared their experience today in the video would become an advocate for sharing their story in relation to bowel screening.

S Blackburn suggested that further promotion via its media channels could assist in attracting individuals into the organisation. S Blackburn advised that he would discuss this further with P Blake outside the meeting.



	D Hurford advised that in relation to bowel screening, the Health Board had received correspondence from Public Health Wales, complimenting the Health Board as to how well it was performing in relation to bowel screening. P Mears welcomed the opportunity to close the loop in relation to this story and be able to feedback to the Board as to the success of the programme following the initial approval by the Board of the Business Case. P Mears added that this demonstrates the Health Board's commitment to technological advances and the benefits it brings to its patients as well as the opportunity to attract individuals to work for the organisation. P Mears extended his thanks to P Blake for the work he had undertaken to champion this. The Chair also extended his thanks to P Blake for attending the meeting today and added that he looked forward to receiving future updates.
Resolution:	The story was NOTED by the Board.
Action:	Discussion to be held outside the meeting in regards to undertaking further promotion via social media channels in relation to bowel screening
4.	SPOTLIGHT PRESENTATION
	Health Board Performance – Organ Donation and Transplantation The Chair welcomed D. Jones and V Hughes to present the spotlight presentation in relation to Organ Donation and Transplantation. The Chair extended his thanks to D Jones for sharing the thought provoking presentation and opened up the Board for questions. G Hopkins expressed his support for the work and how it has led to significant change in the national outlook compared to ten years ago. G Hopkins reflected on the change in legislation and asked whether any impact had been recognised in relation to the individual conversations that are held at the point when donation is discussed. D Jones advised that with the change in legislation, there was significant media attention surrounding the change alongside a significant media campaign. V Hughes added that between 2015 and 2018, during the media campaign, the team within the Health Board were the best performing team in the whole of the UK for consent rates. This had subsequently decreased as the media campaign came to an end, resulting in the team becoming one of the lowest consented rated teams in the UK. V Hughes advised that when families were being approached for donation, families were under the incorrect assumption that the change in legislation meant that the decision had been made for them and that their relative was automatically on the register, even though they had not physically registered this decision, which is the process that needs to be followed. V Hughes advised that this presents a challenge where there is no physical evidence in place to support that a patient wished to donate their organs and in turn makes the decision even more difficult for the families. P Daniels recognised the sensitivities around organ donation and made reference to an evaluation that was being undertaken on the introduction of the 20 miles per hour speed limit and the reduction that had been seen in the numbers of



road traffic casualties since its introduction, suggesting that this may create an opportunity to initiate conversations in relation to organ donation as part of that evaluation process.

R Rowlands reflected on her personal experience of being asked to give permission for a close relative's organs to be donated, even though the relative was on the register, and sought clarity that if the patient had explicitly consented, why was the family then being asked to provide consent. D Jones advised that when someone passes away, the laws regarding consent are slightly different which meant the ownership of the decision would then sit with the next of kin. D Jones added that he was not aware that the NHS had ever challenged a family legally to say that their relative had made this decision during life and that they would be taken to court for this to be challenged. D Jones advised that consent was not being given to be an organ donor, you are actually registering a decision, which differs to signing a consent form to have surgery.

S Blackburn recognised the importance of public awareness reflecting on the reduction in the number of organ donation registrations once the national campaign had ended, and added that it would be important for the Health Board to continue to raise awareness of organ donation and advised that the Communications Team were helping to promote and cascade key messages during Organ Donation week, with a story being published on the national news of a local patient who had experience of organ donation and the impact this had on them and their family. S Blackburn advised that further consideration as to how this momentum could be continued moving forwards is required. V Hughes welcomed the support that had been provided by the Communications Team.

The Chair made reference to a comment made by L Curtis-Jones in the Teams meeting chat that she would welcome the communications programme which would assist in raising awareness in relation to the process that needed to be followed.

R Rowlands sought clarity as to how Board Members could further support the engagement within the community via their organisations and through making every contact count. R Rowlands suggested that non-health professionals be brought into the conversation, providing them with as much information as they need to be able to have informed discussions with the public around organ donation and the steps to follow.

P Mears concurred with R Rowlands, stressing the need to utilise the existing networks in place with community groups and voluntary groups and suggested that D Jones may find it helpful to attend to share messages and seek support in cascading key messages on behalf of the Health Board. V Hughes confirmed that in conjunction with colleagues she would be attending some voluntary group forums and a health and wellbeing event in November and welcomed any further suggestions of any other networks the team could engage with to undertake further public engagement and awareness.

H Lentle extended her thanks to D Jones and V Hughes for sharing the presentation and for the work being undertaken by the wider team, and



	extended a plea to the Board to think about what the Board could do to make a real difference in this area, for example, registering as an organ donor and having discussions with their families regarding their wishes. P Mears agreed with the comments made by H Lentle and advised that the Health Board employs 13,000 staff and there is an opportunity to ensure they all have an understanding of the process to start conversations on organ donation. An opportunity to utilise the staff vaccination process for raising awareness was noted. . The Chair welcomed the offer made by L Curtis-Jones in the meeting chat that local authority communications teams could also help with raising awareness. I Wells also made reference to the confusion in relation to the law change and added that he believed that most people thought that they were already registered as an organ donor as a result of the law change and advised that he would welcome a further communications campaign to be undertaken on this matter. The Chair sought clarity as to what conversations were taking place in regards to infrastructure and support regarding organ donation. The law change in Wales is not as clear as had been hoped as there is a widely held assumption that there is no need to let loved ones/next of kin and the organ registry know your wishes still. The Chair added that given the law change, there needed to be a need to ensure that intensive support work was undertaken to ensure that staff felt more comfortable to approach a family regarding organ donation where death of a family member was imminent. D Jones advised that some funding was being used to employ resource to undertake a targeted advertising campaign. The Chair extended his thanks to D Jones and V Hughes for attending the Board and raising awareness of such a significant area.
Resolution	In conclusion the Board NOTED the presentation
5.	SETTING THE SCENE
5.1	Chairs Report
	The Chair presented the report and highlighted the key matters for Members' attention. The Chair advised that the staff survey would be launched imminently and added that it was important for the Board to do all that it could to support colleagues in motivating and encouraging staff to complete the survey over the next few months. H Daniel advised that a series of roadshows would be held across sites over the next few weeks which Board Members would be welcome to attend.
Resolution:	The Board NOTED the report, ENDORSED the Affixing of the Common Seal and ENDORSED the Chairs Urgent actions
5.1.1	Action Log

	The Chair presented the action log and drew Members' attention to actions that remain open and in progress. P Roseblade made reference to action log entry 3.1, which had been proposed for closure, and sought clarity as to whether the Board would be provided with an update on what systems of shared learning had been implemented with Local Authorities. G Watts advised that he would review the action and provide a response outside the meeting.
Resolution:	The action log was NOTED.
Action:	Further review to be undertaken of the response provided in relation to action log entry 3.1 to determine whether the Board would be provided with an update on what systems of shared learning had been put into place with Local Authorities. Response to be shared outside the meeting.
5.2	Chief Executive's Report
	P. Mears presented the overarching report that highlighted key areas of activity of the Chief Executive. C Donoghue made reference to the capital refurbishment works at the Maternity & Neonatal Unit at Princess of Wales Hospital and advised that whilst she recognised that a significant amount of planning had been undertaken to address this, and that flows had not quite worked out as it had been predicted, she sought assurance as to why this had happened and how this was being managed. P Mears advised that it had been under estimated how many patients would be content to travel from Bridgend to Merthyr Tydfil, resulting in more patients remaining within the Cwm Taf Morgannwg footprint than opting to travel to Swansea Bay or Cardiff & Vale University Health Boards. Members noted that the Tirion Birth Centre at the Royal Glamorgan Hospital had also seen an increase in women opting to birth in that centre. P Mears added that support was being sought from Welsh Government to assist with encouraging neighbouring Health Board's to provide support to Cwm Taf Morgannwg. G Dix advised that there were daily SITREP calls taking place between all three sites, including the Director of Midwifery and operational leads. G Dix added that neighbouring Health Boards were being selective in the activity that they could support the Health Board with given the pressures they were under. G Dix advised that when the initial modelling was undertaken, it was expected that 50% of births at Princess of Wales Hospital would move up to Prince Charles Hospital, with the actual figure being 70%. Members noted that both Heads of Midwifery and the Director of Midwifery were basing themselves at Prince Charles Hospital to oversee the quality and safety of the service, Specialist Midwives were supporting with 1-1 care and labour, and as referenced earlier, Tirion Birth Centre had seen a 200% increase in births, which was positive. C Donoghue asked for the Board's thanks to be extended to all staff for the work being undertaken in this area, particularly given the pressure they are under at this particular time. D Jouvenat advised that this needed to be seen as a positive development as it showed that women have trust in the Health Board to manage



	the delivery of their babies, which was testament to all the work that had been undertaken in Maternity services over the last five years. S Blackburn advised that the Communications Team had been working closely with the Director of Midwifery in relation to the communications plans to highlight to staff the work that is being undertaken and to demonstrate the necessity of the work required. R Rowlands sought clarity as to whether the Health Board would ever get to a point where it would have to refuse a mother to birth in her preferred location due to capacity constraints. G Dix advised that whilst there was an escalation process in place, it was very rare that a woman would be refused to birth in their preferred location.
Resolution:	The Board NOTED the report.
6.	GOVERNANCE, RISK AND ASSURANCE
6.1	Board Committee and Advisory Group Highlight Reports
6.1.1	People and Culture Highlight report 7 August 2024
	D. Jouvenat presented the report that updated members on the items the People and Culture Committee wished to escalate to the Board following the meeting held on 7 August 2024. D Jouvenat advised that the Committee welcomed the introduction of the Lateral Moves Programme and added that whilst the Committee were pleased to note the progress made in relation to the Welsh Language Standards Annual Report, there were some areas reporting low or no compliance. H Daniel advised that in relation to Welsh Language compliance, there had been an issue for some time in relation to switchboard compliance and work was being undertaken between the Welsh Language Team and the Facilities Directorate to review opportunities to address this, given that around 20% of the population within Cwm Taf Morgannwg speaks welsh and the Health Board did not currently have any switchboard staff with welsh language skills. H Daniel advised that the lateral moves scheme had been quite successful in regards to workforce planning and added that to date around 30 nurses had taken part in the process and had been transferred to other areas. Members noted that the nursing turnover had reduced from a high 13% post pandemic to around 8% at present which was positive. In relation to the broader piece of work being undertaken in relation to workforce planning, a detailed discussion was held at the last People & Culture Committee regarding workforce planning in its entirety given that the Health Board has significant workforce challenges across all professional disciplines, which can present an impact on the quality of services as well as increasing financial costs.. Members noted that the Health Board was working within a challenging and global picture, with a predicted 10-20 million shortfall of individuals within the global healthcare workforce by 2030.



	H Daniel advised that there was work the Health Board could undertake to help to address the position, which included ensuring clear plans were in place in relation to data, to ensure the foundations of where the Health Board was currently, the work being undertaken in relation to retention and attraction, which he would be happy to share with Board members in future. Members noted that the area where work was most required was in relation to the clinical model, the clinical services plan and future models of care. H Daniel advised that consideration would be given as to how the Board could be apprised of this work moving forwards as the new Committee structure embeds in the new year.
Resolution:	The Board NOTED the report.
6.1.2	Quality & Safety Committee 23 July 2024
	C Donoghue presented the report that updated members on the items the Committee wished to escalate to the Board following the meeting held on 23rd July 2024. C Donoghue advised that a discussion was held in relation to stroke services, with concerns being expressed by Committee Members that whilst they were understanding of the actions being taken to improve the position, improvements were not being seen in the data being presented. P Mears provided assurance that the Executive Team were well sighted on this matter and advised that a further discussion would be held at the next Executive Leadership Group in regards to potential options that could help to improve the position within Cwm Taf Morgannwg, and added that the Health Board had been successful in securing Locum Stroke Consultants to fill some of the vacancies, which has made the rota more manageable. Members noted that discussions would continue to be held in relation to a regional solution for stroke services. L Edwards welcomed the news regarding the closure of the Ty Llidiard action plan and added that the service had been shortlisted for an NHS Wales award in recognition of the work that they had undertaken. D Hurford made reference to the Body Store recommendations that had recently been received and advised that a meeting had been held with the Human Tissue Authority in regards to issues that had been experienced with CCTV monitoring, and provided assurance to Board Members that these issues had now been resolved.
Resolution:	The Board NOTED the report.
6.1.3	Mental Health Act Monitoring Committee Highlight Report 4 September 2024
	G. Hopkins presented the report that updated members on the items the Committee wished to escalate to the Board following the meeting held on 4 September 2024. In relation to the lack of the electronic records system that had been highlighted as an area of concern for the Committee, S Morris confirmed that a Business



	Case was in the process of being developed and it was hoped that this would be presented to the next Board meeting for review and approval.
Resolution:	The Board NOTED the report.
6.2	Escalation Status
	The Chair, advised Board Members that an update on Escalation status was included in the Chief Executives report at agenda item 5.2.
Resolution:	Not applicable
6.3	Board Assurance Framework
	G. Watts presented the Board Assurance Framework update report which was received by the Executive Leadership Group on 9 September 2024 and highlighted the key matters for Members attention. P Roseblade made reference to strategic risk three, which provided a robust explanation in relation to the change in consequence, however, she commented that she did not fully understand the reduction in the likelihood, especially given the amount being spent on agency and bank staff. P Roseblade also commented on the size of the report, which was growing exponentially and expressed the need to ensure this document did not turn into a risk register, which was not the intended nature of this document. Following discussion, G Watts advised that he would take forward the comments expressed by P Roseblade with the relevant leads. He also advised that the Board Assurance Framework will continue to be used as a strategic planning tool to assist with agenda planning. The Chair concluded the item by confirming that the comments expressed by P Roseblade would be further reflected upon outside the meeting.
Resolution:	The Board APPROVED the updates reflected in the Board Assurance Framework.
Action:	Comments to be considered outside the meeting in relation to the reduction of the Likelihood score for Strategic Risk 3 and the comments made regarding the growing size of the report.
6.4	Effective Management of Board Business Review
	The Chair presented the Effective Management of Board Business Review Report and reflected on the consultation and engagement activity since the proposal was approved in March 2024. The Chair expressed his thanks to C Hamblyn, G Watts and the wider Corporate Governance Team for the significant amount of work that had been undertaken. P Roseblade commented that she found this to be a positive piece of work. H Lentle also advised that she completely supported the revisions which she found to be positive and extended her thanks to colleagues for the work undertaken. The Chair welcomed the streamlining of the Committees which would allow for focus to be placed on key strategic areas.



	P Mears made reference to the challenge the Health Board had with constantly juggling the here and now and the immediacy of what is in front of the organisation, whilst also ensuring that there was enough time to discuss the longer term solutions to some of the operational issues that were being dealt with. P Mears added that once the new structure was in place, there would be a need to ensure that the key strategic programmes of work flowed through the committee mechanisms, and that the longer term plans being discussed nationally and in the UK were being highlighted, for example, improving population health outcomes and integration of primary and secondary care. P Mears also expressed the importance on reviewing the effectiveness of the new Committee structure at an appropriate point in time. The Chair stressed that there was a shared responsibility within this piece of work and added that it was important that colleagues who were members of each Committee helped to drive forward the agenda's and ensure that any important matters are being captured. The Chair advised that this had been a measure of the Board maturity in undertaking a review of this nature H Lentle supported the comments made by P Mears and sought assurance that information continues to be provided to Independent Members through other means, and not just during Board and Committee meetings. P Mears advised that consideration was being given as to how Board Briefing sessions were being utilised to provide key information and topical updates to Independent Members. R Rowlands made reference to the review that would be undertaken to determine the effectiveness of the new Committee structure and sought clarity as to what the measure of success would look like. The Chair advised that further thought would be given to setting some metrics that would help to determine the effectiveness of the change. G Watts agreed to consider this further outside the meeting and added that any real time feedback that Board Members wished to share would be welcomed.
<i>Resolution:</i>	In concluding the item, the Board APPROVED the recommendations as outlined within the report.
<i>Action:</i>	Further thought to be given to the measure of success that would help to determine the effectiveness of the change.
6.5	Integrated Opportunities on Social Care
	The Chair welcomed M. Jenkins to share the presentation in relation to integrated opportunities on Social Care. P Mears welcomed the presentation as an important step forward and assured the Board that this activity was aligned to the work of the Regional Partnerships Board with the intent to determine how the statutory functions could be exercised in a different way, given that the Regional Partnerships Board was broader than Health Board's and Local Authorities. P Mears also advised that he felt it was important to consider how the story was being told to patients about why this was needed for individual citizens, given that most of our systems assumed that this level of integration was already in place. P Mears also advised that consideration needed to be given to what performance framework sits around this governance structure so that

organisations become more mutually accountable for each other's challenges. Members noted that it was also important to ensure there were shared information systems in place which needed to be considered further.

P Roseblade welcomed this piece of work and sought clarity as to what support was required to limit the barriers around Section 33 Agreements to enable this piece of work to be a success. M Jenkins advised that lessons needed to be learnt from areas where this had been less successful and added that the suggestion of putting an accountability framework in place would help to improve confidence and transparency for Board Members.

R Rowlands made reference to the third sector code of practice which had been in place since 2014 and advised that a piece of work was being undertaken to rejuvenate the code of practice, which will have implications and increased expectations on statutory commissioners generally. R Rowlands also advised that the code of practice placed significant emphasis on the commissioner on engagement with the services, and sought assurance that providers would be involved in discussions at the same level as statutory partners. M Jenkins recognised that the provision within the community was underpinned by the regional integration fund and there had been challenges in identifying a sustainable model, and agreed that there needed to be a move away from an organisational centric commissioning to a regional commissioning model.

G Hopkins advised that there had always been issues in relation to the distinction of statutory functions and added that it was important for the citizen's experience that distinct organisations and statutory functions worked together. G Hopkins welcomed the maturity of the Regional Partnerships Board in terms of its development and the work that had been undertaken to date. G Hopkins sought clarity as to the position regarding pooled funds and queried how this work could be clearly explained to members of the community.

P Mears suggested using individual stories from patients and citizens which demonstrated how work being undertaken would support patients to live better lives and stay at home for as long as possible, and provide support to carers and relatives who care for patients in their own homes.

Members noted that the First Minister had been keen to explore how Health & Social Care could work more effectively. M Jenkins confirmed that Welsh Government are fully supportive of the model.

The Chair made reference to the changing nature of people's needs and added that in the last 20 years there had been a shift in the health and care needs for patients. Patients require services and support from a variety of organisations closer to where they live. The Chair added that it could not be underestimated how things had changed during that time period which had meant that the organisation had to be more flexible and innovative in the way in which it engaged with people and work collaboratively with partners in order to meet the needs of patients.

The Chair sought clarity as to M Jenkins experience to date in relation to leading this piece of work, given that Section 33 was within the Social Services and



	Wellbeing (Wales Act) 2014. The Chair advised that he was unsure as to whether other regions in Wales had used Section 33 to deliver an integrated approach in the way in which the Act had intended. The Chair recognised the challenges faced by the public sector in relation to this legislation and suggested that M Jenkins may want to consider sharing his experiences with Welsh Government M Jenkins advised that the multi-disciplinary integrated teams on a cluster footprint would mean that teams would be able to work more closely together, and added that this needed to be strengthened in order to make this successful. In regards to reflecting back at a national level, M Jenkins advised that he felt that Cwm Taf Morgannwg were leading the level of ambition in this piece of work. R Rowlands made a final reflection that she felt that the Regional Partnerships Board (RPB) had been on a journey to fully understand its role in relation to the act and how it should operate and that this now provided the resilience to be able to manage change effectively The Chair extended his thanks to M Jenkins for sharing the presentation and looked forward to receiving further updates moving forwards.
Resolution	The Board NOTED the presentation
7.	DELIVERING OUR PLAN
7.1	Integrated Performance Dashboard Part 1
	The Chair asked L. Prosser to lead the item and then invite Executive Leads to present the Operational, Quality and People and Culture Sections. P Mears advised that in relation to the performance metrics that S James updated on, it was positive news that the three year waits had been cleared, and added that there was now real focus being placed by Government on waiting list pressures and reducing the number of long waiters. P Mears advised that the Health Board had a positive delivery plan in place. P Mears added that the position within Ophthalmology remained challenging, with approximately 1200 – 1300 patients that had been waiting over 104 weeks for treatment, the majority of which were cataracts. Members noted that work was being undertaken with neighbouring Health Boards to address the position and noted this was a significant risk that would affect the delivery of the target trajectory. P Mears advised that whilst he was pleased to see that the Health Board were still planning on delivering the position in relation to cancer performance, he recognised that there was some further work to do to achieve the target. P Mears added that an increase was being seen in the numbers of patients requiring first outpatient referrals, which required close monitoring given that a large number of these patients would be added to the waiting list for treatment. P Mears advised that a discussion had been held with the Executive Director of Strategy and Transformation as to what may be driving this increase to



determine whether this demand increase was being driven by the demand increase being seen within Primary Care.

C Donoghue advised that she was pleased to see the progress that had been made and added that she was particularly interested to hear more about the 'Reset Fortnight' and queried whether an update on this could be presented to a future Board Development session. C Donoghue queried what impact this had on boarding of patients. S James advised that this had a positive impact on boarding and added that triple boarding was no longer being undertaken at Prince Charles Hospital, with treatment rooms now being used for the purpose they were intended for. Members noted that consideration was now being given as to how this could be rolled out and replicated on the Princess of Wales and Royal Glamorgan Hospital sites, which would be critical in terms of winter resilience. S James advised that during 'Reset Fortnight', stroke beds were ring-fenced at Princess of Wales Hospital with an analysis of the data currently being undertaken. S James added that another positive outcome to 'Reset Fortnight' was the setting up of the 'Simply Do' platform which had allowed staff across the Health Board to put forward suggestions for improvement which would now be used to inform plans.

I Wells made reference to Ophthalmology and advised he was pleased to see that regional working was being undertaken and that he would welcome sight of the plan for Ophthalmology at a future meeting of the Board, given that this had been an area of concern for some time amongst Board Members.

I Wells also made reference to Orthopaedics, which was another area of significant concern, and added that he noted that it was stated within the report that options to increase capacity were being explored and sought clarity as to what these plans were. P Mears advised that work was being undertaken across the three District General Hospital sites in regards to reviewing the reconfiguration of trauma rotas which would free up more elective operating capacity for Orthopaedic Surgeons. P Mears advised that it was felt that Orthopaedics was less of a risk than Ophthalmology and there was confidence that the waiting list position could be delivered. Members noted that ENT was another risk area and noted that work was being undertaken to streamline the ENT pathway.

P Roseblade made reference to the index colonoscopy which had dropped in terms of performance and advised that she presumed work was being undertaken with finance regarding the unfunded posts that were being put into colonoscopy.

P Roseblade welcomed the improvement in performance to 100% for red release. In relation to stroke services, P Roseblade queried why Princess of Wales Hospital statistics were significantly less favourable compared to Prince Charles Hospital. Given that a response to this question was not provided during the meeting, a response was sought following the meeting and shared with Independent Members by email as set out below:



Apologies that this was not responded to within the meeting. I have reviewed the Integrated Performance Dashboard received by Board and have drawn out some of the key points relating to the challenged performance within POW:

- difficulty admitting patients within 4 hours to the ASU due to the unit providing both acute and rehab care on one ward, resulting in patients LOS being much longer with more complex discharges*
- Patient handovers in <60mins was lower at POW in July (slide 14), reflecting pressures at the site in general. We know this impacts the stroke pathway. Reference is made to challenges maintaining a ring-fenced stroke bed in POW and also the impact of no community stroke rehab beds*
- Performance at each site is impacted by the number of self-presenters (no pre-alert) and presentations out of core service hours (Mon-Fri, 9-5pm). Performance at sites fluctuates unavoidably linked to these variables.*
- Limited capacity in the Bridgend Early Supported Discharge service*
- No SSNAP co-ordinator in POW, resulting in lower levels of scrutiny of the data prior to submission to SSNAP*

I hope that this provides sufficient detail. I have been reluctant to seek further input from our unscheduled care colleagues due to the pressures that they are facing currently, but will of course source additional information from them as needed.

P Roseblade made reference to the Medical Examiner office, which had added a significant difficult step, given that relatives do not actually speak to the Medical Examiner Office and still needed to liaise with the Coroner who then links in with the Medical Examiner, who makes the final decision. D Hurford advised that moving forwards, the Medical Examiner should be contacting families directly, as opposed to linking in with the Coroner to liaise with families.

R Rowlands made reference to the C.Difficile rates and sought clarity as to whether there was a particular age group who were affected within the community and whether this was having an impact on the number of older people being admitted. G Dix confirmed that the elderly were particularly affected by this and advised that the position should improve now that there was more pharmacy provision in place within primary care to support GP prescribing.

K Palmer advised that an update was presented to Quality & Safety Committee in relation to dentistry and waiting times in theatres and added that this was another area that needed to be closely monitored moving forwards given that there were some patients who had been waiting a significant length of time for treatment.

The Chair suggested that consideration needed to be given as to how the Health Board could describe the rates of activity and the demand being seen each month, in order to explain to partners and the population the scale of the demand for our health services, with a statement made on the media recently that demand was outstripping supply on both capacity and clinical staff, which is a challenge faced by a number of our services. The Chair advised that the



	Health Board could improve how it describes the increase in activity /demand compared to previous years, given the significant focus on waiting times. The Chair congratulated colleagues for delivering the eradication of those long waits, the significant improvement that had been seen in CAMHS services, the steady improvement being seen in some of our cancer services, which were all noticeable improvements from where there Health Board had been previously. The Chair recognised that there were some challenges, in that demand was increasing in relation to the number of patients waiting for a new outpatient first appointment, which continued to increase, and noted that a trajectory had been set to bring this down to zero by March 2025, with the Health Board being 10,000 beyond this trajectory at this point in the year. The Chair suggested that at a future Board Development session, the Board may wish to consider spending some time considering what needed to be put into place to address the increase in numbers. P Mears agreed that it would be helpful to have a discussion at a future Board Development session on this matter and added that the work that had been undertaken on health pathways and wider pathway redesign could be discussed at this session. The Chair made reference to straight to test numbers which were far lower than other Health Board's and sought clarity as to why this was the case. P Mears advised that there were differing views regarding this and added that whilst he was not saying that this should not be done, he considered that if patients were being sent straight to test then there needed to be a framework in place and guidelines for Primary Care.
<i>Resolution:</i>	The report was NOTED
<i>Actions:</i>	Update to be presented to a future Board Development session in the 'Reset Fortnight' that had been undertaken at Prince Charles Hospital. Ophthalmology plan to be shared with Board members at a future meeting. Discussion to be held at future Board Development session in relation to what plans needed to be out into place to address the increase in numbers of patients awaiting a new first outpatient appointment. The work undertaken on Health Pathways and wider pathway redesign to be discussed at this session.
7.2	Month 5 Finance Update
	M. Thomas presented the Month 5 Finance update report and highlighted the key matters for Members attention. P Roseblade commented on the accountancy gain being taken so early in the financial year and questioned whether there was a risk of staff within the organisation not recognising how serious the financial position was by taking this accountancy gain at this stage as usually this was taken during the last quarter of the financial year. M Thomas advised that the Health Board had always taken this gain early in the financial year, and added in previous years this had been part of the Health Board's plan. M Thomas added that whilst page 8 of the report showed transparency of the position, this did not underestimate

that there was still a significant challenge, even after bringing in the accountancy gain.

The Chair advised that one of the pressures for this year was in relation to the primary care prescribing budget and sought clarity as to whether there had been an improvement in this position. M Thomas advised that whilst there were still challenges with primary care prescribing growth there were improved benefits than were anticipated within the plan regarding primary care prescribing price changes.

The Chair recognised that the position was not where we had hoped it would be. He sought clarity as to what extent those efficiency savings could be delivered in the course of the year, and to what extent, if at all, could the Health Board recoup the £3.8m, and were there pieces of work that could be done in year to make a meaningful difference to what was now a projected overspend in the context of this report.

The Chair made reference to the demand picture that most of the Care Groups had experienced and sought clarity as to whether this was mostly seen within the Unscheduled Care Group. M Thomas advised that whilst a lot of the demand was in Unscheduled Care, the majority of the Care Groups were forecasting an overspend position. P Mears advised that the Chief Operating Officer was working closely with M Thomas and Care Group Directors to review how the operational overspends could be addressed and added that there was a range of actions being taken forward by the Care Groups to address this.

M Thomas advised that the Health Board was still maintaining the break-even position at Month 5 which had been reported to Welsh Government, with a risk identified that if the bottom up forecasts were all accurate this would equate to £3.8m, which was not the major issue. Members noted the major issue related to the £10m of other risks which would need to be managed and noted that work was being undertaken with the Care Groups to mitigate the risks.

S Bolt recognised the careful balance of managing the financial challenges whilst still delivering safe and effective care. S Bolt commented that teams are committed to making savings where possible, however, questioned whether investment needed to be made into the development of the Acute Clinical Services plan from an invest to save angle, which could realise more significant savings moving forwards.

The Chair advised that he was acutely aware of the challenge that had been set to the organisation by himself and P Mears. He reminded the Board that the Health Board wanted to achieve a break even position this year and added that Cwm Taf Morgannwg had been the only Health Board to develop a plan that would balance in year and the only Health Board to have its IMTP signed off by the Cabinet Secretary. The Chair advised that he appreciated the enormity of the effort made by staff to try to meet this target.

Resolution: The Board NOTED the report.



8.	STRATEGIC PLANNING
8.1	Acute Clinical Services Plan
	L. Prosser presented the report and drew Members attention to key updates. The Chair advised that this topic would be discussed further at a Board Development session before the end of the calendar year, where a review of timescales and management of risks would be undertaken. P Mears advised that modelling needed to be undertaken of what the scale of the opportunity looked like, which would then help to build the case for change. Members noted that a Primary Care & Community Transformation Board was being established which would explore building resilience and capacity in the primary and community teams to enable a shift to be made of services currently being provided in a secondary care setting.
Resolution:	The Board NOTED the contents of the report.
8.2	Llantrisant Health Park Update
	The Chair welcomed R. Cavill and G. Mansfield to present and share the presentation. P Mears advised that there was a significant amount of work being undertaken in relation to the development of the Llantrisant Health Park and advised that he was conscious that the Board had not had the opportunity recently to discuss what the future looked like in terms of the strategy and added that this was a fundamental part of the future model. P Mears advised this was an exciting opportunity to showcase across the whole of Wales what a future model of delivery could look like for elective care and diagnostics. R Cavill and G Mansfield shared the presentation with Members and highlighted the key matters. P Mears extended his thanks to R Cavill and G Mansfield for sharing the presentation and advised that this project was not just related to the building as it also captured how clinical practice could be changed, with an Organisation Development and Cultural change piece of work that would need to be undertaken with clinicians alongside the development of the building. Members noted that clinicians were excited about this piece of work and were seeing this as an exciting opportunity, both for Cwm Taf Morgannwg and the wider region, which would assist with recruitment of clinical staff and other Health professionals who would be keen to work in a facility such as this. P Roseblade queried how intrinsically linked the development of the Llantrisant Health Park was to the Acute Clinical Services Plan and made reference to environmental sustainability seeking assurance that consideration was being given to sustainability during the development of the Health Park. R Cavill provided assurance that the NET zero carbon target would be followed during the demolition and construction of the building, with consideration being given to how items could be recycled and reused during the demolition stage. Consideration was also being given to procurement sustainability.



	In response to the query raised by P Roseblade regarding the Acute Clinical Services Plan, P Mears confirmed that this was intrinsic to the plan and added that this development was an enabler that unlocks other areas that the Health Board is aiming to achieve. Members noted that this development also enabled the Health Board to consolidate some of the Health Board's surgical services which were currently spread out across sites. K Palmer extended her thanks to the team for sharing the presentation and advised that she found this to be an exciting project. The Chair advised that this was the first Regional and Diagnostic Treatment Centre that Wales would have, and added that earlier in the meeting he advised that there was a challenge in Wales in relation to understanding the demand for services and ensuring that the right capacity is in place to meet that demand. The Chair queried whether a review had been undertaken of other areas within the UK where this type of development had been undertaken to provide the Health Board with some ideas of what other opportunities there may be in terms of how this site develops. G Mansfield advised that discussions had been held with some Trusts and treatment centres in England who had experience of similar developments where some valuable lessons had been learnt as to what needed to be avoided and areas of best practice. The Chair advised that he appreciated the significant amount of work that had been undertaken in quite a short timeframe. The Chair added that the Board looked forward to receiving future updates on progress.
Resolution:	The Board resolved to NOTE the updated.
9.	CONSENT AGENDA
9.1	FOR APPROVAL
9.1.1	Unconfirmed Minutes of the meeting held on 25 July 2024
Resolution	The Minutes were APPROVED.
9.1.2	Committee Annual Reports
Resolution	The Committee Annual Reports were APPROVED
9.1.3	Joint Commissioning Committee Governance Framework
Resolution	The Framework was APPROVED
9.1.4	Putting Things Right Annual Report
Resolution	The report was APPROVED
9.1.5	Welsh Language Standards Annual Report
Resolution	The report was APPROVED
9.2	FOR NOTING
9.2.1	Board Annual Cycle of Business



Resolution	The Board NOTED the Cycle of Business
9.2.2	Board Forward Work Programme
Resolution	The Forward Work Programme was NOTED.
9.2.3	Board Committee and Advisory Group Highlight Report
Resolution	The Highlight reports were NOTED
9.2.4	Estates and Energy Performance Annual Report
Resolution	The report was NOTED by the Board
9.2.5	Nurse Staffing Levels Annual Three Year Report 2021-2024
Resolution	The Board NOTED the three year report
9.2.6	Annual Unpaid Carers Report 2023/2024
Resolution	The report was NOTED.
9.2.7	Infection, Prevention & Control Annual Report
Resolution	The Board NOTED the report.
9.2.8	Annual Letter 2023/2024 Public Services Ombudsman for Wales
Resolution	The Annual Report was NOTED.
9.2.9	Decarbonisation Emission Reporting 2023-24
Resolution	The report was NOTED.
10.	CLOSE OUT BUSINESS
10.1	ANY OTHER BUSINESS The Chair advised that he had not been notified of any other business.
10.2	HOW DID WE DO IN THIS MEETING? The Chair sought any comments which attendees may wish to make in respect of improvement at that point or within two weeks of the meeting to provide feedback in respect of the issues that were covered and in the way in which the meeting had been run and how future meetings could be improved.
11.	PRIVATE / IN COMMITTEE SESSION
11.1	The Chair advised there were no items requiring In Committee discussion on this occasion.
12.	DATE & TIME OF THE NEXT MEETING
	The next scheduled meeting of the Board held in public will take place on Thursday 28 November 2024. The Chair reminded Members that the Annual General Meeting of the Health Board would be held at 2:00pm later today.
13.	CLOSE OF MEETING

Unapproved Minutes of the In Committee Board Meeting

Date and Time of Meeting	Thursday 17 October 2024 at 8:30am
Venue	Virtual via Microsoft Teams

Members Present	Kath Palmer	Vice Chair (Meeting Chair)
	Paul Mears	Chief Executive Officer
	Dilys Jouvenat	Independent Member
	Rachel Rowlands	Independent Member
	Patsy Roseblade	Independent Member
	Helen Lentle	Independent Member
	Ian Wells	Independent Member
	Hywel Daniel	Executive Director for People
	Lauren Edwards	Executive Director of Allied Health Professionals and Health Sciences
	Gethin Hughes	Chief Operating Officer
	Gareth Watts	Director of Corporate Governance & Board Secretary
	Philip Daniels	Executive Director of Public Health
	Greg Dix	Executive Nurse Director/Deputy Chief Executive
	Sally May	Executive Director of Finance
	Simon Blackburn	Director of Communications, Engagement and Fundraising
	Stuart Morris	Director of Digital
	Anne Morris	Associate Member
	Sally Bolt	Associate Member
In Attendance	Emma Walters	Head of Corporate Governance & Board Business (Secretariat)
	Victoria Oxley	Deputy Director of Planning & Partnerships
Meeting Observers		



Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Vice Chair welcomed everyone to the meeting.
1.2	Apologies for Absence
	Apologies have been received from : • Jonathan Morgan Health Board Chair • Linda Prosser, Executive Director of Strategy & Transformation • Carolyn Donoghue, Independent Member • Hayley Proctor, Independent Member
1.3	Declarations of Interest
	There were no interests declared.

2.	MAIN AGENDA
2.1	Business Case - Developing a Digital Solution to achieve a Single Clinical Record within Mental Health & Learning Disabilities
	S Morris presented the report and shared a presentation with Members. In presenting the report, S Morris advised that out of the six options outlined within the report, option three had been identified as the preferred option. The Vice Chair welcomed the presentation and invited Board Members to raise questions. P Roseblade sought clarity as to the affordability of this project. S May advised that affordability would be subject to funding being approved by Welsh Government and suggested that if Board members agreed to approve the Business Case this should be approved subject to Welsh Government funding. Members noted this system was a key safety tool, given that records within Mental Health were currently paper based, and needed to be built into the Health Board's plans as a priority. I Wells sought clarity as to whether Welsh Language requirements had been considered within the Business Case. S Morris confirmed that whilst Welsh language requirements had not been drawn out in the Business Case, this would be included within the procurement requirements. I Wells sought clarity as to how the position would be managed if Welsh Government did not approve the allocation of funding for this project. S Morris advised that it was felt that the risk of funding not being provided was low and P Mears added that there was confidence in place that funding would be provided. P Roseblade sought clarity as to whether the Health Board would be able to share records with other partners, for example, Local Authorities and other Health Board organisations. S Morris advised that Local Authority partners were



	closely aligned with this piece of work, with work in relation to system integration to be undertaken once the system was fully operational and embedded within the Health Board. Members noted that Swansea Bay UHB were also interested in discussing this project further with the Health Board. The Vice Chair extended her thanks to Board Members for the discussion held and extended her thanks to S Morris and his wider Team for the work that had been undertaken.
<i>Resolution:</i>	The Board resolved to APPROVE Option 3 - Procure a Commercial off the Shelf (COTS) Solution – “Best of Breed” solution, subject to Welsh Government Funding.
3.	ANY OTHER BUSINESS
3.1	<i>Any Other Business</i>
	There was no other business to note.
4.	DATE AND TIME OF NEXT MEETING
4.1	Date and Time of next meeting
	The next Public Board meeting will be held on Thursday 28 November 2024 at 9:00am

Unapproved Minutes of the In Committee Board Meeting

Date and Time of Meeting	Thursday 31 October 2024 at 13:00hrs
Venue	Virtual via Microsoft Teams

Members Present	Carolyn Donoghue	Independent Member/Acting Chair
	Paul Mears	Chief Executive Officer
	Geraint Hopkins	Independent Member
	Dilys Jouvenat	Independent Member
	Hayley Proctor	Independent Member
	Helen Lentle	Independent Member
	Ian Wells	Independent Member
	Patsy Roseblade	Independent Member
	Rachel Rowlands	Independent Member
	Dom Hurford	Executive Medical Director
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director for People
	Lauren Edwards	Executive Director of Allied Health Professionals and Health Sciences
	Sally May	Executive Director of Finance
	Anne Morris	Associate Member
	Lisa Curtis-Jones	Associate Member
In Attendance	Cally Hamblyn	Assistant Director of Governance & Risk
	Emma Walters	Head of Corporate Governance & Board Business
	Tim Burns	Assistant Director of Planning, Capital & Estates
	Victoria Oxley	Deputy Director of Strategy & Partnerships
	Carolyn Blockley	Capital Finance Manager
	Richard Hughes	Deputy Director of Nursing
	<i>Simon Blackburn</i>	Director of Communications, Engagement and Fundraising
	Stuart Morris	Director of Digital
Meeting Observers		



Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Acting Chair welcomed everyone to the meeting. In accordance with section 7.5.8 of the health board's standing orders, the Acting Chair extended her thanks to Board Member colleagues for electing her to preside over today's meeting given the absence of the Health Board's Chair and Vice Chair.
1.2	Apologies for Absence
	• Jonathan Morgan, CTMUHB Chair • Kath Palmer, Vice Chair • Greg Dix, Executive Director of Nursing/Deputy Chief Executive • Philip Daniels, Executive Director of Public Health • Linda Prosser, Executive Director of Strategy & Transformation • Gareth Watts, Director of Corporate Governance/Board Secretary • Sally Bolt, Associate Member
1.3	Declarations of Interest
	There were no interests declared.
2.	MAIN AGENDA
2.1	Business Case – Roof Covering Replacement Works at Princess of Wales Hospital, Bridgend
	The Acting Chair extended her thanks to S May, T Burns and C Blockley for preparing the report and Business Case for Board Members' consideration and recognised the significant amount of work that had been undertaken to address this matter. S May presented the report and Business Case and highlighted the following key matters for Members attention: • Given the urgency of the works the health board is not able to follow the usual procurement route for entering into contracts. Instead, the NHS Wales Shared Services Partnership - Specialist Estates Services, have advised that the health board can engage the provisions of section 32 paragraph 2 c of the Public Contract Regulations 2015. Safeguards were in place by appointing a Contractor who was on the Designed for Life Framework. • Board Members had previously received a number of briefings of the position and had been provided with the Structural Survey reports highlighting the safety issues in relation to the construction of the roof.;



- Steps had been taken to mitigate risks to staff, patients and members of the public in relation to unstable roof tiles;
- The Business Case addresses fire safety, electrical safety and environmental issues. Some environmental issues would be addressed from within the health board's existing budget.
- The Business Case identified the decant process that had been undertaken to date and the phased programme of work required moving forwards, which consisted of four phases.
- There was an aim to complete phase 1 works by mid-January 2025, with an aim to complete the whole programme of works by the end of July 2025. Some further activity will need to be undertaken on site following this which would not affect service delivery.
- A survey had been undertaken of fire compartments across the whole site which had identified that further work was required to strengthen fire compartments in other areas in addition to Theatres.
- Discussions had been held with the Welsh Government Capital Team who were supportive of the scope of works outlined within the Business Case.
- Pending Board approval, the balance of funding that would be requested from Welsh Government totalled £23,950,484.
- A Project Board will be established to monitor progress against the key milestones, which will be chaired by the Executive Director of Finance.

In response to a question raised by P Roseblade as to what level of assurance was in place that Welsh Government would fund the entire sum identified, S May advised that continuous discussions had been held with Welsh Government regarding the position and it was anticipated that Welsh Government would continue to support the Health Board given the urgency of the situation and safety risks presented.

P Roseblade advised that whilst she fully supported the proposal, she sought clarity as to whether this would impact the Acute Clinical Services Plan. In response, P Mears advised the details of the Acute Clinical Services Plan would continue to be developed over coming months, the current focus was to ensure facilities were watertight, safe and secure for staff, patients and visitors.

In response to a question raised by L Curtis-Jones as to the level of confidence in place that a decision would be made by Welsh Government by the 8 November 2024, to enable the timeline of the programme of works to be achieved, S May advised that the health board had been provided with bridge funding of £500k whilst awaiting approval and it was anticipated that the Cabinet Secretary would provide approval by the 8 November 2024.

	L Curtis Jones sought clarity as to whether the health board was confident that the lower floor of the building was safe for patients attending appointments. S May confirmed that the risks identified by the surveyor on the exterior of the building had now been mitigated, with no risks identified regarding the lower floor of the hospital. H Lentle advised that she was fully supportive of the Business Case and sought assurance that all possible avenues had been explored in terms of the timeframe for completing the programme of works for all four phases any sooner than the end of July 2025. T Burns advised that accelerated working was already in place for Phase 1, with contractors being on site seven days per week, 12 hours per day. Members noted that there were challenges in relation to the number of roofing contractors available to work on site and advised that having undertaken detailed due diligence it was not considered that the works could be completed any sooner than the end of July 2025. Members noted that the choice of roof tiles that had been selected for the roof construction had already reduced the programme by eight weeks. The Acting Chair made reference to a question raised by R Rowlands in the Teams meeting chat which queried whether the Health Board would be able to fund aspects of the programme of works if Welsh Government only approved partial funding. S May confirmed that the Health Board would not be able to fund any shortfall in funding. The Acting Chair shared communication that had been received from the Health Board Chair prior to the meeting which stated that he was supportive of the Business Case. However, he queried what level of confidence was in place that the scheme would not exceed £25.3million, noting that a 5% contingency risk had been allocated. S May advised that a further £500k had been removed from the programme costs on 31 October 2024, and added that the figure identified within the Business Case was the maximum amount and it was not expected that costs would exceed this.
Resolution:	The Board: • NOTED management's response to this incident to date. • ACKNOWLEDGED the urgency of the situation which meant the Health Board would need to depart from a usual procurement route but remain in accordance with Public Contract Regulations. • APPROVED the business case prepared by the Estates & Capital team for onwards submission to Welsh Government for Cabinet Secretary approval.
2.2	Temporary Capacity Support Proposal – Planned and Unscheduled Care G Hughes presented the report and highlighted the key matters for Members drawing particular attention to how the changes, which have been necessary in order to mitigate the immediate risks faced by the integrity issues of the roof,



have posed significant risks which impact the delivery of CTM services and the health of the CTM population as articulated in section 3 of the report.

G Hughes provided the Board with an overview of the proposals to mitigate the risks facing the health board and its population.

The Acting Chair extended her thanks to G Hughes for presenting the report and invited Board Members to raise questions.

D Jouvenat welcomed the report and recognised the significant amount of work that had been undertaken by staff in regard to addressing this matter and asked for thanks to be extended to staff on behalf of the Board regarding this. P Mears advised that he would be happy to extend the thanks expressed by the Board to all staff involved.

P Mears expressed his support for the proposals that had been outlined within the report and advised that following the submission of an Accountable Officer letter to Judith Paget, Chief Executive of NHS Wales, which had also been shared with Board Members, a follow up conversation had been held with J Paget who had advised that a monthly monitoring meeting had been established between the Health Board and Welsh Government Operational and Finance Leads to monitor progress of the position. Members noted that it was anticipated that funding would be available to support the proposals, particularly given the budget announcement made by the UK Government regarding additional funding being made available for the NHS.

P Roseblade advised that she fully supported the proposal, however she sought clarity as to the impact if the Health Board were to breach its breakeven position that it had committed to within its plan. She questioned whether the recurrent funding received previously would be lost S May advised that it was likely that the Health Board would retain the funding, which would be classed as non-recurrent as opposed to recurrent.

D Hurford advised that he supported this proposal and added that it was important that momentum was not lost in relation to the progress that had already been made to improve performance.

G Hopkins sought confirmation as to whether there was outsourcing capacity available. G Hughes advised that whilst the health board had some capacity on hold with Spire and Nuffield, a swift decision was required regarding support for this proposal given that other Health Board's and Trusts throughout the UK would also be seeking outsourcing capacity moving forwards.

H Proctor referred to the 'perfect month' that had recently been achieved which reiterated the importance of ensuring therapies support was in place and sought clarity as to whether consideration had been given to ensuring that adequate therapies support was in place to support the rehabilitation of patients if services

	were outsourced. G Hughes advised that the Health Board would only be outsourcing elective capacity until services returned to normal.
Resolution:	The Board: • NOTED the significant increase in risk created to the emergency and planned care services, both from a quality and safety and statutory performance delivery position that is currently exceeding its risk appetite levels / tolerance; • SUPPORTED the submission of a request for funding to Welsh Government to deliver the programme of mitigation as outlined in section 3 of the report; • SUPPORTED the approval of a sum of up to £1 million to secure outsourcing noting that this may impact adversely on the Health Board's ability to deliver its breakeven plan; • AGREED that the Health Board should seek an earlier meeting with Welsh Government to secure support for the broader programme of mitigation.
3.	ANY OTHER BUSINESS
3.1	Any Other Business
	There was no other business to report
4.	Date and Time of Next Meeting
	Thursday 28 November 2024 at 9:00am
5.	CLOSE OF MEETING



Agenda Item

8.1.4

CTM Health Board

Update of Scheme of Delegation

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Owen James – Head of Corporate Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May – Executive Director of Finance
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Charitable Funds Committee Audit & Risk Committee Audit & Risk Committee Chairs Urgent Action	23/11/2024	Endorse to Board for approval

Acronyms / Glossary of Terms	
FCP	Financial Control Procedures
SoD	Scheme of Delegation
CFC	Charitable Fund Committee



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

1. Situation / Background

- 1.1 As outlined in the Standing Orders the Board are required to approve changes to the Scheme of Delegation (SoD).
- 1.2 Following the approval of updates to the Financial Control Procedures (FCPs) of the following areas, the SoD is required to be updated:
 - MEDICAL WORKFORCE CONTROLS AND ASSURANCE PROCEDURE - MEDICAL VARIABLE PAY FCP (Appendix 1)
 - CHARITABLE FUNDS FCP (Appendix 2)
- 1.3 The Medical Variable Pay change to SoD was endorsed for approval by Board at the 17th October Audit & Risk Committee and the updates are shown in Appendix 3 and 4.
- 1.4 The Charitable Funds FCP changes were endorsed in the October Charitable Funds Committee, and were subsequently endorsed for approval by Board through the Audit & Risk Committee Chairs Urgent Action, as detailed below:

Further to discussion at the Charitable Funds Committee today, Patsy Roseblade agreed as Chair of the Audit & Risk Committee that the following actions be taken as Chairs Action out of Committee. As the Committee has just met it was considered appropriate to use Chairs Urgent Action in order to enable the finance team to expedite the new process set out in the revised Charitable Fund Financial Control Procedure (FCP).

Audit & Risk Committee Members (Independent Members) are therefore asked to:

- *Approve the attached Charitable Fund Financial Control Procedure (this procedure seeks to address challenges currently faced by ensuring every fund has a delegated fund holder and the proposal to implement an approval of hierarchy for funds, where the primary fund holder will be the appropriate Care Group Director (where the fund is general / CTMUHB wide the fund holder will be the Chief Executive. Where the Care Group Director is vacant / unavailable the fund will be delegated to the relevant Executive Director). Further detail is captured in the cover paper which was shared at the Charitable Funds Committee this afternoon.*
- *Endorse for Board Approval the changes to the SFI Scheme of Delegation - To ensure consistency with the FCP, the Scheme of Delegation will be updated as per Appendix B, and this will need to be approved by the Board in November.*



The Charitable Funds Committee endorsed these items for the approval set out above. The support gained in the paragraph below was due to having Committee Members also present at the Charitable Funds Committee.

1.5 The updated SoD in relation to Charitable Funds is shown at Appendix 5.

2. Specific Matters for Consideration

2.1 Board are requested to approve the updated Scheme of Delegation in relation to Medical Working Pay and Charitable Funds as set out in Appendices 3, 4 & 5.

3. Key Risks / Matters for Escalation

3.1 N/A

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))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:



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

Impact Assessment		
Ansawdd <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 Cydraddoldeb 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	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 Board are asked to APPROVE the update of the Scheme of Delegation in relation to the Charitable Funds FCP and Medical Variable Pay FCP.

6. Next Steps

6.1 If approved the Scheme of Delegation and FCPs will be updated and shared with the organisation.

FCP: MEDICAL WORKFORCE CONTROLS AND ASSURANCE PROCEDURE

MEDICAL VARIABLE PAY

Initiated by:	Executive Medical Director Executive Director for People Executive Director of Finance Chief Operating Officer
Approved by:	Audit & Risk Committee
Date approved:	August 2024
Operational Date:	September 2024
Date for review:	September 2027
Version:	2
Distribution:	Executive Directors Deputy COOs Care Group Medical Directors Care Group Heads of People Care Group Operational Managers Care Group Heads of Finance Directorate Managers Medical Workforce SharePoint NWSSP Payroll Retinue

Freedom of Information Status: Open

ACRONYMS	
ADH	Additional Duty Hours
ANP	Advanced Nurse Practitioner
CCS	Crown Commercial Services
CG	Care Group
DE	Direct Engagement
DM	Directorate Managers
F1	Foundation Doctor Year 1
F2	Foundation Doctor Year 2
MD	Medical Director
MVP	Medical Variable Pay
MWPP:PEG	Medical Workforce Productivity Programme: Performance and Escalation Group
NHS	National Health Service
NI	National Insurance
Non DE	Non-Direct Engagement
NROC	Non-resident on call
NWSSP	NHS Wales Shared Service Partnership
StL	Specialty Trainee (Lower)
StH	Specialty Trainee (Higher)
UHB	University Health Board
WLI	Waiting List Initiative
WTR	Working Time Regulations

Contents:

- 1.0 Scope and Principles
- 2.0 Additional Duty Hours
- 3.0 Agency
- 4.0 Agency Locum Control Deployment
- 5.0 Waiting List Initiatives
- 6.0 Monitoring Arrangements
- 7.0 Payroll Authorisation Records
- 8.0 Equality Impact Assessment

Appendix – Flow Charts

1.0 Scope & Principles

- 1.1 This document sets out the controls over the University Health Boards (UHB) Medical Variable Pay (MVP). This document replaces the MVP document dated February 2023.
- 1.2 This document has been produced as part of the ongoing work of MWPP.
- 1.3 This document clearly defines the use of ADHs and WLIs.
- 1.4 It states a consistent process for the monitoring, verification and payment of ADHs, WLIs and agency spend within CGs by setting out clear roles and responsibilities for approving, engaging, paying and monitoring. The People Directorate are responsible for the Retinue contract and providing oversight, reporting and monitoring of activity to CGs and MWPP: PEG and influencing alternative approaches to reduce bank and agency spend.
- 1.5 Where a rota gap is identified, the reason must be established by the Directorate Manager (DM) (or nominated deputy) and accurately recorded on Patchwork. If the gap is for long-term absence such as sickness/maternity leave, the first stage is to ensure that an advert is placed on the TRAC system for fixed term cover, in agreement with the Finance Business Partner and Head of People. It will be the responsibility of the DM or nominated deputy to ensure that the CTM Fixed Term Contract Policy is followed and only used in the correct situations. Also, to note the end of a FTC is a termination in law and the appropriate notice must be given. Advice should be sought from Medical Workforce / People Services Teams in these circumstances. Any extension of these arrangements will need to be escalated to the Medical Director/Head of Medical Workforce to ensure there are no workforce risks.

If the gap is for a vacancy, the Directorate Manager would need to discuss with their Finance Business Partner and Head of People to consider any other alternative workforce solutions before advertising the post on the TRAC system. These could be roles such as Specialist Grade Doctors, ANPs and Physicians Associates.

In the meantime, if the gap must be covered a bank worker should be sought via the Patchwork App and only sent out to agency as a last resort. The DM will be responsible for monitoring the process to ensure bank has been exhausted before sourcing agency cover.
- 1.6 The UHB must use the approved framework agreement “Crown Commercial Services (CCS) Framework RM6281 in order to procure all medical and dental agency workers. [National Framework for the Provision of Clinical and Healthcare Staffing - CCS \(crowncommercial.gov.uk\)](https://www.crowncommercial.gov.uk)
- 1.7 The UHB currently contracts with a neutral vendor (Retinue) to provide bank and agency workers requested within the health board.
- 1.8 No agency locum bookings may be made outside the Retinue process.

2.0 Additional Duty Hours

- 2.1 ADH cover can be provided by both substantive Medical and Dental staff or by bank only workers. Both substantive staff and bank only workers are engaged to undertake ADHs on bank worker terms of engagement.
- 2.2 Medical and Dental staff also provide “backfill” for planned activity for example, out-patient clinics and theatre lists, and this will be remunerated at the ADH rate; if the doctor is accommodating this work in an uncontracted session.
- 2.3 If a doctor is covering on call during the daytime, and is already in work, then no additional payment is made. If the doctor is covering during the daytime or out of hours, when they are on leave or uncontracted to work, then this activity is remunerated as per the ADH rate card. If undertaking additional Direct Clinical Care (DCC) in what should be Supporting Professional Activities (SPA) time, a claim is for the time period to which the SPA has been displaced. Confirming that by working these additional shifts, the working pattern has not breached the rest break and rest period requirements of the Working Time Directive.
- 2.4 A standard rate card has been developed for all Medical and Dental ADH cover. These are the rates that are payable to the Doctor. The rates in the table below are resident rates. The non-resident rate on call (NROC) is remunerated at 50% of the rate below.

Grade	In Hours (per hour)	Out of Hours 9pm-7am, Weekends and Bank Holidays (per hour)
F1	£40	£50
F2	£45	£60
STL(CT/ST1- ST2/3)	£60	£70
STH (ST3/4- ST8)	£70	£80
Specialty Doctor	£70	£80
Consultant	£100*	£125

Non Residential On Call Rate (NROC) 50% of rate above

*In exceptional circumstances where the Consultant is requested and agrees to be immediately available, i.e., ‘resident on call’, this will be remunerated at three times the sessional payment at Point 6 of the Consultant salary scale, excluding commitment awards and Clinical Excellence awards. In such circumstances, there will be an agreed compensatory rest period the following day. For these purposes, a session will comprise four hours and apply between 5pm and 9am weekdays and across weekends.

- 2.5 The ADH rates includes annual leave but does not include employer’s on-costs, such as NI and pension. Breaks (20 minutes after 6 hours) are automatically deducted by the Patchwork software. In the event a break

cannot be taken, manager to authorise so this time is paid as a break could not be taken. This will be monitored via reports from Retinue and any issues or themes will be escalated by the People Directorate to MWPP: PEG.

- 2.6 Where there is a requirement for **any** rates up to 10% outside the ADH rate card for additional duty hours, payments must be authorised in advance by the Care Group Medical Director and for any rates over 10% outside the ADH rate card must be authorised in advance by the Executive Medical Director. The (Deputy) Directorate Manager will create a rate escalation on the Patchwork system for EMD approval. In the absence of the EMD, authorisation in advance could be sought from the Deputy Medical Directors or for urgent Out of Hours requests to be approved by the Executive Director on call. There will be regular reporting and review of all rates in excess of the Rate Card per Care Group at PEG for any issues, themes and actions to be addressed.
- 2.7 ADH rates which are above the agreed rate card are reported monthly via the MWPP Performance and Escalation Group (PEG), chaired by the Deputy Medical Director. The Care Groups are accountable for any escalations of ADH rates above the agreed rate card and for ADH spend.
- 2.8 The ADH shift will be remunerated at the rota grade required on the roster and not the grade of the individual.
- 2.9 All ADH claims must be submitted via the Retinue Bank using the Patchwork app.
- 2.10 Where there is a pattern of regular and predictable ADHs then the Directorate Manager would review the underlying reason(s) for the additional demand and develop plans with the CG, Finance Business Partner and the Head of People for a more sustainable and affordable workforce solution.

3.0 Agency

- 3.1 The rate noted in the table is the total rate to be paid to the agency doctor. It *does not* include agency commission, travel costs and accommodation costs. The rate is exclusive of VAT & the managed service fee.

The NROC rate is 50% of the resident rate.

Breaks (20 minutes after 6 hours) are automatically deducted by the Retinue software. In the event a break cannot be taken, a worker can make a note to on the Patchwork App for the approving manager to authorise so this time is paid as a break could not be taken. This will be monitored via reports from Retinue and any issues or themes will be escalated by the People Directorate to MWPP: PEG.

- 3.2 Where there is a requirement for **any** rates up to 10% outside the agency rate card for additional duty hours, payments must be authorised in advance by the Care Group Medical Director and for any rates over 10% outside the agency

rate card must be authorised in advance by the Executive Medical Director. The (Deputy) Directorate Manager will create a rate escalation on the Retinue system for EMD approval. In the absence of the EMD, authorisation in advance could be sought from the Deputy Medical Directors or the on-call Exec OOH. There will be regular review of all rates in excess of the Rate Card per Care Group at PEG for any issues, themes and actions to be addressed.

- 3.4 When considering a breach, above the agency rates the overarching principle is to consider the risk to the delivery of safe services and patient care and safety, whilst also attempting to:
- a) Avoid using non direct engagement medical staff
 - b) Consider alternative skills or workforce (i.e. ANPs, PAs or Specialist Grades)
 - c) Consider the rota/shift patterns
 - d) Take into consideration coverage through existing workforce
- 3.5 A report will be sent to each CG and the Executive Medical Director on a bi-monthly basis. The report will provide a breakdown of the hourly rate, the name of the doctor, length of placement, CG and the reason why the doctor has been engaged. These will be produced by Retinue. They will be overseen by the People Directorate at regular weekly meetings and then cascaded to CGs..

4.0 Agency Locum Control Framework Deployment

- 4.1 All rota gaps must be identified using the Health Roster system* and shifts to be filled via ADHs or agency locums. These must be approved by the relevant Directorate Manager. This approval also confirms the gaps are for posts that are within the agreed funded establishment will be reviewed and monitored at the MWPP:PEG.
- * The Anaesthetics and Emergency Medicine departments in the UHB do not currently use Health Roster.
- 4.2 Retinue flag any placement extensions for agency locums prior to end date for approval. The department are required to explain what recruitment activity has been undertaken and the reason for the extension/placement which is monitored at MWPP PEG. Authorisation will be required from the Care Group Medical Director prior to approval. Each Care Group is required to keep a central file of these approvals for audit purposes.
- 4.3 All agency locums should be engaged via DE. Any requests for the engagement of a Non-DE candidate will require approval from the Care Group Medical Director. Care Group Directors will be asked to clarify reasons for using non-DE staff at the MWPP PEG monthly meetings.
- 4.4 All agency bookings must be made via Retinue. Care Groups must not under any circumstances engage with locum agencies directly. System functionality can be used to identify any bookings made directly with reason code 'self-arranged' being selected when the booking is created. Patterns of behaviour are identified by looking at bookings created retrospectively which also suggest potential process breach and reported to EMD/CGMD.

- 4.5 Retinue will encourage non DE agency locums to switch to being directly engaged.
- 4.5 Once a shift has been worked by an agency locum the shift must be confirmed and 'finalised' in Health Roster/Retinue Bridge by the CG Directorate Manager, and the hours worked amended if necessary.
- 4.7 All timesheets must be completed by the locum on the Retinue Bridge system and approved by the Directorate Manager against the Health Roster system to ensure the correct rates and hours are paid. This approval will also serve as the Care Group's approval for payment.
- 4.8 Once a doctor has ended their placement the Clinical Director is required to provide feedback on their performance. This is undertaken on Retinue Bridge in the form of an online questionnaire in which the doctor is rated. Any negative ratings will flag automatically if this doctor is booked again by another CSG. In addition, a doctor can be placed on a 'Do Not Use' list meaning they cannot be put forward by their agency for any future jobs within the UHB.
- 4.9 All agency locums booked via the DE process will be paid by the Health Board. The payments will be processed weekly by the Payroll Services of the NHS Wales Shared Service Partnership (NWSSP).
- 4.10 In exceptional circumstances, where an agency locum is not booked via DE, payments will be made via the Accounts Payable Services of the NWSSP.
- 4.11 Retinue will send a monthly consolidated invoice for agency plus a monthly consolidated invoice for Bank. It will include the agency commission, names of locums and the managed service fee as per the contract
- 4.12 Monthly reports will be provided by Retinue to each CG for scrutiny. These will set out the overall spend, DE rates, any escalation of rates and information on the highest earning and longest serving individuals. This information is also reported to PEG for discussion and scrutiny with the CGs.

5.0 WAITING LIST INITIATIVES (WLI)

- 5.1 A Waiting List Initiative (WLI) is additional work that is agreed to be undertaken in order to support waiting lists and meet Welsh Government targets.
- 5.2 The WLI rate is only applicable to Medical & Dental Consultants in line with the amendment to the Consultant Contract (Wales) 2003 and only when the activity is clearly defined as a WLI. The WLI rate is set out annually in the Welsh Health pay circular.

- 5.3 WLIs should only be agreed as additional sessions which are planned to specifically address waiting list challenges and does not include planned clinics or theatre lists. They must not be agreed for backfilling core sessions.

WLI payments are for WLIs that are designated on the **priority** list by WG or the UHB. The use of the WLI rate in the UHB will be confirmed by the (two deputy) COOs and all other backfill sessions will be at the standard agreed ADH rate, not the WLI rate. WLI rates only apply to consultants, not to SAS doctors, as per the Welsh contract.

- 5.4 All WLI sessions must be authorised by the Directorate Manager and submitted by the doctor to via the Patchwork App. The COO team will keep a record of WLIs authorised and not authorised. This information will be monitored via PEG.
- 5.5 All non-Consultant grades involved in what may be considered WLI sessions, will be remunerated as set out in the ADH rate card (v. 2.4 above). WLIs are not paid to grades other than Consultants.

6.0 Monitoring Arrangements

- 6.1 No agency locum bookings or bank shifts should be made outside of Retinue. Procurement will escalate any invoices from locum agencies which are outside of the Retinue contract/process.
- 6.2 Retinue produces reports with CGs which are monitored by the People Directorate at a regular weekly meeting.
- 6.3 Rota gaps on Health Roster will be monitored by the People Directorate and Finance Business Partner every month to ensure that any ADHs or agency locums approved are for posts that are within the agreed funded establishment.
- 6.4 Agency and bank rates which are up to and 10% above the agreed rate card are reported monthly via the MWPP Performance and Escalation Group (PEG), chaired by the Deputy Medical Director. The Care Groups are accountable for any breaches of the agency rates above the agreed rate card and for agency spend.
- 6.5 Agency, bank and WLI breaches which are above the 10% rates cards and WG cap are reported to the Audit & Risk Committee on a bi-monthly basis.
- 6.6 The performance of the medical managed service contract provider, Retinue, is reviewed on a quarterly basis by the People Directorate, Finance and Procurement to ensure it is delivered in line with the contractual arrangements. The outcome is shared between attendees and any escalation is to the Executive Director for People.

7.0 Payroll Authorisation Records

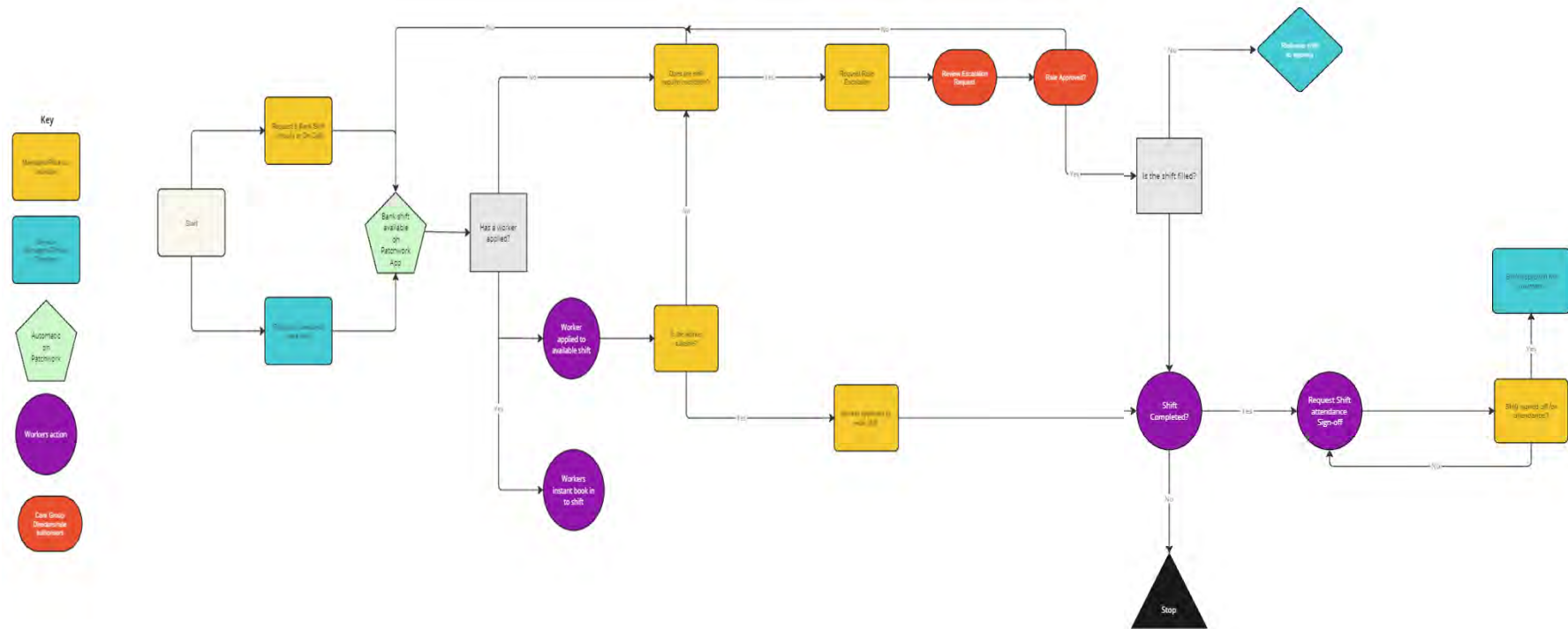
- 7.1 All payroll authorisation and monitoring records will be:
- a) Properly controlled
 - b) Readily accessible for use, and
 - c) Properly archived or otherwise disposed of
- 7.2 This will be managed through Retinue Bridge and Patchwork Systems with a direct link to NWSSP Payroll and NWSSP Accounts Payable.
- 7.3 The actions taken to achieve the above should be in accordance with the NWSSP's and Health Board's Records Management Policy. These policies should be read in conjunction with other relevant FCPs.
- 7.4 No payments can be authorised or paid outside of the prescribed process.

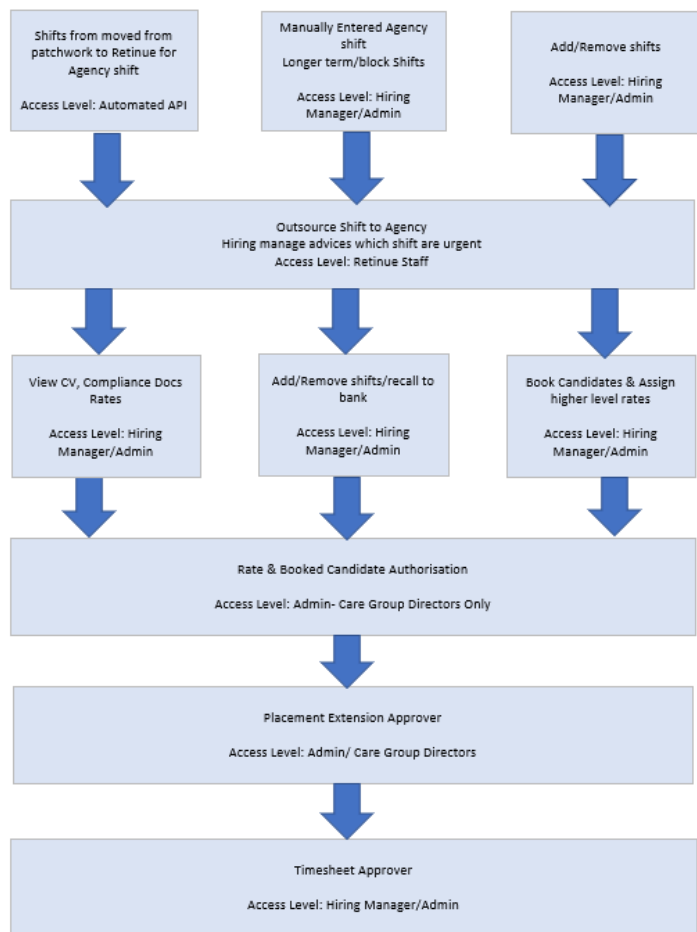
8.0 Equality Impact Assessment

- 8.1 Following assessment this procedure is not felt to be discriminatory or detrimental in any way with regard to the following equality strands:
Gender; Race; Disability; Age; Sexual Orientation; Religion or Belief; Welsh Language or Human rights.

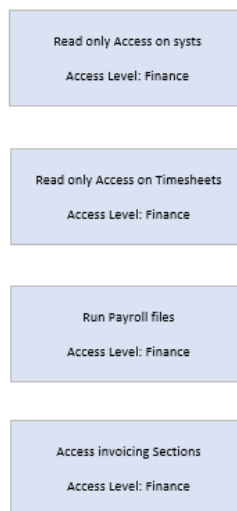
Appendix

Flow Charts





Finance Level Access





FINANCIAL CONTROL PROCEDURE:
CHARITABLE FUNDS

Initiated by: Executive Director of Finance

Approved by: Audit & Risk Committee

Date approved: TBC

Operational Date: TBC

Version: v. ~~4~~3

Date for review: TBC

Distribution: Executive Directors/Trustees
Fundholders

Freedom of Information Status: Open

This policy has been subject to a full equality impact assessment.

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- 1 Introduction
- 2 Creation of New Charitable Funds
- 3 Fund holders and approvals
- 4 Donations and Legacies
- 5 Fundraising and Gift Aid
6. Order, Receipt and Payment of Goods & Services
7. Reporting
8. Bank Accounts
9. Investments & Administration Costs
10. Equality Impact Assessment

Appendices

Appendix A:	Request for New Charitable Fund to be Set Up
Appendix B:	Receipt for an Individual Donation
Appendix C:	Gift Aid Declaration
Appendix D:	Cwm Taf University Health Board Fund Expenditure Authorisation Form
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1.0 INTRODUCTION

1.1 This procedure details the principles underlying the Cwm Taf Morgannwg University Health Board's system for operating Charitable Funds ~~(also described as Endowment Funds)~~ in order to enable the funds to be properly controlled and accounted for. Charitable Funds arise when monies are received in the form of donations, gifts, grants and ~~bequests~~legacies. The funds are governed by the laws affecting Trustees and Charities.

1.2 The receipt, recording, and the management of all charitable funds shall be in accordance with the Cwm Taf Morgannwg University Health Board's Standing Financial Instructions, Standing Orders and other relevant Financial Control Procedures. Expenditure against any Fund shall be conditional upon:

- a. The item being within the objects of the appropriate fund.
- b. Delegated limits of approval as determined by the Health Board's Scheme of Delegation

The Cwm Taf Morgannwg UHB is the Corporate Trustee for all of the charitable funds. The individual board members act as the Trustees of the funds.

1.3 Charitable funds are subject to certain legal controls and conditions and they must be accounted separately from revenue funds. The conditions normally relate to the fund uses and stem from the terms of the original donation or legacy. All funds must be registered with the Charities Commission which has responsibility to ensure any conditions are complied with.

2.0 Creation of New Charitable Funds

2.1 Where possible the setting up of new funds should be avoided, and the monies received will be allocated to existing funds. If there are no suitable funds to meet the donor's wishes, a request to set up a new fund will be submitted to the Chief Executive (CEO) or Director of Finance who will need to approve accordingly.

2.2 The application to the CEO/Director of Finance should be made in writing via the completion of a form (see Appendix A). This should contain the objective/purpose of the fund, source of donation, the type of purchases that the fund would be used to support, and the proposed delegated fund holders who are

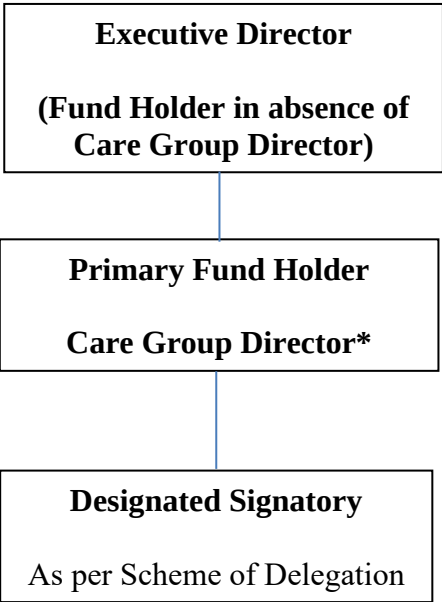
responsible for managing the fund and approve expenditure within the Scheme of Delegation.

2.3 The fund name and number will be allocated by the Senior Finance Officer (Charitable Funds), who will inform the requesting officer accordingly.

2.4 The fund holders should ensure that they possess full documentation for each of the funds under their control.

3.0 Fund Holders and Approval Hierarchy

3.1 All funds require a designated fund holder and to ensure there is always an appropriate fund holder, funds will be assigned in line with the following hierarchy:



*For General / LHB Wide Funds the Fund Holder will be the Chief Executive unless otherwise delegated.

2.43.2 A fund can have a number of designated signatories who can authorise expenditure within the delegated limits detailed in the Scheme of Delegation. Authorisation limits for Charitable Funds are shown in the table below:

Access to Charitable funds

Delegated authority	Approve expenditure from charitable funds
(i) Approval and setting up of designated fund signatories for new funds.	(i) Director of Finance
(ii) Approval of changes to fund signatories	(ii) Head of Finance/Assistant Director of Finance
All expenditure requests for Charitable funds	To be submitted to Senior Finance Officer - Charitable Funds for initial review and subject to confirmation that sufficient funds are available
Up to £5,000 ¹	Designated fund signatories (must be Head of Department or equivalent)
Up to £15k ¹	Directorate Manager
Up to £30k ¹	Care Group Director / Deputy COO or Relevant Director
Up to £50k ¹	Executive Director
Over £50k or Contentious expenditure	Charitable Funds Committee

¹ Contentious expenditure will require approval by Charitable Fund Committee - "contentious" refers to the appropriateness of the expenditure either due to its nature or its compatibility with fund objectives and will be determined by the Senior Finance Officer - Charitable Funds during initial review.

2.53.3 Fund holders and designated signatories will receive appropriate training and understand the objectives of the Charity.

2.63.4 Fund holders will be responsible for ensuring funds are utilised in an efficient and timely manner and in line with the objectives of the Charity.

3.04.0 Donations and Legacies

3.14.1 Prior to the acceptance of any large donations or any legacy, the Head of Corporate Finance shall assess whether the wishes of the donor can be met. If for any reason the terms cannot be satisfied, then the donation/legacy should be declined. All situations where monies are refused will be with the written authorisation of the CEO. In the case of legacies, legal advice may need to be sought.

3.24.2 Before large donations/legacies for the purchase of a specific item(s) of equipment/service are accepted, the Head of Corporate Finance, with assistance from capital finance colleagues, shall ascertain whether the use of the donation would generate any revenue costs and if these are within the UHB's approved operational plans.

3.34.3 The Senior Finance Officer shall assess whether monies received from third parties such as drug companies or other sponsors, should be treated as charitable donations or classified as trading activities, in compliance with the Charity Commission rules.

3.44.4 *All donations must be receipted* via the ORACLE financial cash receipting system. All receipts for charitable funds will be banked in the Charitable Fund Current Account.

3.54.5 Where practicable donors will be asked to complete and sign a receipt form with a duplicate being signed and retained by the donor. This form will remove any subsequent misunderstanding or confusion as to the wishes of the donor. The forms will be held at Hospital ward level and within Hospital General Offices.

3.64.6 Monies should be paid into General offices rather than to individuals at ward level. Where this is unavoidable the person in charge should receipt the monies and pay the monies into the General Office at the earliest opportunity. The money should be held in a secure location prior to payment into the General Office.

3.74.7 The receipt should be completed with details of the donation, e.g. which fund to credit, name of donor, and amount. The coding of the C&D Sheet must be completed at source.

3.84.8 Where hospital sites have access to the ORACLE Financial System, input shall be done by the Collecting Officer prior to the forwarding of the relevant documentation to the Senior Finance Officer (Charitable Funds).

3.94.9 For areas without access to the ORACLE Financial System the relevant C&D Sheets must be submitted, at regular intervals, to the Senior Finance Officer (Charitable Funds).

3.104.10 The donations will be recorded into the Charitable Fund accounting system by the Senior Finance Officer.

3.114.11 The control over receipt of cash in respect of legacies is the same as that applied to normal donations. However, greater attention must be paid to such bequests, since they may involve large amounts of money and in some cases property.

[3.124.12](#) All correspondence relating to legacies should be sent immediately to the Senior Finance Officer (Charitable Funds), who will then take the appropriate action.

[3.134.13](#) Donors should be encouraged where practicable to donate via the Health Board's Just Giving site and, for qualifying donations, to make use of Gift Aid provisions (see 4.7 below).

[4.05.0](#) Fundraising and Gift Aid

[4.15.1](#) Where external parties propose to undertake fund raising activities on behalf of the Health Board they must be assessed for suitability.

[4.25.2](#) Details of fundraising activities shall be notified to the Senior Finance Officer (Charitable Funds) so that appropriate accounting records can be maintained. The Senior Finance Officer will supply the fund holder with information on records that need to be completed on income and expenditure for all activities.

[4.35.3](#) Fundraisers shall be encouraged to use the Health Board's Just Giving website to receive donations, and publicise their appeal.

[4.45.4](#) Cwm Taf Morgannwg UHB is registered with HMRC for Gift Aid. A HMRC number and an account number is maintained, and these details can be provided by the Senior Finance Officer on request.

[4.55.5](#) A Gift Aid declaration has to be made and signed by the donor to benefit the Charity. A copy of the required declaration is attached as Appendix C. After completion, the form should be sent to the Senior Finance Officer who shall collate and obtain reimbursement from the HMRC.

[4.65.6](#) Alternatively, donors using the Just Giving site may apply for Gift Aid directly through declaring the appropriate information and accepting the relevant conditions.

[4.75.7](#) It is important that only UK Income Tax and/or Capital Gains Tax payers are able to claim Gift Aid. All conditions that must be satisfied to qualify for Gift Aid are stated on the declaration form and Just Giving site. It is the donor's responsibility to read these conditions and declare accordingly.

5.06.0 ORDER, RECEIPT AND PAYMENT OF GOODS & SERVICES

5.16.1 Requisitions & Requests for Reimbursement

5.1.16.1.1 For all expenditure from a Charitable Fund an electronic requisition on Oracle should be approved by the fund holder or designated signatory authorised by the fund holder. The requisition shall be forwarded to the Charitable Funds Officer, where the fund balance will be checked (also taking into account any unpaid orders). If there is found to be “insufficient funds” then the requisition must be return to the fund holder stating the reason. Under no circumstances shall a requisition be drawn which would cause the fund to become overdrawn.

5.1.26.1.2 If sufficient funds are available and the expenditure is ~~below £5,000~~ within the authorised limit and deemed “non-contentious” (i.e. it is appropriate and compatible with fund objectives), the requisition is forwarded to the Procurement Department for processing of the order. If deemed contentious, this will be discussed in the Charitable Funds committee for approval.

5.1.36.1.3 All requisitions have to be approved in line with the Scheme of Delegation.

5.1.46.1.4 Requisitions must be accompanied by a Charitable Fund Expenditure Authorisation Form (Appendix D). This shall include details of any revenue consequences that may arise from the purchase and how those revenue costs are to be funded.

5.1.56.1.5 Requests for reimbursement (Appendix E) shall be processed in the same way as requisitions, and in accordance with the Scheme of Delegation.

5.1.66.1.6 The Senior Finance Officer is responsible for identifying any purchases that are eligible for VAT Exemption, and complete a VAT exemption certificate (Appendix F). This will be authorised by the Head of Finance and forwarded, along with the requisition, to the Procurement Department. The requisition should be clearly marked “VAT EXEMPT”.

5.26.2 Ordering

~~5.2.1~~6.2.1 Ordering of all items will be carried out by the Shared Services Procurement Department following receipt of a properly authorised requisition.

~~5.2.2~~6.2.2 When a capital purchase is made from Charitable Funds, the Charitable Funds Officers shall liaise with the Capital Finance team to ensure the expenditure is correctly accounted for on the UHB's fixed asset system and Capital Resource Limit.

~~5.2.3~~6.2.3 Statements of Need (SoN) may be requested when purchasing medical equipment to be considered by the Clinical Engineering Department as part of their responsibilities around safety and compatibility of medical equipment.

~~5.3~~6.3 Payment for orders raised on ORACLE

~~5.3.1~~6.3.1 For orders that have been raised on the ORACLE system the Requesting officer must ensure that goods or services are receipted when the order is satisfied.

~~5.3.2~~6.3.2 The payment for goods relating to Charitable Fund orders carrying ORACLE order numbers are paid in accordance with the UHB's Financial Control Procedure for Creditor Payments.

~~5.3.3~~6.3.3 Once all the above procedures have been adhered to, a cheque can be raised against the Charitable Fund Account for signing by an authorised signatory in accordance with the bank mandate. All cheques to the value of £20,000 or more must be countersigned by an authorised second signatory.

~~5.4~~6.4 Direct reimbursement for expenditure not on ORACLE

~~5.4.1~~6.4.1 The Cash section within the Finance Department shall process any payments, through raising of cheques or Bacs Transfers, for authorised requests for reimbursement (Appendix E).

~~5.4.2~~6.4.2 The Charitable Funds Officer ~~Senior Finance Officer~~ shall be notified of cheque numbers for payments of this nature, which shall be kept on file.

~~5.4.3~~6.4.3 Cheques shall be signed in accordance with the bank mandate and as described in para 5.3 above.

~~6.0~~7.0 REPORTING

6.17.1 Fund Balances

6.1.17.1.1 At the end of each month, all fund holders shall be provided with a statement of charitable fund balances in order to facilitate management control over their funds. Any anomalies should be reported immediately to the Senior Finance Officer, who will investigate as appropriate and make any necessary corrections.

6.1.27.1.2 Funds with nil or small unused balances should be closed or merged. The Senior Finance Officer shall discuss accordingly with the fund holder and obtain approval for such actions.

6.1.37.1.3 Fund holders are obliged to ensure that Charitable Funds are used for the purpose intended at the time of donation. Funds should not be allowed to accumulate indefinitely and should be spent as soon as is practicable. The Senior Finance Officer shall periodically request spending plans for particular funds for reporting to Charitable Funds Committee.

6.27.2 Management and Statutory Reporting

6.2.17.2.1 The Charitable Funds Committee has delegated powers to oversee Charitable Fund matters on behalf of the Trustees. The Head of Finance shall report to each Charitable Funds Committee the level of fund balances held, investment performance (see section 7 below) and other governance issues that may be of interest to Trustees in the management of their charitable funds.

6.2.27.2.2 A set of annual accounts and an annual report must be prepared at the end of each financial year, externally audited or examined as appropriate in accordance with prescribed thresholds, and approved by Trustees. A full meeting of the Trustees shall be convened once a year to approve the accounts and annual report.

6.2.37.2.3 The Annual Accounts and Report must be filed with the Charity Commissioner prior to the 31 January following year-end.

7.08.0 BANK ACCOUNTS

7.18.1 Current Account

~~7.1.18.1.1~~ 7.1.18.1.1 The Charitable Fund's Current Account balance is monitored daily in order to determine whether outstanding commitments can be satisfied and/or whether cash is available when required.

~~7.1.28.1.2~~ 7.1.28.1.2 The Current Account balance should be kept to a minimum. Any surplus cash available should be swept across to an interest bearing Deposit Account in order to generate interest income.

~~7.1.38.1.3~~ 7.1.38.1.3 All receipts are deposited in the current account and cheques are drawn against this account. All cheques must be signed, and the account operated, in accordance with the bank mandate.

~~7.28.2~~ 7.28.2 Interest Bearing Deposit Account

~~7.2.18.2.1~~ 7.2.18.2.1 Such an account can be used for transfers of cash from the current account to gain interest income. When funds are required to meet outgoing commitments, an appropriate cash transfer can be swept back into the current account.

~~7.38.3~~ 7.38.3 Reconciliation of Bank Accounts

~~7.3.18.3.1~~ 7.3.18.3.1 At the close of each month, a reconciliation of the bank accounts will be undertaken by the Senior Finance Officer and reviewed by the Financial Accountant. Any reconciling items should be cleared by the following month, or an explanation provided if this was not possible.

~~8.09.0~~ 8.09.0 INVESTMENTS & ADMINISTRATION COSTS

~~8.19.1~~ 8.19.1 Investments

~~8.1.19.1.1~~ 8.1.19.1.1 Trustees are expected to maximise the investment return on the funds entrusted to them, whilst minimising the risk to the funds themselves.

~~8.1.29.1.2~~ 8.1.29.1.2 Funds may be invested in equities, bonds, property etc as directed by Trustees, having due regard to their responsibilities around risk, in order to maximise returns.

~~8.1.39.1.3~~ 8.1.39.1.3 The Trustees may appoint investment agents to advise on, and manage investments as required. The Audit Committee shall monitor performance of investment agents and the underlying investments on behalf of the Trustees, and may

require the appointed agent to attend meetings as required for this purpose.

~~8.1.4~~9.1.4 In determining the nature of investments to be held, the Audit Committee shall consider any ethical issues that may arise from such investments.

~~8.1.5~~9.1.5 The Trustees will agree an investment policy to act as a guide for making any investments, considering the level of returns expected and the level of risk to be tolerated. This policy will be reviewed periodically and any changes will require Audit Committee approval.

~~8.1.6~~9.1.6 The Head of Corporate Finance, on behalf of the Director of Finance, shall review investments held against the agreed policy and advise on increasing or reducing the level of investment held as appropriate. Any change to the nature of investments will be guided by advice from the appointed agents. The Audit & Risk Committee shall be requested to approve any change to either the level or nature of investments held.

~~8.1.7~~9.1.7 The placing of investments, or withdrawal of any investment, shall be authorised by the CEO and Director of Finance.

~~8.1.8~~9.1.8 The value of the investments held shall be regularly reviewed by the Head of Corporate Finance, and any increases or fall in values will be charged against a charitable fund revaluation account.

~~8.1.9~~9.1.9 At the end of each financial year, a valuation will be received from the investment agents and accounted for appropriately within the Annual Accounts. A negative revaluation reserve balance at the end of the financial year will need to be apportioned against underlying funds.

~~8.1.10~~9.1.10 A positive revaluation reserve will be carried forward to the following year. This reserve may be distributed across underlying funds should it reach the level prescribed within the investment policy. Any distribution of this capital surplus will require approval by the Director of Finance and Charitable Funds Committee.

~~8.2~~9.2 Investment Income

~~8.2.1~~9.2.1 Interest and dividend income will be apportioned to individual funds based on the average fund balance during the period.

~~8.2.2~~9.2.2 Interest and dividends due at the end of each financial year shall be accrued and included in the above apportionment.

~~8.3~~9.3 Administration Costs

~~8.3.1~~9.3.1 Where relevant, each fund will be charged an annual administration fee, which will be a share of the total cost of managing the Charitable Funds for that year. The charge will be based on an estimate of the number of hours spent on the Charitable funds by UHB staff and will include a charge for the proportion of the annual statutory audit fee and any other administrative costs incurred. The apportionment of administration costs over individual funds shall be on the same basis as the apportionment of investment income. Where the funds are unrestricted the recharge for the administration fee and investment income can be charged to an LHB wide general purpose fund. A schedule of the annual administration cost to be charged to charitable funds shall be prepared by the Senior Finance Officer and approved by the CEO.

~~9.0~~10.0 EQUALITY IMPACT ASSESSMENT

~~9.1~~10.1 Following assessment, this policy is not felt to be discriminatory or detrimental in any way with regard to the following equality strands: Gender; Race; Disability; Age; Sexual Orientation; Religion or Belief; Welsh Language or Human Rights.

APPENDIX A

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

REQUEST FOR A NEW CHARITABLE FUND TO BE SET UP

PROPOSED FUND NAME

SOURCE OF FUNDS:

INITIAL FUND

BALANCE

EXPECTED LEVEL OF FUTURE RECEIPTS

DEPARTMENT/WARD

Purpose of Fund

Patient benefit

☐

Staff benefits

☐

((Please tick relevant box(es))

Equipment benefit

☐

Brief Description (Fund Objectives):

FUND

HOLDER

Personnel who can authorise expenditure (Signatories)

Name

Title

Signature

PLEASE RETURN COMPLETED FORM TO FINANCE

DEPARTMENT

ADMIN BLOCK, DEWI SANT HOSPITAL

Approved
(Director of Finance)

Fund No

Finance Signature

APPENDIX B

Form of Receipt for an Individual Donation

RECEIPT	
Donor's name and address	I..... of give to Cwm Taf University Health Board as the Trustees of the Cwm Taf NHS Charitable Fund. Where the donation is for a specific purpose, insert appropriate wording. e.g. to provide extra comforts for the patients in ward x. If not, this part can be crossed through. The donor should sign and date the receipt. The individual accepting the donation on behalf of the health service body should sign and date the receipt.
	the sum of £..... for the general purpose of that Charity. Without imposing any Trust, I desire they use such sum to Donor's signature:..... Date: RECEIVED WITH THANKS the sum of £.....for and on behalf of Recipient's signature:..... Date:

APPENDIX C



giftaid it

Gift Aid Declaration

Name of charity: Cwm Taf University Health Board

Please treat as Gift Aid donations:

☐ The enclosed gift of £ _____

Donor's details

Title: _____ Initial(s): _____ Surname: _____

Home address: _____

Postcode: _____ Date: _____

Signature: _____

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs), that I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

Please notify Cwm Taf ULHB if you:

1. Want to cancel this declaration.
2. Change your name or home address.
3. No longer pay sufficient tax on your income and/or capital gains.

If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

*Cwm Taf NHS General Charitable Fund, C/O Finance Department, Dewi Sant Hospital,
Albert Road, Pontypridd, RCT CF37 1LB
Registered Charity number 1049765*

APPENDIX D

Charitable Fund Expenditure Authorisation Form
TO BE ACCOMPANIED BY A COMPLETED NON STOCK REQUISITION) SECTION A (to be completed by designated officer) NAME OF FUND: _____ FUND NO. _____ EXPENDITURE REQUESTED BY: _____ DESIGNATION: _____ <u>DESCRIPTION OF ITEM/EQUIPMENT TO BE PURCHASED:</u> _____ COST: _____ REVENUE CONSEQUENCES: _____ _____ WHY IS PURCHASE REQUIRED / WHAT USE WILL BE MADE: _____ _____ HOW IS IT PROPOSED TO FUND REVENUE CONSEQUENCES: _____ _____ IS THE PURCHASE VAT EXEMPT: YES / NO / NOT SURE (Please delete where appropriate). If YES please attach a VAT Exemption Certificate duly completed. If in any doubt signify NOT SURE for Finance Department to process. (If money has been / will be specifically donated for the above give details of donations) _____ _____ SIGNED: _____ DATE: _____ SECTION B (To be completed by Finance Department) BALANCE OF FUND BEFORE APPROVAL: _____ VERIFIED BY: _____ DATE: _____

EXPENDITURE AUTHORISED BY: _____

DATE: _____

APPENDIX E

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD	
Request for reimbursement from a Charitable Fund	
SECTION A (to be completed by designated officer)	
HOSPITAL:	_____
NAME OF FUND:	FUND NO: _____
REQUESTED BY:	DEPARTMENT: _____
AMOUNT REQUIRED: _____ (a receipt must be produced where appropriate)	
CHEQUE PAYEE:	_____
ADDRESS:	_____
REASON:	_____ _____ _____
SIGNED:	DATE: _____
AUTHORISED SIGNATORY	
SECTION B (to be completed by Finance Department)	
BALANCE OF FUND BEFORE APPROVAL: _____	
VERIFIED BY:	DATE: _____
EXPENDITURE AUTHORISED BY:	DATE: _____

APPENDIX F

VAT EXEMPTION CERTIFICATE

I hereby certify that the goods to which this order relates is being purchased with the funds of:

Cwm Taf NHS General Charitable Fund

and/or with voluntary contributions donated by the public and will be donated to (Name of Hospital):

.....

Which I believe are:

medical equipment ☐ sterilising equipment ☐

scientific equipment ☐ laboratory equipment ☐

computer equipment ☐ refrigeration equipment ☐

video equipment ☐

parts or accessories of the equipment indicated above ☐

repairs or maintenance of the equipment indicated above ☐

For use solely in: medical research, diagnosis, training or treatment.

I have read the guidance in the Customs and Excise VAT Notice 701/6 and apply for zero-rating of the supply under Group 15, items 5 or 6 of the zero rate Schedule to the VAT Act 1994.

Signed:

Trustee.....(Status in Charity)

Date:

10. Pay expenditure

Ref	SFI requirement	SFI Ref.	SFI responsibility	Authority Delegated to
A	The funded establishment of any department may not be varied without the approval of the Chief Executive or an officers with delegated authority (provided that the change in funded establishment is in line with the virement of budget approver under 4E)	13.2.2	CEO	Director of Finance
B	No Board member or UHB official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.	13.3.1	CEO	Director of Finance

	New Appointments, Bank and agency costs	
	Delegated Approval / Sign Off by:	
B1	Employment of all fixed term and permanent staff – except medical consultants	~~VR form signed by Clinical Service Group Managers and Finance lead prior to submission to VCP~~ Via Trac approval process
B2	Employment of fixed term and permanent staff (subject to any vacancy review policy in place)- Medical consultants only	~~VR form signed by Directorate manager and Finance lead prior to submission to Executive Catch up~~

		<u>Meeting</u> <u>Via Trac approval process</u>
B3	Nursing bank and On contract agency	Ward Manager
B4	Nursing agency Off contract	<u>Clinical Service Group</u> <u>Directorate</u> Manager
B5	<u>Additional Duty Hours via Patchwork</u> i) <u>Rate up to Standard ADH Rate Card</u> ii) <u>Rates up to 10% outside the ADH Rate Card</u> iii) <u>Rates over 10% outside the ADH Rate Card¹</u> <u>NB Rates over the standard rate MUST be authorised in advance</u>	i) <u>Directorate Manger</u> ii) <u>Care Group Medical Director</u> iii) <u>Executive Medical Director (in absence of EMD, authorization may be sought from Deputy Medical Directors)</u>
B65	Medical <u>A</u> gency - On Contract - Off Contract - Engagements above ~~price caps~~ <u>Standard Rate Card as determined by Welsh Government</u> (On and Off Contract): Rates i) <u>Rate up to Standard ADH Rate Card</u> ii) <u>Rates up to 10% outside the ADH Rate Card</u>	<u>Clinical Service Group</u> <u>Directorate</u> Manager Executive Director Medical Director i) <u>Directorate Manger</u> ii) <u>Care Group Medical</u>

	iii) <u>Rates over 10% outside the ADH Rate Card¹</u> <u>NB Rates over the standard rate MUST be authorised in advance</u>	<u>Director</u> iii) <u>Executive Medical Director (in absence of EMD, authorization may be sought from Deputy Medical Directors)</u>
<u>B7</u>	<u>Waiting List Initiative (WLI)</u> i) <u>The use of WLI rate in the UHB</u> ii) <u>WLI sessions authorised and submitted by doctor on Patchwork App</u>	i) <u>Confirmed by Deputy COOs</u> ii) <u>Directorate Manager</u>
<u>B86</u>	Engage non-medical, non-payroll staff (subject to contracting and tax assurance rules):*	Director of W&OD and Head of Procurement to confirm agreement on off contract hires prior to any commitment.
	- Below £10k gross commitment	~~Clinical Service Group Directorate~~ Manager
	- £10k to £25k gross commitment	Care Group Service Director / Deputy COO
	- up to £100k gross commitment	Board/Executive Directors

	- > £100k gross commitment	Director of Finance or Chief Executive

¹Urgent Out of Hours request to be approved by the Executive Director on call

10. Pay expenditure

Ref	SFI requirement	SFI Ref.	SFI responsibility	Authority Delegated to
A	The funded establishment of any department may not be varied without the approval of the Chief Executive or an officers with delegated authority (provided that the change in funded establishment is in line with the virement of budget approver under 4E)	13.2.2	CEO	Director of Finance
B	No Board member or UHB official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.	13.3.1	CEO	Director of Finance

	New Appointments, Bank and agency costs	
	Delegated Approval / Sign Off by:	
B1	Employment of all fixed term and permanent staff – except medical consultants	Via Trac approval process
B2	Employment of fixed term and permanent staff (subject to any vacancy review policy in place)- Medical consultants only	Via Trac approval process
B3	Nursing bank and On contract agency	Ward Manager

B4	Nursing agency Off contract	Directorate Manager
B5	Additional Duty Hours via Patchwork i) Rate up to Standard ADH Rate Card ii) Rates up to 10% outside the ADH Rate Card iii) Rates over 10% outside the ADH Rate Card¹ NB Rates over the standard rate MUST be authorised in advance	i) Directorate Manger ii) Care Group Medical Director iii) Executive Medical Director (in absence of EMD, authorization may be sought from Deputy Medical Directors)
B6	Medical Agency - On Contract - Off Contract Engagements above Standard Rate Card (On and Off Contract): i) Rate up to Standard ADH Rate Card ii) Rates up to 10% outside the ADH Rate Card iii) Rates over 10% outside the ADH Rate Card¹	Directorate Manager Executive Director i) Directorate Manger ii) Care Group Medical Director iii) Executive Medical Director (in absence of EMD, authorization may be sought from Deputy Medical Directors)

	NB Rates over the standard rate MUST be authorised in advance	
B7	Waiting List Initiative (WLI) i) The use of WLI rate in the UHB ii) WLI sessions authorised and submitted by doctor on Patchwork App	i) Confirmed by Deputy COOs ii) Directorate Manager
B8	Engage non-medical, non-payroll staff (subject to contracting and tax assurance rules):*	Director of W&OD and Head of Procurement to confirm agreement on off contract hires prior to any commitment.
	- Below £10k gross commitment	Directorate Manager
	- £10k to £25k gross commitment	Care Group Service Director / Deputy COO
	- up to £100k gross commitment	Board/Executive Directors
	- > £100k gross commitment	Director of Finance or Chief Executive

¹Urgent Out of Hours request to be approved by the Executive Director on call

Access to Charitable funds

Delegated authority	Approve expenditure from charitable funds
(i) Approval and setting up of designated fund signatories for new funds.	(i) Director of Finance
(ii) Approval of changes to fund signatories	(ii) Head of Finance/Assistant Directors of Finance
All expenditure requests for Charitable funds	To be submitted to Senior Finance Officer - Charitable Funds for initial review <u>and subject to confirmation that sufficient funds are available</u>
Up to £5,000¹ (non-contentious)¹	Designated fund signatories <u>(must be Head of Department or equivalent)</u> <u>subject to confirmation from the Senior Finance Officer that sufficient funds are available</u>
~~>£5k to~~ <u>Up to £15k¹</u>	~~Clinical Service Group~~ <u>Directorate</u> Manager
~~>£15k to~~ <u>Up to £30k¹</u>	Care Group ~~Service~~ Director / Deputy COO or Relevant Director
~~>£30k to~~ <u>Up to £50k¹</u>	~~**~~ Executive Director
<u>Over £50k or Contentious expenditure</u>	<u>Charitable Funds Committee</u>

¹ Contentious expenditure will require approval by Charitable Fund Committee - "contentious" refers to the appropriateness of the expenditure either due to its nature or its compatibility with fund objectives and will be determined by the Senior Finance Officer - Charitable Funds during initial review.



Agenda Item

8.1.5

CTM Health Board

Cwm Taf Morgannwg Health Protection System

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Emmeline Watkins, Consultant in Public Health
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Interim Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
CTM Health Protection System Partner Workshop 1	12/06/2024	Strategic Objectives Agreed
CTM Health Protection System Partner Workshop 2	30/07/2024	Year 1 action plan developed
CTM Health Protection Board	16/08/2024	Health Protection Strategic Plan endorsed.



		Virtual agreement to research addition in October.
CTMUHB Executive Leadership Group	09/09/24	HP Strategic Plan and update noted
Population Health & Partnerships Committee	13/11/2024	Endorsed for Board Approval

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg UHB
MMR	Measles, Mumps & Rubella
HPV	Human papillomavirus

1. Situation / Background

- 1.1 This Health Protection Strategic Plan describes an integrated health protection system for people living and working in the three local authority areas encompassed by Cwm Taf Morgannwg University Health Board (CTMUHB). It is recognised that while partner organisations have historically worked together to prevent and mitigate risk from communicable disease and other threats to health a strategic plan and coordinated partnership has been needed to develop and implement learnings, especially from Covid-19.
- 1.2 The Health Protection Strategic Plan takes an “all hazards” health protection approach “protecting individuals, groups and populations from infectious disease and non-infectious public health threats including radiation, chemical and environmental hazards.
- 1.3 CTMUHB and partners have focused on establishing a system wide and sustainable approach to all hazards health protection preparedness, prevention and response with
 - A focus on adding value to the system, building on existing arrangements and learning from our pandemic partnership response
 - Proactively identify opportunities to share resource across services where possible, and support staff to take on a mixed and broad range of functions up to the limits of their competence and registration
 - A partnership will that will contribute to the delivery and development of local and national multi-disciplinary research pertaining to health protection challenges identified within CTM.
- 1.4 This plan identifies the actions which need to be taken to deliver added value in addition to existing and statutory functions.

2. Specific Matters for Consideration

- 2.1 Approval of the Cwm Taf Morgannwg Health Protection Strategic Plan.
 - 2.1.1 Following a collaborative process and a series of multiagency workshops in June 2024 and July 2024 a CTM Health Protection Strategic Plan has been developed. More detail is provided in the Strategic Plan.
 - 2.1.2 Key themes for the Health Protection Strategic Plan include
 - Governance and coordination
 - Surveillance and insight
 - Preparedness, prevention and management
 - Addressing inequalities and inequities for health protection
 - Having a specific focus on the health threats posed by inadequate (or no) housing
 - Identifying and mitigating threats to health posed by climate change

2.1.3 The Strategic Plan and the Year 1 Action Plan were agreed by the CTM Health Protection Board on 16th August, with a virtual approval of edits that incorporated the importance of contributing to research pertaining to Health Protection.

2.2 Health Protection Strategic Plan Progress Update

2.2.1 Recruitment of the CTM Health Protection Operational Team and the CTM Health Protection Strategic Team are nearly complete, with the Strategic Team mainly in place by October 2024. There has been a gap identified in public health and health protection expertise contributing to CTMUHB emergency planning and therefore a dedicated post with dotted line reporting to the Civil Contingencies Manager is currently being recruited to fill this gap.

2.2.2 Allocation to three Local Authorities for continuation of Public Health Support Team agreed for 2024/25 and no changes to this workforce have been made during this period. Recurrent funding for 2025/26 onwards has also been agreed.

2.2.3 However, currently CTMUHB has been awarded the lowest allocation per head in Wales for health protection (£13.65 per head compared to an average of £17.57 per head), despite likely higher need due to deprivation and population demographics. This is a difference of approximately £1.74m annually. The operational delivery of Health Protection activities are being reviewed, identifying areas where there continue to be resilience and capacity issues and gaps in terms of delivery and there are ongoing discussions with Welsh Government.

2.2.4 There have been some key successes and core work ongoing during Quarter 1 and Quarter 2 2024 addressing some of the key health protection issues and inequalities in CTM. Highlights include some high immunisations rates in children with the Hepatitis B vaccination uptake rate in children reaching their first birthday in 2023/24 being consistently above 95% and CTMUHB having the highest vaccination rates across Wales each quarter. MMR and HPV catch up programs have been successfully held over the summer with children invited to set appointments in the Community Vaccination Centres. The Hepatitis B and C elimination program has seen improvements in testing for those in His Majesty's Prison (HMP) Parc, but with work ongoing in wider vulnerable populations.

2.2.5 Work is ongoing to ensure High Consequence Infection Disease (HCID)/mpox preparedness in CTMUHB and the wider system given the emergence and potential impact of Mpox Clade 1b, which has the potential to impact different vulnerable groups to Clade II, including children. There was good participation across Cwm Taf Morgannwg in the national exercise (Fad Felen) held on the 5 September 2024, identifying national and regional gaps. Similar issues and areas of work were being highlighted across most health boards and systems. The

areas of work being undertaken by the health board currently will improve our general preparedness for HCIDs.

2.3 A formal reporting process for the Health Protection Strategic Plan to the Health Protection Board and key progress metrics are being developed.

3. Key Risks / Matters for Escalation

3.1 There is ongoing evaluation of all areas of the Health Protection Strategic Plan, identification key risks for CTM and areas for system escalation.

3.2 Some of the current risks do include the low documented vaccination uptake of CTMUHB healthcare staff for key vaccines such as MMR and flu vaccine, which impacts on resilience and capacity to respond appropriately to outbreaks.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	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: A more equal Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below: Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: Safe
	Choose an item.



Effaith Amgylcheddol /
Cynaliadwyedd (5R) /
Environmental
/ Sustainability Impact (5Rs)

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)	
	Health Protection Legislation (Wales) 2010 Health Act 2006 Wales	
Enw da / Reputational	Yes (Include further detail below)	
	There is a risk of reputational damage to the Health Board of lowering vaccination rates and failing to meet Welsh Government targets.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	Recurrent funding now made available by Welsh Government but predicated on 80% of costs estimated in month 8 of 2023/4, which has meant that the funding per head to CTM is (£13.65 per head compared to an average of £17.57 per head)	

5. Recommendation

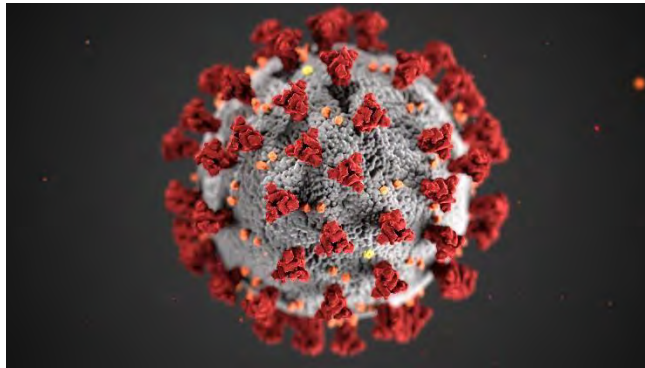
5.1 The Board are asked to APPROVE the Health Protection Strategic Plan.

6. Next Steps

- 6.1 Progress of the Year 1 Action Plan and development of the Year 2 Action Plan will be reported through the Health Protection Board and to Welsh Government

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

HEALTH PROTECTION STRATEGIC PLAN



A HEALTH PROTECTION STRATEGIC PLAN FOR CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

SUMMARY

This Health Protection Strategic Plan describes an integrated health protection system for people living and working in the three local authority areas encompassed by Cwm Taf Morgannwg University Health Board (CTMUHB). It is recognised that while partner organisations have historically worked together to prevent and mitigate risk from communicable disease and other threats to health (nowhere more evident than during the COVID-19 pandemic) a strategic plan and partnership is now needed to build on that learning to take us into the future.

This paper describes what is currently in place to support an all-hazards health protection response in Cwm Taf Morgannwg University Health Board and recommends:

1. *mapping of individuals already in post, and existing programmes throughout the partnership who are already supporting the health protection agenda*
2. *development of a Governance and coordination structure which includes operational and strategic elements to support local delivery*
3. *determination of the long-term resource required to deliver a robust and sustainable system wide health protection workforce to deliver the Health Protection Action Plan*

INTRODUCTION AND BACKGROUND

Public health is “*the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society*” (Acheson, 1988). Health Protection is one of three domains of Public Health, the other two being health improvement and healthcare public health.

Health protection (as defined by the UK government) is “*protecting individuals, groups and populations from infectious disease and non-infectious public health threats including radiation, chemical and environmental hazards*”.

The impetus for development of a local health protection strategy, derived initially from Welsh Government’s publication “*Together for a Safer Future: Wales’ Long Term Covid-19 Transition from Pandemic to Endemic*” in March 2022. Then, the *Report of the Welsh Health Protection System Review*ⁱⁱ and *Welsh Health Protection System Review Implementation Plan* (February 2023) both identified action and planning needed at a local level to support an ‘all-hazards’ approach to health protection. The review recognising the work that had already occurred during the COVID-19 pandemic, made several recommendations, including the need to:

“Maintain large-scale sustainable integrated public health response capacity as seen during COVID-19 by:

- *continuing to bring the wider system, from the local to the regional and national levels, together in routine disease control activities, and in exercising and training for emergencies so that it works as one and does not become fragmented.*
- *ensuring that health board Public Health teams and local government Environmental Health teams continue to be strengthened by clarifying their respective core roles and responsibilities, including behaviour science, risk communication and infection prevention and control."*

The review made recommendations at UK, national and local level. Relevant to the local level it called for: -

- formulation and review of relevant plans, and for plans to be tested
- strengthening of the workforce and investment in training
- retention of local environmental health expertise
- feasibility of ongoing involvement of volunteers
- improvements in data quality and data sharing to improve surveillance

The 'all-hazards' approach, as identified by the review requires development of health protection functions at local level for plausible threats, response, management and control, including:

- Pandemic
- Chemical, Biological, Radiological and Nuclear (CBRN) incidents
- Naturally occurring environmental incidents including climate change
- Other environmental threats
- Infectious disease outbreaks and incidents
- Elimination programmes e.g. Hepatitis B and C, HIV
- Management and control of tuberculosis
- Screening of refugees, asylum seekers and migrants
- Vaccinations and Immunisations
- Delivery plans addressing inequity in access and opportunities
- Addressing inequalities / inequities in access to and uptake of control measures

In addition, Welsh Government representatives have shared details of a National Health Protection Plan framework and core principles. The additional responsibilities include antimicrobial resistance and workforce training/exercising and preparedness. The core principles are:

- Working with local government partners to sustain agile, integrated teams who work on a health board footprint using an 'all-hazards' approach to support health protection measures and respond to future threats.
- Respond to outbreaks and wider threats using the agreed process outlined in the Communicable Disease Outbreak Plan for Walesⁱⁱⁱ, recognising that there will be peaks of activity through the year according to national and regional demand.
- Respond and deliver on our national approach for respiratory viruses for winter and increases in COVID-19 cases throughout the year.
- Have preparedness plans in place to scale up in the event of a threat and future pandemic scenario, within the context of a national framework
- Deliver on the National Immunisation Framework for Wales and ensure a high take up of vaccination across our programmes, including ensuring equitable access to, and opportunity for, vaccination.
- Deliver a sustained increase in the provision of prevention, testing and treatment to meet the World Health Organisation's 2030 global disease elimination targets which include TB, hepatitis B and C (by progressing actions identified in [WHC/2003/001](#) and the Joint Recovery Plans developed in 2023) and HIV (by progressing actions in the [HIV Action Plan](#)).
- Undertake wider health protection work delivering a local approach under national frameworks and guidance. For example, to support those seeking refuge in Wales, support messaging in schools, provide support to care homes etc.
- Work together locally and nationally to support and deliver work to address equity of access and opportunity

This paper forms part of the planning process. Some areas not listed above are associated with health protection, including emergency preparedness, resilience and response (EPRR), infection prevention and control (IPC), routine screening, prescribing, prison health and local government's statutory responsibilities. Responsibility, delivery and funding for those areas lies elsewhere, however any plan must describe the associations and how they will be strengthened.

RELEVANT LEGISLATION

- [Public Health \(Control of Disease\) Act 1984](#)
- [Civil Contingencies Act 2004](#)
- [National Health Service \(Wales\) Act 2006](#)
- [Health Protection \(Notification\) \(Wales\) Regulations 2010](#)
- [Well-being of Future Generations \(Wales\) Act 2015](#)
- [Public Health \(Wales\) Act 2017](#)
- [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#)
- [Public Health \(Control of Disease\) Act 1984](#) (Part 2A)
- [Health Protection \(Notification\) \(Wales\) Regulations 2010](#)

RELEVANT GUIDANCE AND DOCUMENTATION

- *Report of the Welsh Health Protection System Review* Heymann, D., Hayes, S. 7 February 2023 Welsh Government
- *Welsh Health Protection System Review Implementation Plan* 7 February 2023 Version 3.0, Welsh Government
- *Communicable Disease Outbreak Plan for Wales* July 2022, Public Health Wales, Welsh Government, Directors of Public Protection
- *National Immunisation Framework for Wales* Welsh Government 2022
- *Health Protection Service* – agenda Item 5.3 on Cwm Taf Morgannwg University Health Board Population Health and Partnerships Committee 7/11/2023
- Managing public health risks from environmental incidents. Guidance for Wales v 4.0c

GUIDING CRITERIA AND PRINCIPLES

Welsh Government has requested^{iv} regions across Wales to develop integrated health protection teams which meet the following criteria:

- A. Multi-disciplinary health protection teams working on a Health Board footprint, with health, local government and third sector working in partnership to prepare, prevent and respond to health protection measures and threats
- B. An ‘all-hazards’ approach to health protection supported by all partner agencies, recognising there will be peaks of activity through the year according to national and regional demand
- C. Teams will have a mix of skills and experience to:

- a. Prepare, prevent and respond to Covid waves within a Covid-stable environment and deliver on the national approach to acute respiratory infections (ARI).
- b. Have plans in place to scale up in the event of a future pandemic or Covid urgent scenario, within the context of a national framework
- c. Prepare, prevent and respond to outbreaks and wider threats using agreed processes in the Communicable Disease Outbreak Control Plan for Wales
- d. Prepare, prevent and respond to both acute and non-acute environmental threats using frameworks provided by Public Health Wales and Welsh Government
- e. Deliver on the National Immunisation Framework for Wales, ensuring high take up and equity of access
- f. Undertake wider health protection work delivering a local approach under national frameworks and guidance. For example support to those seeking refuge in Wales; support to those arriving in Wales from abroad to work or study; support messaging in schools; provide support to care homes, and work on TB and Hepatitis elimination
- g. Work together locally and nationally to support and deliver work to address equity of access and opportunity

Welsh Government is also developing a National Health Protection Framework covering the period 2024 to 2029. In the draft framework they set out their expectations specific to Health Boards:

- that health protection services are maintained in accordance with the recurrent funding provided and standing capability requirements
- the impact their core vaccination team resource is having on maximising vaccination uptake, in line with priorities set annually by WG
- that they have up to date and tested surge plans to quickly scale up a response if needed
- that response plans have been developed alongside regional partners, especially local authorities
- up to date training on High Consequence Infectious Diseases (HCID) patient pathways and use of PPE, ensuring appropriate stock levels of HCID PPE are held locally
- clear patient pathways for potential HClDs
- Identify vaccination programmes for targeted intervention each year, supported by an action plan

CTMUHB and partners will focus on establishing a system wide and sustainable approach to communicable disease management / health protection response within existing resources. In addition, partners in the area will be asked to agree to work collectively on the following principles:

- a. We will focus on adding value to the system, building on existing arrangements and learning from our pandemic partnership response
- b. Our regional partnership will proactively identify opportunities to share resource across services where possible, and support staff to take on a mixed and broad range of functions up to the limits of their competence and registration
- c. The Health Protection partnership will contribute to the delivery and development of local and national multi-disciplinary research pertaining to health protection challenges identified within CTM.

This plan identifies the actions which need to be taken to deliver added value in addition to existing and statutory functions.

Recommendation 1: mapping of individuals already in post, and existing programmes throughout the partnership already supporting the health protection agenda

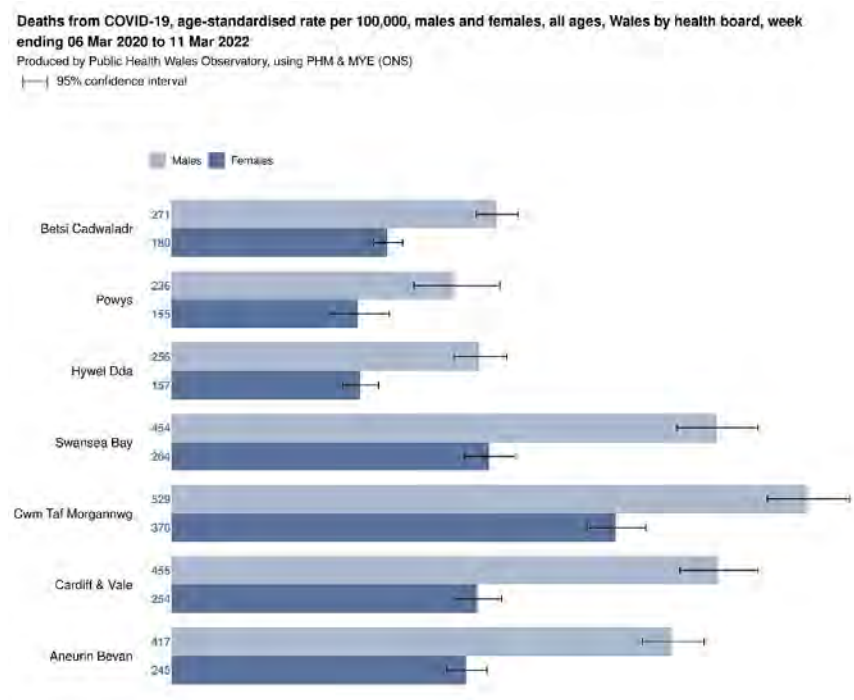
HOW THE HEALTH PROTECTION STRATEGIC PLAN WAS DEVELOPED

The Health Protection Strategic Plan was developed through two collaborative workshops with key system partners for health protection including the Health Board, the local authorities, Public Health Wales and broader partners.

The first workshop focused on establishing relationships, identifying the key strategic aims and objectives of the Plan, given the various asks. In addition, this allowed for the clarification of current staffing and resource issues across all partners and early recruitment.

The second workshop enabled a more in-depth look at mapping existing workstreams, the gaps, the enablers and the priorities for action in Year 1.

POPULATION SERVED



Cwm Taf Morgannwg University Health Board encompasses three local authorities – Merthyr Tydfil, Rhondda Cynon Taf and Bridgend. The three largest towns in the area are Bridgend, Merthyr Tydfil and Aberdare. Bridgend local authority area became the responsibility of Cwm Taf University Health Board when NHS boundaries changed in 2019, creating CTMUHB.

The area has a rich industrial heritage, however as local coal mines closed down so did the industries that depended on coal, which has led to generational unemployment and increasing deprivation. There is a large and diverse student population in the southern area of Rhondda Cynon Taf, and a prison / young offenders’ institution in Bridgend – HMP Parc.

There are about 444,000 residents in the area (2022 Stats Wales estimate) covered by the health board, nearly two thirds of whom live in some of the most deprived areas of Wales. The 2019 Welsh Index of Multiple Deprivation identified that more than a quarter of lower super output areas (LSOAs) in CTMUHB are in the most deprived quintile of LSOAs in Wales.

Since the publication of the Black Report^v in 1980, the strong association between deprivation and poor health has been well documented. Life expectancy inequalities in Wales have widened in recent years and worsened during and since the pandemic, with life expectancy for women in the most deprived areas falling more steeply than that for men.

There are significant health challenges from non-communicable disease locally, especially heart disease, stroke and type 2 diabetes. However as evidenced by mortality from Covid-19 between 2020 and 2022, CTM UHB saw the highest death rates^{vi} from Covid-19 in Wales in both men and women, demonstrating an association between communicable (as well as non-communicable) disease and deprivation.

STRATEGIC AIM AND OBJECTIVES

The aim of this plan is to inform an effective, equitable partnership health protection system which will protect the population living and working in the three local authorities within CTMUHB from all threats to health.

There are three domains to health protection^{vii}:

- communicable disease control
- environmental public health
- emergency preparedness, resilience and response (EPRR).

The third component of health protection, emergency preparedness, is defined by the World Health Organisation (WHO) ^{viii} as:

“A common, efficient, coordinated multisectoral approach, comprising all-hazard and hazard-specific measures, needed to ensure preparedness for all types of emergencies”

OBJECTIVES

To achieve the strategic aim, partner organisations will work together to:

- **Governance and coordination:**
 - Improve communication and collaboration across the partnership, planning for, preventing and coordinating an ‘all hazards’ response
 - Ensure there is a workforce with a flexible remit, that is adequately prepared to support the response to emerging and existing threats to health
 - Identify and reduce inefficiencies in the system, ensuring that coordination and communication across the partnership is robust, effective and avoids duplication

- **Surveillance and insight:**
 - Identify current and emerging threats to health through surveillance, monitoring and reporting, to ensure preparedness ○ Ensure there is access and sharing across the partnership to high quality data that informs action
- **Preparedness, prevention and management** ○ Have robust plans in place for a flexible and adaptable '*all hazards*' response to any threats to health
 - Ensure local processes are in place to prevent and manage communicable disease outbreaks / environmental threats in line with national plans
 - Deliver clear and effective communication to professionals and public in response to incidents and threats to health ○ Support delivery of all immunisation programmes for children and adults in line with the National Immunisation Framework
- **Addressing inequalities and inequities**
 - Ensure appropriate access to diagnosis, testing and treatment that is timely, safe, equitable and effective ○ Address inequalities and inequities in provision of health protection services and support
 - Ensure excluded groups and at-risk settings are identified and targeted for additional appropriate support
- Having a specific focus on the **health threats posed by inadequate (or no) housing**
- Identifying and mitigating **threats to health posed by climate change**

PARTNER ORGANISATIONS CONTRIBUTING TO THE LOCAL HEALTH PROTECTION PARTNERSHIP

A Health Protection Board supported by a Health Protection Operational group should be established within the Cwm Taf Morgannwg UHB area to oversee delivery of all elements of the Health Protection Strategic Plan. However, recognising that no one agency or Directorate has sole responsibility in this area, a systems approach to health protection is being taken across the area covered by the CTMUHB, and the Board should be a partnership across organisations including CTMUHB, Bridgend Council, Merthyr Tydfil Council, Rhondda Cynon Taf Council and Public Health Wales, with representation from relevant national partners and third sector organisations.

Recommendation 2: development of governance and coordination structure which includes operational and strategic elements to support local delivery

LOCAL GOVERNMENT

Local government has a range of statutory responsibilities across public protection areas. These include communicable disease control, food safety, port health, environmental protection including pollution control, civil contingencies and housing. There should be a proper officer appointed by each local authority responsible for the control of health hazards. This is set out in the *Public Health (Control of Disease) Act 1984*. In Wales all local authorities have authorised Consultants in Communicable Disease Control (CCDC) / Consultants in Health Protection (CHP) employed by Public Health Wales to undertake the Proper Officer Role on their behalf.

The Local Authorities that make up Cwm Taf Morgannwg are Bridgend County Borough Council (BCBC), Merthyr Tydfil County Borough Council (MTCBC) and Rhondda Cynon Taf County Borough Council (CBC). To note, Shared Regulatory Services provides the public protection function for BCBC. Environmental Health Departments across the region have established links with Environmental Health Wales Groups and Directors of Public Protection Wales.

In respect of this plan, the key Environmental Health Functions across the three Local Authorities include the following statutory functions. These functions are covered and reported via other local and National plans, but are key functions that contribute to the local health protection system.

Housing Standards – protects public health by working with private landlords and owners to provide warm, safe and healthy homes for tenants. Officers ensure that Houses in Multiple Occupation are licensed through Mandatory and Additional Licensing Schemes, inspect HMO's and improve physical and management standards of privately rented accommodation. Complaints from tenants about their rented accommodation are investigated. These can include complaints about damp, mould, heating disrepair, nuisance, and student housing issues. Amenity issues associated with empty homes that have fallen into disrepair.

Food and Feed Safety – protects public health by ensuring that the food we eat is without risk to the health and safety of consumers and is correctly described throughout the food chain. This is achieved through regular food and feed safety and standards inspections of food business and guest caterers, operating the Food Hygiene Rating Scheme, providing practical advice, investigating food safety and standards complaints, carrying out food and water sampling and undertaking checks on imported food.

Health & Safety – protects the health, safety and welfare of staff, contractors and any member of the public affected by workplace activities by working with others to ensure risks in the workplace are managed properly. This is achieved by undertaking planned inspections and targeted initiatives, investigating reported accidents, diseases, dangerous occurrences and complaints, providing advice and guidance to employers and employees and securing safety standards at outdoor events. Implementation of the Mandatory Licensing of Special Procedures in Wales (inspection/enforcement may vary across LAs), which aims to reduce infections and improve standards of infection prevention and control in the industry (Autumn 2024). Investigation and prevention of Environmental Communicable Diseases such as Legionella.

Communicable Disease Control – timely investigation, surveillance, control, and prevention of sporadic and outbreak cases of communicable disease, including the development and implementation of related public health intervention strategies as directed by the Communicable Disease Outbreak Plan for Wales. The enforcement of Health Protection legislation including the application of Part 2A Orders to minimise the spread of communicable disease and contamination from radiation and chemicals that threaten health. The provision of infection control and nutritional training. To support the work of allied Council services and external stakeholders to minimise, mitigate and manage the impact of public health risks to the populations of Bridgend, Merthyr Tydfil and Rhondda Cynon Taf. Undertake targeted health promotion and intervention activities that are informed by, and meet, local-level needs and strengthen the wider Public Services Boards public health agendas.

Environmental Protection/Pollution – protects public health by reviewing and implementing the Contaminated Land Strategy which ensures the identification, inspection and remediation of historically contaminated sites. Private water supplies used for both domestic and commercial purposes (such as drinking, cooking, and washing) are regulated and Environmental Information Requests and Planning application consultations are responded to. Pollution also protects public health by controlling noise and air emissions into the environment. The service investigates noise complaints about issues such as amplified music, DIY activities, house and car alarms, barking dogs, construction sites, accumulations of waste and other issues that could be considered prejudicial to health or a nuisance. It investigates air pollution complaints involving smoke, dust and odour and illegal burning, undertakes environmental monitoring, local Air Quality Management and regulates emissions from industrial processes. Response to environmental incidents is also an important role of local authority Environmental Health team, working with experts in Public Health Wales and other agencies to assess and help manage the risks to the public. Part 2A orders can also be utilised in these situations. When environmental risks from incidents have been assessed, the public are advised what can be done to prevent or minimize any harm to health.

Trading Standards – protects consumers and businesses by maintaining and promoting a fair and safe trading environment. This area of work ensures that businesses comply with a host of consumer protection statutes including those relating to product safety, age restricted sales, counterfeiting, environmental safety, weights and measures, minimum energy efficiency and false claims about goods and services. The Service

investigates complaints, participates in criminal investigations and enforcement exercises, conducts inspections of businesses, undertakes a sampling programme, and helping businesses improve their trading practices. Safeguarding work ensures cases of malpractice including rogue traders, scams and doorstep crime are investigated. Provision of consumer advice to vulnerable residents.

There are other discrete, lesser-known public health functions also delivered by local authority such as:

- Enforcement of Smoke-free Premises etc.(Wales) Regulations 2007 which encompasses the prevention of smoking in workplaces and includes health board premises.
- Provision of public health funerals where people in the community who have passed away and have no next of kin.
- Investigation of complaints relating to filthy and verminous premises.
- Prevention of damage by pests such as mice and rats by enforcement action. Authorities often supplement this area of work with the direct/indirect delivery of a pest control service.

Emergency Planning – Local authority emergency planning is a critical aspect of ensuring community safety and resilience in the face of various emergencies such as flooding and a pandemic. The main responsibilities include, risk assessment of potential emergencies, developing emergency management plans and establishing business continuity arrangements.

Cwm Taf Morgannwg Public Health Support Service (CTM PHSS) – The team sits under RCT CBC's Public Protection and Regulatory Services but operates on a Cwm Taf Morgannwg University Health Board footprint as part of continued Covid-19/ARI response and wider health protection initiatives. Day to day workstreams for the team include the reactive management of Covid-19 incidents/outbreaks within high risk care settings such as Residential Care & Nursing Homes and Special School establishments within the region. Proactively, the service listens/engages with care settings both in person and over the phone/email to support and improve IP&C standards, facilitates webinars or communication platforms with such settings and UHB colleagues to convey changes to Welsh Government guidance and local process updates, provides advisory information and resources with Education establishments and continues to build on the good working relationship with local PHW Health Protection Team colleagues.

PUBLIC HEALTH WALES AND OTHER NATIONAL PARTNERS

Public Health Wales (PHW) is an NHS Trust that has statutory functions related to the provision of public health services. These include public health surveillance, and working with partners to lead and coordinate the actions necessary to control public health outbreaks. Public Health Wales is the body in Wales that receives notifications of a range of communicable diseases, and the PHW Health Protection team lead on the

investigation and management of the public health response to cases clusters and outbreaks. Within the Health Protection team is a National Surge team to support local response.

Other key health protection functions within PHW include; the Communicable Disease Surveillance Centre (CDSC) which leads on surveillance and epidemiology of infectious diseases; the Vaccination Prevention and Disease Programme (VPDP) which provides data, guidance, training and specialist advice across the system on vaccine preventable diseases, and the Environmental Health Protection team which provides specialist support in relation to environmental issues and incidents. The PHW Communications team lead on communications in relation to local outbreaks and incidents, in liaison with the health board and local authority communications teams. PHW is also the key focal point in Wales in relation to liaison with UKSHA and global PH agencies in relation to infectious diseases.

Other national partners could include:

- The Food Standards Agency – responsible for protecting the public from risks arising from the consumption of food, and to protect consumer interest in relation to food. They have a remit for all four countries of the UK
- Natural Resources Wales – responsible for protecting and enhancing Wales’ environment. Work includes action on climate, nature and pollution emergencies, including water quality
- Care Inspectorate Wales – responsible for registering and inspection of care services in Wales and action to improve care services
- The Health and Safety Inspectorate - Britain’s national regulator for workplace health and safety, their role extends to include public assurance for people to feel safe where they live, where they work and in the environment
- United Kingdom Health Security Agency (UKHSA) – their main role relates to health protection in England but they have a wider UK remit for certain health protection areas supporting the work of Public Health Wales
- Academic, multi-agency research partnerships and Health Protection Research Units – developing and delivering health protection research studies and evidence base, including both research infrastructure in CTM (e.g. Rhondda Cynon Taf Health Determinants Research Collaborative), in Wales and across the United Kingdom

THIRD SECTOR ORGANISATIONS

Third sector partners are involved in much of the existing work that relates to health protection. Both Dyfodol and Barod support work being undertaken in Parc Prison and the community who with substance users. The Hepatitis C Trust is a part of the partnership approach aimed at

achieving the World Health Organisation’s Hepatitis Elimination Targets in CTMUHB, while Fast Track Cymru, under the umbrella of Pride Cymru, support work being undertaken to combat HIV locally.

Just prior to the Pandemic, the Moondance Foundation was instrumental in providing financial support to people affected by flooding in RCT. Then during the pandemic, both established Third Sector Organisations and local informal networks were quick to develop to support people affected by Covid-19.

The resources available across the Third Sector need to be explored further to assess how they could assist in the *All-Hazards* approach to health protection issues.

Figure 1: Partners and enabling functions



The system is more extensive than outlined above and includes all organisations, teams and services that have a role in preventing and managing the risks posed by communicable disease and environmental hazards.

FUNDING

There is limited funding available for implementation of a local Health Protection Strategic Plan, as costs going forward from April 2024 were assessed by Welsh Government using an 80% level of the health board existing health protection spend as at month 8 of 2023/4. Most of this expenditure related to ongoing delivery of immunisation, vaccination and testing, plus other work labelled as 'health protection' work within Cwm Taf Morgannwg University Health Board, and so is already committed for 24/25^{ix}.

Additionally the local situation is further challenged because use of the month 8 expenditure means that the 'per-head' allocation from Welsh Government is lower in Cwm Taf Morgannwg UHB than any of the other Health Boards in Wales as illustrated in Table 1, despite high levels of deprivation and therefore need. Welsh Government has assessed the allocation for Cwm Taf Morgannwg UHB without PPE as being £5.7 million (9 January 2024)^x.

The operational Health Protection budget sits with the Primary Care & Community Care directorate in Cwm Taf Morgannwg UHB while executive responsibility rests with the Executive Director of Public Health. However, funding has been identified to support a small strategic Health Protection Team within the Public Health Directorate, and substantive employment of a larger team within Primary Care focused on Immunisation and Vaccination but able to be mobilised to support other health protection activity as required. Some funding is also allocated by the Health Board to Local Authorities to support the extended health protection work they have been undertaking since the pandemic.

Table 1 – funding from Welsh Government

Health Board	C19 iro Health Protection / Vaccination and PPE. £M	Population	£/Pop	Variance (Fair Share)
Aneurin Bevan HB	11.2	591,396	18.94	1.08
Betsi Cadwaladr University	10.286	688,201	14.95	0.85
Cardiff and Vale University	9.04	505,581	17.88	1.02
Cwm Taf Morgannwg HB	6.061	444,037	13.65	0.78
Hywel Dda HB	6.58	385,094	17.09	0.97
Powys HB	3.47	133,891	25.92	1.47
Swansea Bay HB	8.394	383,440	21.89	1.25
Total	55.031	Average	17.57	

Non pay costs

There is little detailed information about what is being spent in this area. Non-pay expenditure is within the Primary Care budget. Pathology are requesting a significant amount of money to fund testing. There are allocations to Occupational Health and the Children and Young People

directorate to enhance immunisation. There may be additional money required in future to fund vaccines and tests currently funded by Welsh Government. An allocation has been made to Rhondda Cynon Taf County Borough Council on behalf of the three Local Authorities to continue with the CTM Public Health Support Team.

The long-term Health Protection Strategic Plan will need to be appropriately resourced to ensure that it delivers the health protection needs of the Cwm Taf Morgannwg population.

Recommendation 3: determination of the long-term resource to establish a robust and sustainable system wide health protection workforce in Cwm Taf Morgannwg.

STRATEGIC OBJECTIVES: EXISTING PRACTICE, GAPS and AREAS FOR DEVELOPMENT

1. Governance and coordination:

- *Improve communication and collaboration across the partnership, planning for, preventing and coordinating an 'all hazards' response*
- *Ensure there is a workforce with a flexible remit, that is adequately prepared to support the response to emerging and existing threats to health*
- *Identify and reduce inefficiencies in the system, ensuring that coordination and communication across the partnership is robust, effective and avoids duplication*

Existing practice and gaps: The current Health Protection Structure uses the Health Protection Board to provide governance and assurance around key aspects of Health Protection but currently focuses predominantly on communicable disease as opposed to an All Hazards approach.

The South Wales Local Resilience Forum has responsibility for the coordination and assurance around Emergency Planning for CTM, which will include planning and preparedness for key health protection risks such as pandemic, emerging infectious disease, severe weather as well as other risks that will impact health such as cyber-attacks, power outage and CBRN incidents.

Communication professionals from all partner organisations are key members of any health protection response for both acute and planned responses. Established linkages between partnership communications teams were further strengthened during the COVID-19

response; the ability to mobilise communication rapidly across the partnership is a positive legacy of the pandemic response. The Public Health Wales Communication Team usually take the lead for communications to both public and professionals in relation to acute communicable disease incidents and outbreaks. However, depending on the topic and situation, any of the local partner organisations may lead communications related to planned health protection related activity.

There are business continuity plans in place in the Health Board and in other partner organisations. These were put to the test during the pandemic, as was surge capacity. However staff capacity within the Health Board and other partners with a remit for emergency planning is limited and in order to meet with the requirements of Welsh Government to “Have preparedness plans in place to scale up in the event of a threat and future pandemic scenario, within the context of a national framework” some resources will need to be allocated to this task.

The current CTM Measles plan includes plan for surge as staff redeployment may be required as it was during the pandemic, and has the potential to be used as a model response for surge in other infectious disease outbreaks and considered for wider health protection threats.

The partner workshop highlighted key risks for duplication, especially between Public Health Wales, the new Health Protection team in the Health Board and the Public Health Support Service in the local authority with roles and responsibilities needing to be clarified given these new teams. It was also felt that we could have much better use of lessons learned locally and nationally. Other key gaps identified in the workshop were the separation of strategic and assurance meetings from operational, the use of the workforce to deliver an “All Hazards” approach and prioritisation of people and resource, provision of appropriate level information to horizon scan and drive action, capacity for emergency planning across the CTM partners and fragility in areas such as 3rd sector.

Figure 2 –Current CTM Health protection structure

Added value developments needed: The current governance, assurance and coordination approaches will need to be adapted to encompass the new All Hazards approach in CTM. Preliminary mapping was provided through the workshop, however given the new resource and capacity in both the Health Board and the local authority it will be critical to have a clear understanding across all partners regarding roles, responsibility, escalations and finance. This key priority action will enable the development and delivery of a comprehensive, integrated system to deliver an ‘all-hazards’ approach to health protection in the Health Board area and clear expectations around organisational surge requirements and decision making.

2. Surveillance and insight:

- *Identify current and emerging threats to health through surveillance, monitoring and reporting, to ensure preparedness*
- *Ensure there is access and sharing across the partnership to high quality data that informs action*
- *Ensure creation and use of available research, evidence and data to inform decision-making and planning in response to identified current and emerging threats.*

Existing practice and gaps:

Communicable disease surveillance data for the most frequently occurring communicable diseases in Wales is produced by Public Health Wales' Communicable Disease Surveillance Centre and shared to health boards and local authorities, with weekly updates and information on outbreaks. The Health Board Infection Prevention and Control team monitors Health Care Acquired Infections. Other local surveillance data on health protection threats includes that collected by the Food Standards Agency, Local Authority Food Safety, Welsh Water and local air quality monitoring.

Surveillance data is also produced at a UK, European and Global level. There is other data captured that will be of use in health protection, for example the Health and Safety Executive (HSE) gathers data on occupational diseases, the Office for National Statistics (ONS) collates mortality and census data, and air quality data is monitored and shared by Welsh Government.

Gaps have been identified in some data sharing practices, information on inequalities, coordinated local insight for action and local horizon scanning for health protection threats that require local prevention and preparedness.

Added value developments needed: National, regional and local surveillance data will be coordinated further to ensure it is used for health protection prevention and preparedness and to manage risk. Opportunities for enhanced data collection and sharing across the partnership will be prioritised. An area of development is to support the workforce to undertake high quality research to help address the wider health protection aims and objectives, which will support career development and staff recruitment and retention. This could be done by including research in JDs and reviewing within PDRs/job planning.

4. Preparedness, prevention and management

- Have robust plans in place for a flexible and adaptable '*all hazards*' response to any threats to health
 - Ensure local processes are in place to prevent and manage communicable disease outbreaks / environmental threats in line with national plans
 - Deliver clear and effective communication to professionals and public in response to incidents and threats to health ○ Support delivery of all immunisation programmes for children and adults in line with the National Immunisation Framework

a. Emergency Preparedness, Resilience and Response (EPRR)

• **Added value developments**

A robust health protection system is fundamental to any organisation's capacity to respond to incidents and emergencies across a range of scenarios, from extreme weather, outbreaks of disease, or a terrorist attack. .There are national plans but these must be supported by local plans, including plans from Category 1 responders, which includes CTM UHB. Local plans support the work of the South Wales Local Resilience Forum (LRF), a multi-agency partnership which covers seven local authority areas in South Wales. . The LRF takes the lead on planning for issues such as severe weather and major attacks.

Integral to all EPRR plans is the requirement to test them through exercising them, and in order to do this, staff will need to undertake regular training. The lead for EPRR in CTMUHB sits within the Directorate of Strategy and Transformation however they work across the organisation. The specialist Health Protection team will need to assist in planning and preparedness for future pandemics as a priority.

• **Added value developments**

The 2019 Pandemic Operational and Tactical Plans will need to be refreshed taking on board the learning from the Covid Pandemic. This should be done in line with both the Local Resilience Forum's pandemic planning and the national Communicable Disease outbreak Plan for Wales

b. New/acute cases, incident and outbreak response •

Existing practice

New cases of infectious disease may be seen in any healthcare setting, although the majority will initially present to primary care. Many infectious diseases are mild and self-limiting and do not require further clinical or public health management, but some are not. Depending on the disease and its presentation, a number of teams and services across the Health Board may be involved in diagnosing and treating the condition. Likewise, any public health action (including contact tracing, prescription of prophylaxis, advice on exclusion from school/work) may be undertaken by a range of teams.

A number of communicable diseases are notifiable because of potentially serious consequences for individual and population health. Registered medical practitioners have a legal duty to notify any of the diseases on [this list](#) to the Proper Officer of the Local

Authority or the Health Protection Team. In practice in Wales, all notifiable diseases should be notified via the Public Health Wales All Wales Acute Response Service [AWARe](#).

AWARe is usually the first point of contact for queries in relation to the public health management of communicable disease for both professionals and the general population. The Specialist Health protection teams follow nationally agreed guidance, policy and Standard Operating Procedures (SOPs) to manage risk.

Specialist Health Protection will lead the initial investigation of clusters of communicable disease, although Local Authority officers may be the initial responders for gastrointestinal incidents, including in care homes, schools and early years settings. Incidents are often managed in collaboration between partners, particularly PHW Specialist Health Protection and Environmental Health's public protection services. The Local Authorities' Public Health Support Team manage respiratory outbreaks in care homes and schools.

If an outbreak is declared, partners will follow the approach outlined in the *Communicable Disease Outbreak Plan for Wales* **Error! Bookmark not defined.** The PHW Health Protection team provides a round the clock, all-Wales health protection service to manage urgent and significant incidents.

• Added value developments

A number of resources have been identified that will need to be set up to better support an acute response from within the Health Board:

- High level SOPs to describe function and remit of key partners
- Confirmation of partnership out of hours contact for communicable disease incidents, to include ways to access resources such as sampling, immunoglobulin and contact tracing
- Avian influenza testing pathway
- Hep A and other immunoglobulin pathways
- Surge plans if additional capacity is required

The resource within the Immunisation & Vaccine team and local authority has been broadened in remit to All Hazards health protection to enable deployment in the most effective way possible to support the public health management of a range of

conditions or public health threats. All new teams, job descriptions and recruitments reflect the wider remit around All Hazards Health Protection.

c. Planned / preventative infectious disease management

i. Vaccination and Immunisation

• Existing operational practice

Cwm Taf Morgannwg University Health Board delivers the routine immunisation schedule for Wales utilising a multi-faceted approach. This includes, but is not limited to, community nursing teams, school health services, community pharmacy, primary care, prison health, occupational health, community drug and alcohol services and the integrated sexual and reproductive health service.

There is a 3-year CTM Vaccination and Immunisation Strategic Plan, as well as a Vaccine Equity Strategic Plan, which alongside the Welsh Government's National Immunisation Framework (NIF), Welsh Health Circulars, Public Health Wales' Vaccine Preventable Disease Programme (VDVP), and Vaccination Programme Wales (VPW), guide the service. The NIF was developed using lessons learnt from the Covid-19 pandemic and aims to integrate all national vaccination programmes, setting standards for delivery. The aim of the NIF is delivery of a high uptake of a sustainably delivered, effective vaccine, at the right time, to reduce mortality and morbidity.

VPW and VDVP support delivery of immunisation programmes across Wales once the vaccine has been assessed by the Joint Committee on Vaccine and Immunisation (JCVI) and approved by the UK government. VPW and VDVP also provide uptake data so that the Health Boards' vaccination leads can target services more effectively, and provide analysis of uptake data that informs improving vaccine equity.

• Developments

NHS organisations and local authorities across Wales worked cohesively during the pandemic to deliver testing, outbreak control, vaccination and other preventative measures. There was support from Welsh Government and the voluntary sector. This unified approach is already being built on further to support health protection and prevention across our region and will become standard practice.

A new Respiratory Syncytial Virus (RSV) vaccination programme is due to be rolled out across Wales from September 2024, and there are tentative plans for a pertussis catch up campaign in light of waning immunity and localised outbreaks of the illness.

ii. Hepatitis B & C

• Existing practice

The UK is a low prevalence area for both hepatitis B (HBV) and C (HCV). Across Wales, HBV prevalence is estimated at 0.78% of the population. Hepatitis B and C are both notifiable diseases, and there were 16 HBV and 32 HCV laboratory notifications in 2023 in the Cwm Taf Morgannwg UHB area^{xi}. The latest COVER statistics from Public Health Wales (Q4 2023) showed that 96.5% of children living in the health board area had completed their primary immunisations by the age of one and had therefore been immunised against HBV.

Current service delivery is through specialist hepatology services, drug and alcohol treatment services, community pharmacy, primary care, prison health, sexual health services and relevant third sector services (Barod and Dyfodol). The services focus on both prevention and treatment including the delivery of Hepatitis B vaccinations to infants, and adults deemed at higher risk; testing of pregnant women; needle exchange; hepatitis C case-finding, testing and treatment services. There is a focus on adults seen as being at greater risk of infection including those arriving from countries where there is high prevalence, prison populations and people with substance misuse issues.

There is a Welsh Government ambition and commitment for Wales to achieve the World Health Organisation's (WHO) target to eliminate Hepatitis B and C as a public health threat by 2030. The Minister for Health and Social Services recognises the need to reinvigorate the drive to eliminate hepatitis B and C as our services recover from the pandemic.

Locally an '*Elimination of Hepatitis B and C Working Group*' has been established with a wide range of stakeholders including Public Health Wales, the Area Planning Board, Hepatitis Trust, the prison service and probation. This work is being led by the Adulthood Strategy Group Planning team in conjunction with the Clinical lead consultant in gastroenterology. An Elimination plan for Hepatitis B & C services is in place in the health board, with the goal of achieving Welsh Government's ambition to achieve the World Health Organisation's target of eliminating Hepatitis B and C by 2030. The Cwm Taf Morgannwg Area Planning Board have provided funding for a six-month secondment for a Harm Reduction Nurse as a pilot to determine the impact such a post could have on hepatitis elimination.

Current work in the Health Board, including development of the local elimination plan, has been led by the Planning team in conjunction with a lead consultant in gastroenterology.

Developments

Local challenges and a plan to address these are contained within the Health Board's Elimination plan and recent progress report. These include recruitment of a Harm Reduction Clinical Nurse Specialist funded by the Area Planning Board for a 6 month pilot. Continuing funding for this post along with other measures outlined in the Elimination plan will need to be considered for funding from within the Health Protection Budget. Feedback on our plan from the National Oversight Group suggests the Health Protection Team supports the delivery of increased testing required within high risk groups in our communities. The current HCV treatment target set by Welsh Government of 135 people per year is challenging and it is unclear how this number was arrived at, when Aneurin Bevan UHB who have a similar population have a target of 80 people.

It is anticipated that the Health Protection Team in Primary Care will be available to support expanded testing for BBVs, including within the prison and probation system, as well as increasing immunisation rates. There is ongoing work (*BBV and me*) to raise awareness amongst staff of the importance of testing patients/clients for blood borne viruses. The plan for 2024 to 2029 has been submitted to Welsh Government for approval, building on the work undertaken to develop the 2023/4 plan.

iii. HIV

- **Existing Practice**

Numbers accessing treatment in the Health Board remain low (188 in 2023) with 24% being female. There has been a reduction in new diagnoses of HIV (101 in 2022) across Wales in the last few years. However, of concern is the number of late diagnoses, which while small at <5 in 2023, has implications for the treatment and care of such individuals. There were seven new diagnoses of HIV in 2023 in CTMUHB, with an average age of 36. There were fewer than 5 births to affected women in 2022 in the Health Board area.

Testing for HIV is available at sexual health clinics and in primary care. Treatment for HIV and pre-exposure prophylaxis (PrEP) can be accessed through local Sexual Health Services. Treatment for residents of Bridgend transferred from Swansea Bay into Cwm Taf Morgannwg UHB in December 2023, although for historical reasons many of the affected residents of Bridgend were already receiving services from CTM UHB.

- **Developments**

There is new HIV Action plan for Wales with the aim^{xii} of eliminating HIV by 2026. In Cwm Taf Morgannwg UHB the Sexual Health Advisory Board and the clinically led Sexual Health Forum are addressing elements of the plan through a locally agreed delivery plan.

The Health Board has now commenced work with the local authorities and third sector partners to join Fast Track Cymru. An inaugural meeting is planned for October.

The team are exploring whether dry blood spot testing could be introduced as some people find this more acceptable than venepuncture. However, there are a number of stages to go through before it can be implemented. There are also plans to expand testing in Parc Prison. There is ongoing work (*BBV and me*) to raise awareness amongst Health Board staff of the importance of testing patients/clients for blood borne viruses. Additionally, there are plans to introduce nurse-led pre-exposure prophylaxis (PrEP) clinics and Patient Group Directives (PGDs) to increase the availability and uptake of PrEP.

iv. **Tuberculosis (TB)**

- **Existing Practice**

Historically there is low incidence of TB in the Health Board area (2/100,000 in 2022), lower than the all-Wales incidence (2.8/100,000). The BCG vaccine against TB is not given routinely in childhood in Wales but is available to babies and children under five who are deemed to be a higher risk of contracting the disease.

Individual cases are treated by respiratory services and public health action is undertaken jointly between Public Health Wales, Cwm Taf Morgannwg UHB staff and the local authority. The Local Authority has specific powers^{xiii} requiring people to cooperate where there is a significant threat to human health and this may be utilised if there are concerns about drug resistant TB. This is carried out through application to a magistrate.

There is no dedicated TB team because of the historically low incidence, however members of the respiratory service support patients locally, including a specialist nurse providing support to HMP Parc. There is at least one respiratory nurse and one respiratory consultant with a special interest in tuberculosis in each of the three acute hospitals, as well as one children's nurse working across the Health Board. All of these maintain this interest alongside their main roles.

There is pressure on the existing service when large scale screening is required as there is very little available in the way of administrative / project management / data collection support. This pressure was felt when additional screening of people arriving from Ukraine was put in place. An additional complication is that while the nursing service into HMP Parc is now provided by the NHS, the GP service is contracted outside the NHS, which has led to issues with accessing new NHS numbers, and therefore treatment, for inmates.

Developments

In January 2023 Welsh Government announced that Public Health Wales would be re-establishing the All Wales TB group who would be developing a national TB Action Plan. Any local health protection plan would take a lead from this national plan which has yet to be disseminated.

While the low incidence and historic pattern of disease in Cwm Taf Morgannwg UHB does not indicate the need for a 'stand-alone' tuberculosis service, more could be done to bring cohesion to the care and follow up of patients. This could be done through support from an identified post within the local Health Protection service to bring cohesion to any response, and to address and coordinate the capacity issues (for example) when large scale screening is undertaken, as well as logistic issues. It is anticipated that the expanded role of the Health Protection team in the Primary Care directorate might provide support to any large-scale screening exercises.

v. COVID-19 / Acute Respiratory Infections / winter preparedness

- **Existing Practice**

There are six Community Vaccination Centres (CVCs) across the footprint of the three local authorities, administering Covid vaccines as well as delivering within care homes. Influenza vaccination is coordinated via a mixed model: school nursing teams take the lead for school-aged children; Primary Care teams oversee the vaccination of infants and adults; (including District Nurses for housebound patients); staff within CTM are vaccinated through the CVC teams. The vaccination teams have also recently begun to administer other immunisations such as MMR, Fluenz, etc.

Public Health Wales Health Protection team and the Local authority CTM Public Health Support Service continue to support nursing and care homes and special schools in outbreak from Covid or other respiratory (or other) illnesses. There is currently a funded agreement in place between the Health Board and Rhondda Cynon Taf County Borough Council (who act on behalf of Merthyr Tydfil and Bridgend County Borough Councils) to continue the working arrangements established during the COVID-19 pandemic

providing support to care homes. A similar arrangement exists between the Health Board and Bridgend County Borough Council / the Shared Regulatory Services Partnership.

- **Developments**

There are emerging changes to the winter respiratory program and how best to maximise vaccine uptake and other prevention measures across all populations. This year the CTMUHB Health Protection service will need to respond to the introduction of new vaccine programmes into the UK schedule (for example Respiratory Syncytial Virus (RSV)). The long-term approach to maximising all of our resources in prevention, preparedness and response to winter infections needs to be developed further.

vi. Antimicrobial resistance

- **Existing Practice**

In line with the Welsh Government's commitment to the goals of the '*UK five-year action plan for antimicrobial resistance 2019 to 2024*' there has been ongoing work within the health board to address suboptimal antimicrobial prescribing. The Chief pharmacist for Cwm Taf Morgannwg UHB has responsibility for leading on this area of work within the health board, and a member of the pharmacy team has been identified to lead on the plan development, working alongside colleagues in both acute and primary care. There are four antimicrobial pharmacists and one pharmacy technician tasked with working alongside prescribers to support antimicrobial prescribing changes. The CTM UHB strategy workplan is split into six project areas. These include influencing antimicrobial prescribing on surgical wards; implementation of a fluoroquinolone prescribing aid for prescribers; influencing antimicrobial prescribing for community acquired pneumonia across both primary and secondary care, and raising awareness of antimicrobial resistance, infection prevention and control and health care acquired infections.

- **Developments**

The expectation is that the UK action plan will be revised during 2024 and local stakeholders will work together to update an action plan and develop guidance for prescribers in Cwm Taf Morgannwg UHB.

vii. Infection prevention and control

• **Existing practice**

The Infection Prevention and Control (IPC) team reports to the Quality and Safety Committee of the Health Board, ensuring its visibility to the board through this committee and the Director of Infection Prevention and Control (DIPC). The IPC team's scope covers both community and inpatient settings, including specialties such as mental health. As part of the broader health team, the IPC team supports clinical settings by ensuring best practices are always followed, providing necessary assurances, and monitoring the implementation of corrective or mitigation actions. The IPC team works closely with clinical teams to identify and contain infections, with a focus on preventing and controlling outbreaks. Various strategies are employed, including regular auditing, training, and the development and review of relevant policies, to ensure local and national guidelines are integrated into clinical practice. A new IPC strategy has been developed and will be implemented in the coming quarters.

Developments

The new IPC strategy has now been approved, and ongoing efforts are underway to develop the necessary actions and maximising coordination with health protection initiatives and resource. This shift will promote the development of IPC across the Health Board and in the community, making better use of limited IPC resources, and creating a preventative approach across all settings.

viii. Environmental threats

A key component of any health protection system will be planning a response to environmental threats to public health. Environmental public health includes any physical, chemical and biological factors external to a person and capable of causing harm; environmental exposure to the hazards, and the possible resultant health outcomes. The impact of climate change has given environmental threats more prominence in recent years, as have concerns about air and water quality. Environmental threats to health may also come from a person's housing, or lack of decent housing.

As with infectious diseases, the environmental public health team in Public Health Wales will ordinarily take the lead along with the relevant local authority. There may also be involvement in the response from Welsh Government and national agencies such as Natural Resources Wales. Some environmental threats to health may be deliberate acts, and there should be a close working relationship between emergency planning and health protection personnel.

4) Addressing inequalities and inequities

- *Ensure appropriate access to diagnosis, testing and treatment that is timely, safe, equitable and effective*
- *Address inequalities and inequities in provision of health protection services and support*
- *Ensure excluded groups and at-risk settings are identified and targeted for additional appropriate support*

Partners have considerable concerns regarding the systematic approach to ensuring that excluded groups and at-risk settings have appropriate support, and the inequalities that this creates. This crosses all aspects of the Health Protection Strategic Plan from surveillance and insight, preparedness for vulnerable groups, prevention and response. Addressing these inequalities and inequities will be core across all aspects of the Strategic Health Protection Plan

a. Individuals

Some people are at greater risk of contracting infectious disease, being exposed to environmental threats, and/or are more likely to experience serious outcomes as a result of individual factors such as age, disability, socio-economic status, pregnancy or immunosuppression. Actions can be taken to prevent infection and minimise the risk to such individuals, ranging from personal behaviours like hand washing, to treatments such as prophylactic antibiotics and immunisation. Such actions are usually part of the clinical management of specific conditions, and so form part of the core business of medical teams and primary care. Examples would be immunisations aimed at specific age groups, for example the shingles vaccine offered to people aged 65+ or pertussis offered to pregnant women or 'rescue packs' for people with specific respiratory conditions.

An individual's health may also be impacted by external factors over which they have little control, such as housing, air quality and climate change. Partners need to work together to identify and mitigate risk factors.

b. Groups

There are groups within society who may also be at increased risk from communicable diseases, because of age, socio-economic status, dependencies, travel or other factors. Any Health Protection plan must describe how inequities in prevention, access or treatment will be addressed.

There is no one unified service (as there is with the Cardiff & Vale UHB Health Inclusion Service), addressing the needs of excluded groups, new arrivals to the UK and others who might face challenges accessing health and social care services. However different care

groups across the Health Board do provide services to individuals within these groups. There is a need for a more strategic approach in Cwm Taf Morgannwg UHB to pull the disparate elements of service together.

c. Settings

Some settings are more vulnerable to communicable disease risk, as was demonstrated during the Covid-19 pandemic. These settings may include houses of multiple occupancy, asylum seeker accommodation, prisons, hostels, food processing plants and student accommodation and special schools or boarding schools. However, the greatest risk and poorest outcomes during the pandemic were experienced by nursing and care homes. As a region, we intend to work to ensure that the care sector is appropriately supported to reduce the risk of communicable disease incidents through prevention, good IPC practice, and management of incidents when they occur. This includes working with the three local authorities whose staff assist in prevention and management of outbreaks and provision of advice.

Developing settings-based work

Various agencies have differing responsibilities for settings-based work including care homes, early years, schools, further education, universities, workplaces and prisons. Local Authority Social Services teams organise many of the social care placements and are responsible for the health and well-being of their residents. Care Inspectorate Wales (CIW) is the regulator for both nursing and residential homes and as workplaces, the Health and Safety Executive (HSE) may be involved if there were serious concerns. The Local Authority may also have enforcement powers depending on setting.

There is a requirement for a more strategic and coordinated approach to health protection in settings and a multi-agency Health Protection Operational Group should be established to identify requirements and solutions.

5) Having a specific focus on the health threats posed by inadequate (or no) housing

Safe, secure housing is fundamental to both physical and mental health. Sub-standard housing exists in both the public and private sectors, it may be owner-occupied or tenanted, and if tenanted, may be owned by a private or social landlord. Poor housing can lead to poor health outcomes, which are particularly acute for people who are street homeless. Threats to health may arise from issues including:

- use of lead paint or asbestos in older properties
- cladding that does not meet current regulations

- damp and mould / poor insulation, ventilation and heating
- inadequate bathroom and kitchen facilities
- lack of child / toddler proofing around the home
- housing not protected from naturally occurring radon
- poor fire safety measures

- **Existing practice**

In Wales the 2004 Housing Act introduced the *Housing Health and Safety Rating System (HHSRS)* which is Welsh Government's approach to the evaluation of the potential risks to health and safety from any deficiencies identified in dwellings. This allows ratings to be applied to any home by an inspector from a Local Authority. Similarly there are the Local Authority duties around homelessness.

There is considerable ongoing work around homelessness and poor housing. This includes the existing housing outreach services within each local authorities with a focus on inclusion health groups such as prison leavers; there are already examples of work being carried out by CTMUHB in partnership with Local Authorities, Housing Associations and the University of South Wales under the auspices of the "*Healthy Housing Alliance*". The initial focus has been on cold and damp in homes but more work is needed to address the issues within the three local authority areas.

6) Identifying and mitigating threats to health posed by climate change

Key for preparedness for health threats to climate change is both the **preparedness** for severe weather which will become more frequent as well as **implementing climate change adaptation** requirements. There are ongoing work strands across the Health Board, LRF and local authorities. For example, the South Wales Local Resilience Forum Severe Weather Plan has been recently updated, however the Health Board Severe weather heat wave plan requires updating. A health protection perspective needs to be added, most likely through existing work strands.

OPERATIONALISING THE PLAN

The objectives identified for the Health Protection Strategic Plan are broad and far reaching. The second system workshop on 30th July 2024 highlighted some of the key priorities for the first year of this plan.

These included:

- Adapting currently governance given all the changes to the Health Protection system, clarifying who does what, and escalation mechanisms
- Evaluating the skill and resource we have against Health Protection Strategic Plan requirements, identifying and implementing the training required, and identifying continued gaps
- Addressing existing communicable disease risks, especially measles and pertussis
- Demonstrating that CTM has learnt from the Covid-19 pandemic, and ensuring these lessons learned are incorporated in to local pandemic planning
- Increasing understanding of excluded groups/inclusion health groups in CTM, and the gaps, and systematically addressing inequalities for Health Protection
- Focusing on vulnerable settings, especially the Prison
- Working with occupational health teams across the system to addressing health protection issues for workforces, minimising risks to individuals and risks to broader workforce capacity
- Delivery of key national Health Protection Programmes such as Hepatitis B/C Elimination
- Developing approaches to support climate change adaptation, given work ongoing in the system

Current local health protection resource and enablers to deliver the plan

Specific funding has been identified and recruitment commenced for a specialist Health Protection Team within the Public Health Directorate in CTMUHB. The funding has continued and broadened the function of the previous CTM UHB Immunisation & Vaccination team to an operational All Hazards Health Protection Team within the Health Board, as well as the continuing and broadening the function of the Local Authority CTM Public Health Support Team. All of these teams will be expected to be key to the delivery of the Health Protection Strategic Plan with roles and remit expanding to cover the All Hazards focus of the plan with appropriate recruitment, training and upskilling as required.

As already identified, there are many wider teams and individuals in place who deliver on elements of Health Protection. Within the Health Board these include the Infection Prevention and Control, Microbiology, Medicines Management, and Emergency Planning. External to CTMUHB these include the Local Authority Environmental Health and wider teams and the Health Protection division of Public Health Wales.

These teams and individuals already have reporting and governance structures in place, either in the Health Board or within their own organisations.

A key recommendation of this plan identifies the need for a clearer local governance structure to oversee delivery of the Health Protection functions within the Health Board area, specifically a Health Protection Board, and an Operational Group.

Year 1 Action Plan

Action Area	Action	Key Partners	Timescale	Measure of success
1) Governance and coordination				
a.	Current governance, assurance and coordination mechanisms to be adapted to encompass the new All Hazards health protection approach including the Health Protection Board and a Health Protection Operational Group (Recommendation 2)	Health Protection Board	3Q 2024/25	Agreed partnership governance and assurance structures
b.	Clear roles, responsibility and escalation requirements between the new local HP teams and PHW	PHB, CTMUHB, local authorities	3Q 2024/25	MOU in place articulating preparedness, response and financial responsibilities of all partners

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c.	Mapping of individuals already in post, and existing programmes throughout the partnership already supporting the health protection agenda (Recommendation 1)	PHW, CTM Health Protection teams, LA PH Support Service, wider partners	2Q 2024/25	Current resource and skill sets identified.
d.	Alignment of current and new resource to HP Strategic Plan workstreams and development of longer term remit, identifying gaps	Health Protection Board	3Q 2024/25	Recruitment within existing resource and identification of long-term skill/capacity gaps
e.	Determination of the long-term resource required to deliver a robust and sustainable system wide health protection workforce to deliver the Health Protection Action Plan (Recommendation 3)	Health Protection Board	3Q 2024	Long-term resource requirement and plan

2) Surveillance and Insight				
a.	National, regional and local surveillance data to be coordinated further locally to ensure it is used for health protection horizon scanning, prevention and preparedness and to manage risk. Any gaps in surveillance to be identified	Creating Health Digital Team, PHW, LA PH Support Service/wider services such as sexual health	3Q 2024/5	Preliminary coordination 3Q 2024/5 Local coordinated surveillance dashboard
b.	Exploration of enhanced data collection and sharing across the partnership and benefits		4Q 2024	

3) Preparedness, prevention and management				
a.	Recruitment of local capacity around health protection aspects of emergency planning	Emergency Planning	3Q 2024	Person in post
b.	Collation of existing local lessons learned from Covid-19	Health Protection Operational Group, All partners	TBC	Lessons learned identified

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c.	Local input into Pandemic Plan refresh	LRF and Health Sub Group, PH team	TBC	Pandemic plan updated to reflect local learnings
d.	Coordination for preparedness for Measles and Pertussis across the system	PHW, LA PH Support Service, Health protection service, CTM UHB IPC	2Q 2024	Reduction of risk to population and workforce resilience in measles and pertussis outbreaks
e.	Winter preparedness – identification and delivery of proactive and preventative work with key settings such as care homes and education	CTMUHB Health Protection Teams, LA PH Support Service	3Q 2024	Continued setting preparedness
f.	Implement actions for 2024/25 identified in the National Immunisation Framework including the upcoming Winter Respiratory Programme 2024/25	HP Operational Group	In NIF Action Plan	In NIF Action Plan
g.	Implement 3-year CTM Vaccination and Immunisation Strategic Plan and Vaccine Equity Strategic Plan, delivering annual targets	CTMUHB specialist Health Protection Team, LA PH Support Service	In 3 year action plan	In 3 year action plan
h.	Implement actions for 2024/25 identified in Hep B/C Elimination Plan 2024-2029	Hep B/C Elimination Groups	In Hep B/C Strategic Plan	In Hep B/C Strategic Plan

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i.	Identify priority delivery areas for Cwm Taf Morgannwg UHB from the HIV Action Plan for Wales 2023-2026	Sexual Health services, PH team, LA PH support Service	2Q 2024	
j.	Fast Track Cwm Taf Morgannwg - Establish and maintain a Local Authority led steering group in partnership with key health and social care stakeholders; This group will work collaboratively to achieve Fast Track status, developing local action to support the Welsh Government goals of establishing Wales as a Fast Track Nation and eliminating new cases of HIV by 2030.	Sexual Health services, PH team, LA PH Support Service	3Q 2024	
k.	Partnership support to deliver the Infection Prevention and Control Strategy including community aspects	CTM UHB Specialist HPT, LA PH Support Service	4Q 2024	Improved links and peer training between teams
l.	Development of health board wide antimicrobial resistance strategy	TBC		

4) Addressing inequalities and inequities				
a.	Identify where there is local health protection data for inclusion health groups around prevention and outcome measures, identifying any gaps.			Insight around gaps for inclusion health groups
b.	Systematically use inclusion group insights to inform current action plans for Immunisation, HepB/C Elimination and HIV			Gaps addressed in major plans
c.	Identify occupational health gaps for Health Protection for at risk workforces, working with employers to support preventative approaches. Initial focus on HMP Parc and Hep B elimination for 24/25 and CTMUHB workforce	Marie Evans/Julie Keegan		Improved workforce HP resilience in CTMUHB and the prison
d.	Confirm pathway to access antivirals for extremely vulnerable groups and care home residents in line with national policy and NICE guidance			
e.	Confirm local arrangements for support to care homes for prevention and acute incident response, including infection prevention and control support	Links to MOU work		

5) Having a specific focus on the health threats posed by inadequate (or no) housing				
a.	Ensure that those that are homeless including those in temporary accommodation and street sleepers, are able to access the prevention approaches, testing and response measures for health protection	CTMUHB Health Protection Teams, LA PH Support Service	4Q 2024	Gaps for this inclusion health group addressed
b.	Support existing housing and health schemes to mitigate poor health due to poor quality housing through the Health and Housing Alliance	Housing and Health Alliance	4Q 2024	

6) Identifying and mitigating threats to health posed by climate change				
a.	Identify ongoing work around climate change adaptation and where new health protection teams can add value – including the CTMUHB Climate change adaptation sub group and relevant LRF subgroups.	CTMUHB Health Protection Teams, LA PH Support Service	4Q 2024	
b.	Review if local Severe Weather plans need to be updated given new resources for Health Protection, updating where needed through the LRF		4Q 2024	

Appendix 1: Preliminary Mapping of organisations, teams and lead roles contributing to the Health Protection Partnership in CTM UHB area

Organisation	Lead role with responsibility for Communicable disease/Environment health threats/ etc	Contributing teams
Cwm Taf Morgannwg University Health Board	Executive Director of Public Health	Vaccination team
	Executive Director of Nursing	Infection Prevention and Control
	Health Board Clinical Lead for Microbiology	Emergency Planning
	Chief Pharmacist	Primary Care – commissioned services
		Pharmacy / medicines management
		Department of Sexual health
		Local public health team
		Health visiting and school nursing
		TB team / BBV team / substance misuse
		Health Board communications team
		Research and Development

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Rhondda Cynon Taf Council	Director of Public Protection	Environmental Health
		Housing Standards
		PH Support Service
		Communications and communities teams
		Rhondda Cynon Taf Health Determinants Research Collaboration (RCT HDRC)
Merthyr Tydfil Council	Director of Public Protection	Environmental Health

		Housing Standards
		Communications and communities teams
Bridgend Council	Director of Public Protection	Environmental Health
		Housing Standards
		Communications and communities teams
Public Health Wales	Consultant in Communicable Disease Control (CCDC)/Consultant in Health Protection (CHP)	Regional Health Protection Team

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		All Wales Acute Response Team (AWARe) (National Resource)
		National Health Protection Support Team
		Microbiology Services
		Communicable Disease Surveillance Centre (CDSC) (National Resource)
		Vaccine Preventable Disease Programme (National Resource)
		Healthcare Associated Infection and Antimicrobial Resistance Programme (HARP) (National Resource)
		Inclusion Health Team (National Resource)
		Public Health Wales Communications Team (National Resource)
		Public Health Wales Communicable Disease Inclusion Health Programme (CDHIP)
		Public Health Wales EPRR team

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		Public Health Wales Environmental Health Protection Team
Third Sector		Barod
		Dyfodyl
		First Cymru
		St John Cymru
		Moondance Foundation

ⁱ “Public Health Protection and Health Security Framework Outline Agreement” October 2021

ⁱⁱ Report of the Welsh Health Protection System Review Heymann, D. Hayes, S. 7/2/2023 Welsh Government

ⁱⁱⁱ The Communicable Disease Outbreak Plan for Wales (The ‘Wales Outbreak Plan’) Public Health Wales, Directors of Public Protection Wales, Welsh Government Final revised version 26 July 2022

^{iv} Letter from Sioned Rees, Director of Health Protection Welsh Government to Directors of Public Health in Wales ^v Inequalities in Health. London: DHSS. August 1980

^{vi} Public Health Wales Observatory using PHM & MYE (ONS) Deaths from Covid-19, age-standardised rate per 100,000, males and females, all ages, Wales by Health Board 6/3/2020 to 11/3/2022 ^{vii} Health Protection: principles and practice Ghebrehewet, S. et al (ed) Oxford University Press 2016 ^{viii} A Strategic Framework for Emergency Preparedness World Health Organisation 2017

^{ix} SBAR All Hazards Health Protection System January 2024 Cwm Taf Morgannwg University Health Board

^x Letter from Welsh Government Health & Social Services Group to DsPH in Wales, 9 January 2024 ^{xi} <https://public.tableau.com/app/profile/public.health.wales.health.protection/vizzes>

^{xii} HIV Action Plan for Wales: Eliminating HIV, improving quality of life and tackling stigma associated with the virus – an action plan for 2023-26 Welsh Government 2023 ^{xiii} The Health Protection (Local Authority Powers) (Wales) Regulations 2010 Part 2a Order



Agenda Item

8.1.6

CTM Health Board

Board Committee Legacy Annual Reports

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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 Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Population Health & Partnerships Committee	13/11/2024	Endorsed for Board Approval
Planning, Performance & Finance Committee	14/11/2024	Endorsed for Board Approval

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 In line with Standing Order requirements each Board Committee is required to submit to the Board on an annual basis a report setting out its activities together with a review of its performance and any associated improvements being put into place as a result.

2. Specific Matters for Consideration

- 2.1 As a result of the Effective Management of Board Business Review, the Population Health & Partnerships Committee and the Planning, Performance & Finance Committee held their last meetings in November 2024 prior to the new Committee structure going live in January 2025. In this respect both Committee's produced a Legacy Annual Report which were endorsed for Board approval at their meetings held on 13th and 14th November 2024.
- 2.2 The Population Health & Partnerships Committee received its Legacy Committee Annual Report during this period. This Legacy Committee Annual Report relates to the period April 2024 – November 2024 and is attached at Appendix 1 for Board approval.
- 2.3 The Planning, Performance & Finance Committee received its Legacy Committee Annual Report during this period. This Legacy Committee Annual Report relates to the period April 2024 – November 2024 and is attached at Appendix 2 for Board approval.

3. Key Risks / Matters for Escalation

- 3.1 There are no key risks for escalation to the Board.

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	A Healthier Wales
	If more than one applies please list below:



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

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

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

5. Recommendation

5.1 The Board is asked to APPROVE the following Board Committee Legacy Annual Reports for the period April 2024 – November 2024:

- Population Health & Partnerships Committee;
- Planning, Performance & Finance Committee.



Population Health & Partnerships Committee

Close Down Legacy Report April – November 2024

POPULATION HEALTH & PARTNERSHIPS COMMITTEE
DRAFT CLOSE DOWN LEGACY REPORT
APRIL – NOVEMBER 2024

1. FOREWORD

As Chair of the Population Health & Partnerships Committee, I am pleased to commend this Final Close Down Legacy report, which has been prepared for the attention of the Board and reviews the work of the Committee for the period April – November 2024.

During this period my fellow Independent Members – Lynda Thomas as Vice Chair, Kath Palmer, Rachel Rowlands and Ian Wells have once again offered considerable knowledge and wide-ranging experience to the Committee. In September 2024 Lynda Thomas' term of office ended as an Independent Member and I would like to extend my thanks to Lynda for her outstanding contribution to the Committee and for her invaluable support to myself in her capacity as Vice Chair of the Committee.

I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Independent Members which are essential to the effectiveness of the Committee.

At the meeting of the Public Board on the 26th September 2024 a new Board Committee Structure was approved for implementation with effect from the 1st January 2025, this therefore is the last meeting of the Population Health & Partnerships Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

I commend this final Close Down Legacy Report to you.

Carolyn Donoghue
Chair, Population Health & Partnerships Committee

Population Health & Partnerships Committee Final Close Down Annual Report April – November 2024

1. Introduction

- 1.1 This final close down report summarises the key areas of business activity undertaken by the Committee for the period April – November 2024.
- 1.2 The Committee's Annual 'Cycle of Business' for 2024-25 was approved by the Committee at their March 2024 meeting and is received at each meeting for noting. This is an important component in ensuring that the Committee effectively carries out its role.
- 1.3 The Annual Report for 2023-24 was received by the Committee at their May 2024 meeting and reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with respect to people and culture issues.

2. Role and Responsibilities

- 2.1 The primary purpose of the Committee was to advise 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. Operating Arrangements

- 3.1 The revised Terms of Reference for the Population Health & Partnerships Committee were last approved by the Board in May 2023 and are available on the Health Boards website via the following link: [Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#). From January 2025 these will cease to exist and will be archived along with the previous business of the Committee.
- 3.2 As part of the wider review that was undertaken in relation to the Effective Management of Board Business, the terms of reference for the new Operational Delivery Committee and the Strategic Development Committee were approved at the September 2024 Board Meeting and are attached [here](#).

4. Membership, Frequency and Attendance

- 4.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of four members of the Board.

- 4.2 During this period the Committee met on two occasions, May and August 2024.

Independent Member attendance at these two meetings was follows:

Name	People & Culture Committee
Carolyn Donoghue (Committee Chair)	2 out of 2
Lynda Thomas (Committee Vice-Chair)	2 out of 2
Kath Palmer (Health Board Vice Chair)	2 out of 2
Rachel Rowlands	2 out of 2
Ian Wells	0 out of 1

- 4.3 The Committee requires the routine attendance at its meetings of other Health Board Officers for advice, support and information. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.
- 4.4 Mirroring other Board Committees, the Population Health & Partnerships Committee operates a Consent Agenda system for routine business consideration.
- 4.5 All of the meeting papers for this Committee during this period are available publically via the CTMUHB [website](#). If there were circumstances where the matter cannot be legitimately considered in the public domain the Committee would convene an in-committee meeting. There were no In Committee meetings scheduled during this period.

5. Committee Activity April – November 2024

- 5.1 The Committee prioritise its work plan and the following topics were considered at its two meetings during this period:
- Primary Care Strategic Update
 - Mental Health Strategic Update
 - Learning Disabilities Strategic Update
 - Accelerated Cluster Development
 - Health Protection Service System Structure
 - Building Healthier Communities Update
 - Population Health Management
 - Public Service Board Update
 - Regional Partnership Board Update
 - Regional Partnership Board – Community Care System
 - Public Service Board Update
 - Consultation Response – Rebalancing Care and Support Programme
 - Shared Listening & Learning Stories:
 - Strategy Groups Spotlight: Starting Well, Growing Well

- Strategy Groups Spotlight: Dying Well Palliative and End of Life Care
- Appreciative Inquiry for Population Health – Breast Feeding experience in Cwm Taf Morgannwg UHB

5.2 The Committee's final meeting will be held on the 6th November 2024 and the items scheduled for consideration at that meeting are captured below for completeness at the point of disbanding the Committee:

- Learning from Previous Shared Listening & Learning Stories
- University Health Board Status Progress Report
- Director of Public Health Annual Report
- Health Protection System
- Reducing Smoking Prevalence in CTM
- Incorporating CHOICE into Integrated Sexual health
- Primary Care Strategic Update
- Public Service Board Update
- Community Health & Wellbeing Workers – Overview
- Regional Partnership Board Further Faster Pathway – Implementation Plan
- PPV End of Year Report 2023-24 (Primary Care element)
- Regional Partnership Board Annual Report 2023-24

5.3 Highlight Reports prepared following each meeting provide a summary of the reports and any decisions reached. These are available under the Health Board meeting papers page on our [website](#).

5.4 The Committee Chair is able to refer and receive items from other Board Committees as felt appropriate. There are three questions that the Committee are required to consider: What is the issue being referred? Why are the Committee seeking the referral? What is the outcome anticipated as a result of the referral.

The Committee is able to receive referrals from other Committees and during this period there were no referrals made:

6. Achievements and Plans

6.1 At the meeting of the Public Board on the 26th September 2024 a new Board Committee Structure was approved for implementation with effect from the 1st January 2025, this therefore is the last meeting of the Population Health & Partnerships Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

7. Legacy Statement

7.1 The Action Log at Appendix 2 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.

7.2 The Forward Plan activity at Appendix 3 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.

7.3 A 'Committee Effectiveness Questionnaire' was issued following the May 2024 meeting, and was received at the August meeting. The outcome report is included as Appendix 4.

8. Conclusion and way forward

8.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the last five years, and for the constructive and positive way in which they have contributed to the activity.

8.2 The actions outlined in section 7 of this report aim to mitigate any risk and provide assurance to Committee Members and the Board that activity which had yet to close will not be lost as the new structure is implemented.

PLANNING, PERFORMANCE & FINANCE COMMITTEE

Close Down Final Legacy Report

1st April – 6th November 2024

FOREWORD

I am pleased to present this final Close-down Legacy Report of the CTMUHB Planning, Performance & Finance Committee which outlines the activity between 1st April - 6th November 2024.

The key function of the Planning, Performance & Finance Committee (PPF) is to provide scrutiny on behalf of the Board on all matters relating to Planning, Performance and Finance. The Committee provides a level of assurance to the Board that all appropriate actions are being taken to reduce risks in these areas.

During this period my fellow Independent Members - Nicola Milligan, Dilys Jouvenat, Rachel Rowlands and Carolyn Donoghue have once again offered considerable knowledge and wide-ranging experience to the Committee. In August 2024 Nicola Milligan's term of office ended as an Independent Member and I would like to extend my thanks to Nicola for her outstanding contribution to the Committee.

I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Independent Members which are essential to the effectiveness of the Committee.

At the meeting of the Public Board on the 26th September 2024 a new Board Committee Structure was approved for implementation with effect from the 1st January 2025, this therefore is the last meeting of the Planning, Performance & Finance Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

I commend this final Close-down Legacy Report to you.

Patsy Roseblade
Chair of the Planning, Performance & Finance Committee
Independent Member

Planning, Performance & Finance Committee

Final Annual Report April – November 2024

1. Introduction

- 1.1 This final close down report summarises the key areas of business activity undertaken by the Committee for the period April – November 2024.
- 1.2 The Committee's Annual 'Cycle of Business' for 2024-25 was approved by the Committee at their February 2024 meeting and is received at each meeting for noting. This is an important component in ensuring that the Committee effectively carries out its role.
- 1.3 The Annual Report for 2023-24 was received by the Committee at their June 2024 meeting and reflects the Committee's responsibilities in terms of the development and monitoring of the Governance and Assurance framework with respect to Planning, Performance and Finance issues.

2. Role and Responsibilities

- 2.1 The key function of the Planning, Performance & Finance Committee (PPF) is to provide scrutiny on behalf of the Board on all matters relating to Planning, Performance and Finance. The Committee provides a level of assurance to the Board that all appropriate actions are being taken to reduce risks in these areas.
- 2.2 The Committee also provided advice and assurance to the Board in relation to the direction and delivery of the organisational development and other related strategies to drive continuous improvement and to achieve the objectives of the Health Board's Integrated Medium Term Plan (IMTP).

3. Operating Arrangements

- 3.1 The revised Terms of Reference for the Planning, Performance & Finance Committee were last approved by the Board in March 2023 and are available on the Health Boards website via the following link: [Standing Orders - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#). From January 2025 these will cease to exist and will be archived along with the previous business of the Committee.
- 3.2 As part of the wider review that was undertaken in relation to the Effective Management of Board Business, the terms of reference for the new Operational Delivery Committee and the Strategic Development Committee were approved at the September 2024 Board Meeting and are attached [here](#).

4. Membership, Frequency and Attendance

- 4.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of four members of the Board.

4.2 During this period the Committee met on three occasions, April June and August 2024.

Independent Member attendance at these three meetings was follows:

Name	Planning, Performance & Committee
Patsy Roseblade (Committee Chair)	0 out of 3
Nicola Milligan	2 out of 2
Rachel Rowlands	3 out of 3
Carolyn Donoghue	3 out of 3
Dilys Jouvenat	3 out of 3

4.3 The Committee requires the routine attendance at its meetings of other Health Board Officers for advice, support and information. It may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge and expertise.

4.4 Mirroring other Board Committees, the Planning, Performance & Finance Committee operates a Consent Agenda system for routine business consideration.

4.5 All of the meeting papers for this Committee during this period are available publically via the CTMUHB [website](#). If there were circumstances where the matter cannot be legitimately considered in the public domain the Committee would convene an in-committee meeting. There were no In Committee meetings scheduled during this period.

5. Committee Activity April – November 2024

5.1 The Committee prioritise its work plan and the following topics were considered at its three meetings during this period:

- Organisational Risk Register
- Integrated Performance Dashboard
- Planned Care Recovery
- Urgent Care Update
- Update on the Development of the 24/7 Stroke service
- Monthly Finance Report
- Monthly Finance Performance Report
- Monthly Monitoring Returns to Welsh Government
- Capital Quarterly Update
- Regional Diagnostics Programme Business Cases Update
- Budget Framework 2024-25
- Business Case for the plan to address delayed discharge issues
- Taff Vale Practice Proposed Branch Closure

- Estates Operational Performance and Energy Performance
- Value Based Health Care Steering Group Highlight Report
- Case to support the development of an enhanced Community Care Level 4 Service CTM Hospital @ Home

5.2 The Committee's final meeting will be held on the 6th November 2024 and the items scheduled for consideration at that meeting are captured below for completeness at the point of disbanding the Committee:

- Months 5 & 6 Monitoring Returns to Welsh Government
- Organisational Risk Register
- Integrated Performance Dashboard (including Planned Care Recovery)
- Six Goals for Urgent & Emergency Care
- Red Ambulance Performance
- Community Diagnostic Hub and Endoscopy Business Case
- Report on the Multi Agency Event held at Princess of Wales Hospital on the 10 April 2024
- Taff Vale Practice Proposed Branch Closures
- Princess of Wales Hospital Building Update
- Month 6 Finance Report
- Month 6 Finance Performance Report
- Capital Update
- Integrated Medium Term Plan – Update on Setting out this Year's Framework and Commissioning Intentions

5.3 Highlight Reports prepared following each meeting provide a summary of the reports and any decisions reached. These are available under the Health Board meeting papers page on our [website](#).

5.4 The Committee Chair is able to refer and receive items from other Board Committees as felt appropriate. There are three questions that the Committee are required to consider: What is the issue being referred? Why are the Committee seeking the referral? What is the outcome anticipated as a result of the referral.

The Committee is able to receive referrals from other Committees and during this period there were no referrals made:

6. Achievements and Plans

6.1 At the meeting of the Public Board on the 26th September 2024 a new Board Committee Structure was approved for implementation with effect from the 1st January 2025, this therefore is the last meeting of the Planning, Performance & Finance Committee in its current form with its activity predominantly captured within the cycles of business for the new Operational Delivery Committee and Strategic Development Committee in future.

7. Legacy Statement

- 7.1 The Action Log at Appendix 2 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.
- 7.2 The Forward Plan activity at Appendix 3 captures the ongoing actions which are either proposed for closure at this final meeting or include a recommendation for where they will be captured in the new Board and Committee Structure.
- 7.3 A 'Committee Effectiveness Questionnaire' was issued following the August 2024 meeting, was recently completed and the outcome report is included as Appendix 4.

8. Conclusion and way forward

- 8.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the last five years, and for the constructive and positive way in which they have contributed to the activity.
- 8.2 The actions outlined in section 7 of this report aim to mitigate any risk and provide assurance to Committee Members and the Board that activity which had yet to close will not be lost as the new structure is implemented.



CTM Health Board

BOARD ANNUAL CYCLE OF BUSINESS

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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 and is attached as Appendix 1. A new Cycle of Business has been developed for 2025 and is attached as Appendix 2.

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 2024 for further detail.
- 3.2 Please refer to Appendix 2 – Board Cycle of Business for 2025 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 (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	Safe



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

Impact Assessment		
Ansawdd <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: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: 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 and the new Annual Cycle of Business for 2025.
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 10.2.1

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	25 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	✓		✓		✓		✓		✓		✓	
Setting the Scene														
Chairs Report (Including affixing of the Common Seal and Chairs Urgent Action Requests)	Health Board Chair	All Regular Meetings	✓		✓		✓		✓		✓		✓	
Action Log	Health Board Chair	All Regular Meetings	✓		✓		✓		✓		✓		✓	
Chief Executives Report (to include updates on Targeted Intervention – Programme for Continuous Improvement in response to Targeted Intervention)	Chief Executive	All Regular Meetings	✓		✓		✓		✓		✓		✓	
Executive Priorities Update	Chief Executive	Quarterly							✓				✓ Defer to Jan 25	
Delivering our Plan														
Integrated Performance Report (Quality, People & Operational Performance)	Executive Director of Strategy & Transformation	All Regular Meetings	✓		✓		✓		✓		✓		✓	
Financial Performance Report	Executive Director of Finance	All Regular Meetings	✓		✓		✓		✓		✓		✓	
Governance, Risk and Assurance														
Board Assurance Framework	Director of Corporate Governance	All Regular Meetings	✓		✓		✓		✓		✓		✓	
Board Committee & Advisory Group Highlight Report (where there are matters identified for escalation)	Director of Corporate Governance	All Regular Meetings	✓		✓		✓		✓		✓		✓	
Working in Partnership Reports (to include Joint Committee Highlight Reports)	Executive Director of Strategy & Transformation	As and when required	✓		✓		✓		✓		✓		✓	
Joint Committee Annual Update	Director of Corporate Governance	Annually											✓ Now Mar 25	
Nurse Staffing Levels (Wales) Act Reports	Executive Director of Nursing	Bi-Annually					✓						✓	
Audit Wales Structured Assessment & Audit Letter	Audit Wales	Annually	✓											
Audit Wales Annual Audit Report	Audit Wales	Annually			✓									
Annual Review of the Standing Orders	Director of Corporate Governance	Annually			✓ Defer to May 2024		✓				✓			

Agenda Item 10.2.1

Item of Business	Executive Lead	Reporting period	25 Jan 2024	Feb 2024	28 Mar 2024	April 2024	30 May 2024	11 July 2024	25 July 2024	Aug 2024	26 Sep 2024	Oct 2024	28 Nov 2024	Dec 2024
							Defer to Sept 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												

Agenda Item 10.2.1

Item of Business	Executive Lead	Reporting period	25 Jan 2024	Feb 2024	28 Mar 2024	April 2024	30 May 2024	11 July 2024	25 July 2024	Aug 2024	26 Sep 2024	Oct 2024	28 Nov 2024	Dec 2024
Putting Things Right Annual Report	Executive Director of Nursing	Annually									R			
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 Defer to Sept 2024				R Defer to Nov 2024		R	
Internal Audit Annual Audit Plan	Head of Internal Audit	Annually					R							
Capital Update	Executive Director of Finance	Quarterly			R Defer to May 2024		R						R	
Annual Plan Quarterly Update	Executive Director of Strategy & Transformation	Quarterly			R				R				R Defer to Jan 2025	

CTMUHB Board – Annual Cycle of Board Business

(1st January 2025 to the 31st December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Board matters and facilitate the management of agendas and Board business. The Annual Cycle of Board Business will be complemented by a “Non-Routine Board Business (Forward Plan)” for ‘one-off’ Adhoc items raised during the course of meetings.

The role of the Board is set out in CTMUHB’s standing orders which is available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

The Board meets at least 6 times per annum.

Board Chair: Jonathan Morgan, UHB Chair	Board Vice Chair Kath Palmer, Vice Chair	Executive Leads for Agenda Planning Gareth Watts, Director of Corporate Governance & Board Business

CTMUHB Board Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R If all actions are complete	R If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R Except for the annual review in November	R Annual Review only
5. Annual Report (including Performance Report, Accountability Report and Remuneration Report)	Director of Corporate Governance / Board Secretary	Annually							R TBC						X	R
6. Annual Statutory Accounts	Executive Director of Finance	Annually							R TBC						X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
7. Board Effectiveness Self-Assessment	Director of Corporate Governance / Board Secretary	Annually					R								X	R
8. Board Assurance Framework	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		X	R
9. Board Committee and Advisory Group Highlight Reports	Director of Corporate Governance/Board Secretary	All Regular Meetings	R		R		R		R		R		R		R (where there are no matters to escalate)	R (where there are matters to escalate)
10. Board Committee Annual Reports	Director of Corporate Governance & Board Business	Annually							R						R	X
11. Annual Review of Standing Orders	Director of Corporate Governance/Board Secretary	Annually									R				X	R
12. Amendments to Standing Orders	Director of Corporate Governance/Board Secretary	As and when required													R	X
13. Joint Committee Annual Update	Director of Corporate Governance/Board Secretary	Annually			R										X	R
14. Audit Wales Structured Assessment and Audit Letter	Audit Wales	Annually	R												X	R
15. Audit Wales Annual Audit Report	Audit Wales	Annually					R								X	R
16. Risk Management Strategy	Director of Corporate Governance/Board Secretary	Annually					R								X	R
17. Charitable Funds Annual Report and Annual Accounts	Executive Director of Finance	Annually	R												X	R
18. Internal Audit Annual Audit Plan	Head of Internal Audit	Annually			R										R	X
19. Executive Director of Public Health Annual Report	Executive Director of Public Health	Annually									R				X	R
20. Welsh Language Standards Annual Report	Executive Director for People	Annually									R				R	X

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
21. Putting Things Right Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
22. Safeguarding Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
23. Carers Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
24. Clinical Education Annual Report	Executive Medical Director	Annually									R				R	X
25. Infection Prevention & Control Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
26. Ombudsman's Annual Letter and Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually											R		R	X
Staff and Service User Experience																
27. Shared Listening & Learning Story	Executive Director of Nursing / Deputy CEO	All Regular Meetings	R		R		R		R		R		R		X	R
Setting the Scene – Service Delivery																
28. Chairs Report (including Affixing of the Common Seal and Chairs Urgent Action Requests)	Health Board Chair	All Regular Meetings	R		R		R		R		R		R		X	R
29. Chief Executives Report (t include updates on Targeted Intervention – Programme of Continuous Improvement in response to Targeted Intervention)	Chief Executive	All Regular Meetings	R		R		R		R		R		R		X	R
30. Executive Priorities Update	Chief Executive	Quarterly													X	R
Delivering our Plan																
31. Integrated Performance Report (Quality, People & Operational Performance)	Executive Director of Strategy & Transformation	All Regular Meetings	R		R		R		R		R		R		X	R
32. Financial Performance Report	Executive Director of Finance	All Regular Meetings	R		R		R		R		R		R		X	R

33. Annual Plan Quarterly Update	Executive Director of Strategy & Transformation	Quarterly	R				R		R			R			R	X
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
34. Capital Update	Executive Director of Finance	Quarterly	R				R		R				R		X	R
35. Nurse Staffing Levels (Wales) Act Reports	Executive Director of Nursing/Deputy Chief Executive	Bi-Annually					R						R		X	R
36. Working in Partnerships Updates	Executive Director of Strategy & Transformation	As and When Required													X	R
37. Regional Partnerships Board 6 Monthly Report	Executive Director of Strategy & Transformation	Bi-Annually					R						R		R	X
38. Public Services Board 6 Monthly Report	Executive Director of Public Health	Bi-Annually					R						R		R	X
Strategic Planning																
39. Integrated Medium Term Plan Approval	Executive Director of Strategy & Transformation	Annually			R										X	R
40. Acute Services Clinical Plan Progress Report	Executive Director of Strategy & Transformation	All Regular Meetings	R		R		R		R		R		R		X	R
41. Winter Plan Update	Executive Director of Strategy & Transformation/ Chief Operating Officer	Annually											R		X	R
42. Civil Contingencies & Business Continuity Report	Executive Director of Strategy & Transformation	Annually					R						R		X	R
43. Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy & Transformation	Annually									R				R	X
44. Llantrisant Health Park Update	Chief Executive Officer	Bi-Annually					R						R		X	R



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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 – Was May 2024 – Was July 2024 – Was 26 September 2024. Was 28 November 2024. Now 27 March 2025
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 – Was 30 May 2024 – Was 25 July 2024 – was 26 September 2024 – Now 27 March 2025
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 Governance & Risk	Additional Item	Community Diagnostic Hub & Endoscopy Procurement Process and Business Case	Executive Director of Strategy & Transformation	Was planned for 28 March 2024 Progress report discussed at the In Committee Board meeting held on 30 May 2024. This is now planned for the 28 November 2024 Board
Email request from the Assistant Director of Governance & Risk	Additional Item	Maesteg Community Hospital Development – Outline Business Case	Executive Director of Strategy & Transformation	Was planned for 28 November 2024 – Now Deferred to 30 January 2025



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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 Strategic Planning & Commissioning Manager	Additional Item	CTM Baby & Toddler Voice	Executive Director of Strategy & Transformation	Planned for 30 May 2024 – It has now been proposed that a briefing on this matter will be given at a future Board Development Session
Identified as an item that would be presented to Board at the Digital & Data Committee held in May 2024	Additional Item	Digital Cellular Pathology Business Case	Director of Digital	Was planned for 25 July 2024 – Was deferred to 26 September 2024. Was deferred to the 28 November 2024 – Deferred 30 January 2025
Suggestion made at agenda planning session held in August that this item would need to be added to the agenda for November 2024	Additional Item	Integrated Medium Term Plan – Planning for next submission	Executive Director of Strategy & Transformation	Planned for 28 November 2024
Suggestion made at agenda planning session held in August that this item would need to be added to the agenda for November 2024	Additional Item	Primary Care & Community Services Shift	Chief Operating Officer	Planned for 28 November 2024 – This item is on the agenda for discussion at the Board Development Session being held on 12 December 2024.



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Origin of Request	Category of Report / Presentation (Deferred Item / Additional Item / Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Agenda item put forward by the Director of Digital	Additional Item	Business Case for Connecting care	Director of Digital	Planned for 28 November 2024 – Item deferred date to be confirmed
Email request received from the Assistant Director of Governance & Risk	Additional Item	Planning maturity matrix Self Assessment	Executive Director of Strategy & Transformation	Planned for 28 November 2024
Email request received from the Assistant Director of Governance & Risk	Additional Item	Accountability Conditions (has been included in previous CEO report but suggested that this is added to agenda as separate agenda item – to be agreed with CEO)	Chief Executive/Chief of Staff	Planned for 28 November 2024 – Now deferred to 30 January 2025
Request made by the Chair of the Health Board	Additional Item	Annual Update from the Joint Commissioning Committee	Joint Commissioning Committee	Planned for 27 March 2025
Item suggested at agenda planning session by Chair and CEO	Additional Item	Update report on the Princess of Wales Hospital	Executive Director of Finance/Chief Operating Officer	Planned for 28 November 2024
Request received from the Chief of Staff	Additional Item	Section 33 Agreement	Regional Integration Director	Planned for March 2025



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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 received from the Assistant Director of Governance & Risk	Additional Item	Estates, Facilities Performance Management System annual report	Director of Finance	Completed Report received for information at the meeting held on 26 September 2024
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	Completed Update received and discussed at the meeting held on 26 September 2024
Suggestion made at agenda planning session that it would be helpful if this item could be received at the July Board	Additional Item	Workforce Planning	Executive Director for People	Completed Verbal update provided at the meeting held on 26 September 2024
Email request received from the Director of Corporate Governance/Board Secretary following request received from Medical Director/CEO	Additional Item	Organ Donation & Transplantation - Presentation	Executive Medical Director	Completed Presentation received and discussed at the meeting held on 26 September 2024
Email request received from the Deputy Director of Strategy & Partnerships	Additional Item	CTM Annual Carbon Emissions Report	Executive Director of Strategy & Transformation	Completed Report received and noted at the meeting held on 26 September 2024



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CTM Health Board

Board Committee and Advisory Group Highlight Reports

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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 September 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: ☒ This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <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: ☒ This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Board is being asked to NOTE the following Highlight Reports:
- Local Partnerships Forum 17 September 2024 (Appendix 1)
 - Quality & Safety Committee 18 September 2024 (Appendix 2)
 - Remuneration & Terms of Services Committee 17 October 2024 (Appendix 3)
 - Hosted Bodies Audit & Risk Committee 17 October 2024 (Appendix 4)
 - CTMUHB Audit & Risk Committee 17 October 2024 (Appendix 5)
 - Charitable Funds Committee 23 October 2024 (Included on the main agenda at agenda item 5.2.1)
 - Stakeholder Reference Group 15 November 2024 (Included on the main agenda at agenda item 5.2.2)

CTM Health Board

Highlight Report from the Local Partnership Forum

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Karen Wright, Assistant Director for People Policy and Compliance
Cyflwynydd yr Adroddiad / Report Presenter	Hywel Daniel, Executive Director for People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
Independent Member	IM
Llantrisant Health Park	LHP
Welsh Government	WG
Whole Time Equivalent	WTE

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Local Partnership Forum, at its meeting on 17 September 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of the LPF is to provide regular and formal dialogue between the Executive Directors and trade union / staff organisation colleagues. The meeting allows all parties to engage with each other to inform, debate and to seek to agree local priorities, on workforce and health service issues.
- 2.2 The LPF will provide the formal mechanism for consultation, negotiation and communication between the trade union organisations and the Health Board's management.
- 2.3 The meeting agenda is structured in two parts. Part 1 is the Business Part focused on operational matters, primarily with members of the People Directorate. Part 2 provides opportunity for engagement on Health Board strategic matters.

3. Highlight Report

Alert / Escalate	There were no items to escalate on this occasion.
Advise	- The Local Partnership Forum Terms of Reference were reviewed and approved. - Each of the Heads of People presented written Care Groups Highlight Reports regarding the progression of the Care Group Partnership meetings. - The Health Board has produced its first Workforce Race Equality Standard (WRES) Report. The WRES will be integrated into the SEP, with a plan to share across the Health Board in December 2024. - The month 4 Finance Report was provided, noting the Health Board was currently £4m off plan, driven by a savings deficit of £6.2m.



Assure	• The Children and Family Care Group Highlight Report provided an update on the Unite action, short of strike being undertaken by Health Visitors across the Health Board. It was noted, a further meeting was scheduled, to discuss how to end the industrial action, as immediate assurances had been given, but work would continue to support our health visitors. It was noted that the industrial action has been extended until the end of October 2024. • It was confirmed that the 2024 NHS Wales Staff Survey will commence on the 1 October 2024 and run for eight weeks until the 29 November 2024. Roadshows will be held across the Health Board, to encourage staff to complete the survey.
Inform	• The Chair provided an update on changes to the Board's membership. Nicola Milligan's term of office as the IM for Trade Unions has ended, with Hayley Proctor being appointed to the IM of Trade Unions, role, commencing in October 2024. The Chair thanked NM for her work and contribution to the IM role. Lynda Thomas, a long-standing IM has stood down from the role, with the recruitment commencing shortly. • The Welsh Government changes were noted, in respect of the First Minister and Health Minister. The Chair confirmed that he would be meeting with WG, mid-September 2024, to discuss the progress in several key areas and targets, along with the challenges, recognising the focus over the next 18 months will be on delivery and performance. The Chair confirmed that he would be asking for a long-term plan for the NHS, including Public Health, working in collaboration with WG and NHS confederation. • A thank you to all staff was provided on behalf of the Board, in recognition of the significant challenges and pressures they face every day, in the delivery of our healthcare system.



	• The following two All-Wales policies were noted and endorsed by the LPF, to be approved by the People and Culture Committee: - • All Wales Respect & Resolution Policy; and • Pregnancy and Loss Policy. • A verbal update was provided on the trial project being undertaken across the Health Board, to socialise People Policies more effectively, increasing the awareness and understanding of them by managers and staff. • An update was provided on the positive increase, in the take up by Band 5 nurses across the Health Board, via the Lateral Moves Scheme, which is retaining the knowledge, skills and experience of our registered nurses. It was noted there is a plan to broaden the scheme to HCSWs and AHPs in the future. Staff Story video; https://youtu.be/eWSznMY3Yi0 • A Workforce Metrics Report was provided outlining, staff turnover continues to track downwards at around 8% which is around the same as pre-pandemic levels. Sickness has returned to pre-pandemic levels at around 6%, compared to 5.3% across Wales. The People Service Team will undertake a piece of work to understand the cause for the increased absence rates. PDR and Statutory and Mandatory compliances rates are increasing. • Background and context to the Acute Clinical Plan for the development of the Llantrisant Health Park (LHP) was presented. It was confirmed that the mobile MRI suite on site, which had met the service demands would terminate at the end of September 2024, and be replaced with a mobile CT suite, to address the backlog in waiting times. It was noted the engagement process for the development of the LHP would begin July – November 2024. • The background and context for Hospital @ Home was provided which will provide integrated community teams, working at four distinct levels across the Health Board. It was note 79 WTE additional HCSWs would be recruited in the future, to support these teams. • The key points from the Health Board's Implementation of the Non-Pay Collective Agreement Action Plan were discussed and noted.
Appendices	• N/A



4. Assessment

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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A



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

5. Recommendation

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



CTM Health Board

Highlight Report from the Quality & Safety Committee

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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, Committee Chair/Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	



1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Quality & Safety Committee at its meeting on 18 September 2024.

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

2. Purpose of this Meeting

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

2.2 The Committee will:

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

3. Highlight Report

Alert / Escalate	• There were no matters requiring escalation to the Board on this occasion.
Advise	• The report from the Clinical Executives was received. Members felt that the update provided in relation to Sexual Safety needed to be more strongly worded given this was a serious and difficult matter and requested a spotlight report to be presented to a future meeting. A discussion was held in relation to Staff Vaccinations and noted that a programme of work was in place to increase staff vaccinations and noted that an update would be presented to a future meeting; • The Children & Families Care Group Highlight report was received and noted;



- The Primary & Community Care Group Highlight report was received and noted;
- The Diagnostics, Therapies, Pharmacy & Sciences Care Group Highlight report was received. Members noted that a discussion would be held with the Haematology Service about what the alternative plan would look like for addressing the Haematology Follow Ups Not Booked position if the request for additional funding for resource was not successful;
- The Mental Health & Learning Disabilities report was received. Members welcomed the improvement that had been made in relation to registered nurse recruitment;
- The Unscheduled Care Group Highlight report was received. The update provided within the report on the impact of the Dare to Dream Charity was welcomed by the Committee. Concern was raised in relation to the lack of detail provided in relation to the matter that had been included in the alert/escalate section of the report and Members requested that a discussion was held outside the meeting to agree what level of detail could be shared with Committee Members in order to provide them with assurance;
- The Planned Care Group Highlight report was received. Members welcomed the introduction of the term 'Baywatch' by night which was the term used for patients requiring enhanced supervision;
- The Organisational Risk Register was received. Members noted the continued positive uptake of Risk Management Awareness training sessions;
- An update report on Dental Services was received and welcomed by Members. Members queried whether the cancellation of non-urgent community dental clinics would increase the waiting time and cause further harm to the children who were waiting and were advised that whilst there were no risks evident at present, the position was being closely monitored. Members welcomed the reintroduction of the Designed to Smile programme;
- The Health, Safety & Fire Sub Committee report was received. Members welcomed the action being taken in response to the concerns raised in relation to the issues being experienced with items obstructing all centre core landings within the main H block at Prince Charles Hospital;
- The Human Tissue Authority Reportable Incident (HTARI) Reporting update was received and noted;
- The Impact and Governance around the management of Medication Shortages report was received and noted;
- The Ward Accreditation – Progress Report was received. Members noted that this piece of work had been welcomed



	by Ward Managers and Members advised that they hoped this would continue to drive the increase in standards; • The Annual Letter 2023/2024 Public Services Ombudsman for Wales report was received. Members noted the immediate actions that had been taken and were provided with assurance that the actions taken would prevent this issue from reoccurring, with oversight in place from the Senior Team. Members noted that a response was in the process of being drafted to the Ombudsman to address the concerns raised; • The Patient Safety, Quality and Experience Dashboard was received. Members noted that two steering groups had been established, one for falls and one for pressure damage, which would provide an opportunity for a review to be undertaken of all the pieces of work and the positive improvement programmes being undertaken across the Health Board. A discussion was held in relation to Duty of Candour and Members advised that they would welcome a further detailed discussion on this at a future Board Development session. A suggestion was also made as to whether consideration could be given to introducing Committee Development sessions into Annual Cycles of Business. The Committee received and discussed the following items at the In Committee session: • Current position - Health Visiting Services Bridgend; • CCTV Cameras – Prince Charles Hospital Mortuary Department; • Human Tissue Authority Reportable Incident (HTARI) Reporting - Verbal Update; • Issues reported in the Unscheduled Care Group Highlight Report within the alert/escalate section.
Assure	• A Listening & Learning Story was received in relation to how Learning Disability colleagues in the region had worked with people with lived experiences regarding health promotion. Members welcomed the presentation which they found to be inspiring and extended their thanks to the staff that had been involved in this initiative; • The Committee received a spotlight presentation in relation to the Rapid Assessment and Prevention (RAP) Occupational Therapy Service. Members welcomed the update which they found to be a transformational piece of work and advised they looked forward to receiving updates as to how this service would continue to be developed across the whole pathway.



Inform	The following items were received via the consent agenda for APPROVAL: • Unconfirmed Minutes of the meeting held on 23 July 2024; • Putting Things Right Annual Report; • Energy Policy; • Management of High Voltage Electrical Systems Policy. The following items were received via the consent agenda for NOTING: • Action Log; • Committee Annual Cycle of Business 2024; • Forward Work Programme; • Healthcare Inspectorate Wales Action Plan Tracker; • Joint Commissioning Committee Quality & Patient Safety Committee Chairs Report; • Infection, Prevention & Control Annual Report; • Individual Patient Funding Request Annual Report; • All Wales Learning From Events Framework;
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	Learning, Improvement & Research
	If more than one applies please list below:



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

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

5. Recommendation

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



CTM Health Board

Highlight Report from the Remuneration & Terms of Service Committee

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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	Jonathan Morgan, Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Not applicable.	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
JCC	Joint Commissioning Committee

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Remuneration & Terms of Service Committee at its meeting on the 17th October 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.
 - *assurance* to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.
 - *receive reports* relating to the remuneration and terms of service, including contractual arrangements, for Directors and Very Senior Managers of hosted bodies.

3. Highlight Report

Alert / Escalate	Nil
Advise	Ratification of Chairs Urgent Action The Committee ratified the requests for Chairs Urgent Action which were circulated on 27 September 2024 and 11th October 2024. VERS Application Request The Committee did not approve a VER application request received. Remuneration for the Deputy Chief Commissioner, NHS Wales Joint Commissioning Committee The Committee approved a remuneration amount for an annual management allowance to the appointed Deputy Chief Commissioner. This was on the basis that this was undertaken as a one year fixed term appointment with a six month review and break incorporated.
Assure	Nil
Inform	Nil
Appendices	Nil



4. Assessment

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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate):	If no, please include rationale below: N/A Not required for this type of report.

	POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) In terms of the resource impact of each individual case.	

5. Recommendation

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



CTM Health Board

Highlight Report from the Hosted Bodies Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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	
JCC	Joint Commissioning Committee
CTM	Cwm Taf Morgannwg
NIAW	National Imaging Academy Wales

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Hosted Bodies Audit & Risk Committee at its meeting on 17th October 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

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

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. From 1 April 2024, this comprises the NHS Wales Joint Commissioning Committee (JCC) and the National Imaging Academy Wales (NIAW). The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and hosted Committee business discussed and recorded separately.

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

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

Highlight Report

Alert / Escalate	There were no matters for alert or escalation on this occasion.
Advise	The Committee received and noted a verbal update on progress of the Joint Commissioning Committee (JCC) and noted that a formal written report would be received for the December 2024 meeting.
Assure	The JCC Organisational Risk Register was received. Members noted the JCC risk register as at 31 July 2024 and the continued work undertaken to date to produce a transitional amalgamated risk register and the further work planned to fully develop the CTM Risk Management Strategy and Risk Register for the JCC.

	Members were also advised of the following: - Risk Management Training had been held on the 12th September 2024 where the risk team at CTMUHB had provided risk management training aimed at Directors, Assistant Directors and risk authors. The training was well received by those who attended in gaining an improved understanding and practical approach to managing risk. - Risk Scrutiny Task & Finish Group – 19 September 2024 - Following the risk management training, a small Task & Finish Group was convened to undertake a review of the highest scoring risks for the JCC, with a risk score of 20 – 25, - The Vision, Mission and Strategic Objectives of the JCC were considered and approved by the JCC at its meeting on the 17th September 2024 and work has commenced to triangulate the high risks against them - A Risk Management workshop with the Senior Leadership Team (SLT) was held on 25 September 2024. • The JCC Audit Tracker was received. Members noted: - The amalgamated JCC audit recommendations tracker incorporating the audit recommendations of the former organisations EASC & WHSSC; - The progress achieved in implementing the recommendations made; - Took assurance on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Audit and Risk Committee; and - The progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.
Inform	• The Unconfirmed Minutes of the meeting held on 15th August 2024 were APPROVED.
Appendices	• Nil

3. Assessment

4. Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
	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))	Not Applicable
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Required
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not Required
	Outcome for Welsh Language (delete as appropriate):	

	POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

CTM Health Board

Highlight Report from the CTMUHB Audit & Risk Committee

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
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 17th October 2024.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

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

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. These are the Joint Commissioning Committee (JCC) and the National Imaging Academy Wales (NIAW). The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and hosted Committee business discussed and recorded separately.

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

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

Highlight Report

Alert / Escalate	There were no matters to alert or escalate on this occasion.
Advise	- The Internal Audit Progress Report was received. Members noted that six reports had been finalised, one was in draft and there was ongoing fieldwork in relation to eleven reviews which includes one review for the Joint Commissioning Committee (JCC). - The Audit Recommendations Tracker report was received and discussed. Members noted the progress they

	were making in transitioning to an automated system and suggested further areas of improvement that could be made to the report dashboard. • The Audit Wales Audit & Risk Committee Update was received and noted. • The Committee received and noted an update on the Welsh Risk Pool and Legal and Risk Services Annual Review 2023-24. The Committee commended the higher-than-average rate of clinical negligence and personal injury matters closed without damages and discussed how these successful defence strategies could be further enhanced. • Committee Members received an update on Cyber Security Risks, Medical Variable Pay and the Audit Wales Addendum of Accounts during the In Committee session of the Committee.
Assure	• The Local Counter Fraud report was received. Members noted the detail on the tasks and actions undertaken with the four strategic counter fraud work areas. Particular focus was placed on the re-referral to People & Culture Committee in relation to Agency Workers and the work currently being undertaken with recruitment and the People Services on spot checks. • The Organisational Risk Register Report was received and noted. Members discussed Risk 5755 - Princess of Wales (POW) Air handling unit and electrical infrastructure for Labour ward and Neonatal Unit and agreed that the scoring of this would be reviewed outside of the meeting. • The Procurement and Scheme of Delegation report was received. • The Post Payment Verification Mid-Year Review report was received and noted. • The Committee received and noted a progress report on Medical Rostering. • A report was received and noted on Consultant Job Planning. • The Internal Audit Review – Medical Variable Pay was received. Members noted that the review had been allocated a 'Reasonable' Assurance rating. • The Internal Audit Review – Reasonable Offer was received. Members noted that the review had been allocated a 'Reasonable' Assurance rating. • The Internal Audit Review - Patient Pathway – Follow up was received. Members noted that the review had been allocated a 'Limited' Assurance rating. • The Internal Audit Review - Embedding Quality Framework was received. Members noted that the review had been allocated a 'Reasonable' Assurance rating.



	• The Internal Audit Review - Information Provision – Intelligence Led Organisation was received. Members noted that the review had been allocated a ‘Reasonable’ Assurance Rating. • The Internal Audit Review - Facilities Governance Arrangements – Follow Up. Members noted that the review had been allocated a ‘Substantial’ Assurance rating and commended the team on the work that had been undertaken in order to achieve this.
Inform	• The Unconfirmed Minutes of the meeting held on 15 August 2024 were APPROVED; • The Unconfirmed In Committee Minutes of the meeting held on 15 August 2024 were APPROVED; • The Annual Cycle of Business for 2024-25 was received and noted; • The Forward Work Programme was received and noted.
Appendices	None identified.

3. Assessment

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



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

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

5. Recommendation

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



CTM Health Board

Clinical Education Annual Report 23/24

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Janet Gilbertson Assistant Director Clinical Education
Cyflwynydd yr Adroddiad / Report Presenter	Greg Dix
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 / Forum Individuals	Date	Outcome
Clinical Education Forum	11/11/2024	Ratified

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 The purpose of this report is to highlight the activities and performance of Clinical Education for the academic year 2023/24 and to share progress in the Strategic Direction for Clinical Education.
- 1.2 The Clinical Education Annual Report is presented in Appendix 1 for noting

2. Specific Matters for Consideration

- 2.1 That investment in education and training of our workforce underpins the required transformation to the way we work. Underpinning the CTM2030 strategy will be the development of staff including new clinical roles, career development programmes, staff wellbeing and leadership development. Education and support is key and as our workforce is forever changing, this is an ongoing need.
- 2.2 An effective culture of learning at every level enables the workforce to re-frame their knowledge and includes developing a strong workplace learning infrastructure, cultivating a reputation for training and support and excellence in education.
- 2.3 To note the progress that has been made in 23-24 towards the delivery of the Strategic Direction for Clinical Education.
- 2.4 To note the progress towards the launch of the CTM Learning Academy in April 2025.
- 2.5 Significant progress in the development of Interprofessional learning and practice.
- 2.6 Significant progress with our widening access programmes.
- 2.7 Recognition of the organisational contribution of many education and training activities to safe working practices and patient care.

3. Key Risks / Matters for Escalation

- 3.1 Permanent accessible training accommodation continues to be a challenge as the demand for increased clinical space becomes an issue across all sites and services. It is recommended that the creation of a dedicated multi-professional Education and Learning facility is included as part of the strategic site development plan.
- 3.2 The establishment of strong strategic workforce planning activity considering the workforce as a whole is needed to better inform education

commissioning, in order to support multi-disciplinary service redesign to deliver our Clinical Strategy.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below: Inspiring People Improving Care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below: Whole System Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: Safe Efficient Equitable Timely Person Centered
Effaith Amgylcheddol / Cynaliadwyedd (5R) / 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: No policies or services are new or have been withdrawn.



Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: No policies or services are new or have been withdrawn.
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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 It is recommended that the Board notes the Clinical Education Annual Report 2023-24 and the contribution quality education and training makes to our services and improving patient care

Clinical Education

Cwm Taf Morgannwg

University Health Board



Annual Report Academic Year 2023 / 2024

**MAE EIN
GWERTHOEDD
YN EIN HELPU
NI I FOD AR
EIN GORAU**

##CTMareingorau

**RYDYN NI'N
GWRANDO,
YN DYSGU
AC YN GWELLA**



**WE LISTEN,
LEARN AND
IMPROVE**

**RYDYN NI'N
TRIN PAWB
A PHARCH**



**WE TREAT
EVERYONE
WITH RESPECT**

**RYDYN NI I GYD
YN CYDWEITHIO
FEL UN TÎM**



**WE ALL WORK
TOGETHER
AS ONE TEAM**

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

#CTMatourbest

What will this Annual Report tell you?

Our Annual Report provides you with information about the Clinical Education Activity across Cwm Taf Morgannwg University Health Board (CTMUHB), what we do, how we work in partnership with external organisations including Universities and Health Education & Improvement Wales (HEIW), and what we plan to do to deliver and continually improve healthcare education, in order to meet changing demands and future challenges.

It provides information about our performance, achievements in 2023/2024 and how our Strategic ambition for Clinical Education will be realised over 24/25 with the launch the **CTM Learning Academy**, developing and embedding 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.

It is well recognised that there is a strong causal relationship between targeted and well-designed education and training, service improvement and patient outcomes and that quality healthcare for patients is supported by maintenance and enhancement of clinical, management and personal skills.(1)

Our Annual Report for 2023-24 includes:

- Current health education context in Wales
- Current Education context in CTMUHB
- Creating, Growing and Sustaining a Learning Culture in CTMUHB
- Progress with our strategic direction & where we plan to go next.
- Developing our Future and our Current workforce
- Widening Access.

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Introduction

Health Education Context in Wales.

Health Services in Wales continue to deliver the vision, ambition and approaches that are needed to deliver 'A Healthier Wales' (1). The demand for services, increasing health and wellbeing inequalities, higher public expectations, the additional challenges due to the impact of COVID-19 on health and social care services, as well as the possibilities that new and emerging medical and digital technologies offer, are set against a backdrop of changing demography, recruitment, resource and severe financial challenges as healthcare services continue to try meet the current health care need whilst also trying to promote prevention and wellness.

Health Education and Improvement Wales (HEIW) is the strategic workforce and statutory education body for Wales. Now in its sixth year, it is committed to addressing strategic and specialist workforce issues, making Wales a great place to train and work for health and care staff and maximising the contribution of all professions and occupations through their statutory function. Its purpose is; as part of the NHS, to work with partners to plan, educate and train the current and future workforce. (2)

Reshaping and development of the healthcare workforce is fundamental to the successful implementation of the Welsh Government's vision for the NHS in Wales.

HEIW has a statutory function to produce an annual Education and Training Plan in partnership with the system, which details recommendations for education and training commissions to shape the future healthcare workforce on behalf of NHS Wales.

CTMUHB works closely with HEIW to support the delivery of health care professional education and training in NHS Wales, along with other health boards and universities. Our health board benefits from external funding from HEIW supporting education delivery at all stages of health care workforce career pathways and workforce modernisation.

Context in CTMUHB

The resident population of CTMUHB was estimated at 444,037 (Stats Wales 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 CTMUHB area. The Health Board continues to work towards the ambitions outlined in the CTM2030 strategy, of which improving the health of our population is a key tenet. (3)

CTMUHB employs 11,251.78 whole-time equivalent (WTE) staff, with a headcount of 12,789. A significant percentage of our workforce live within the CTMUHB's area, making our staff not only the core of our organisation but representatives of the diverse communities that we serve. Widening access activities to enable more of our communities to achieve successful careers in health care are a key focus of activity for Clinical Education.



Figure 1

Underpinning the CTM2030 strategic goals is the development of staff including new clinical roles, career development programmes, staff wellbeing and leadership development.

An effective culture of learning at every level enables the workforce to re-frame their knowledge and includes developing a strong workplace learning infrastructure, cultivating a reputation for training and support and excellence in education.

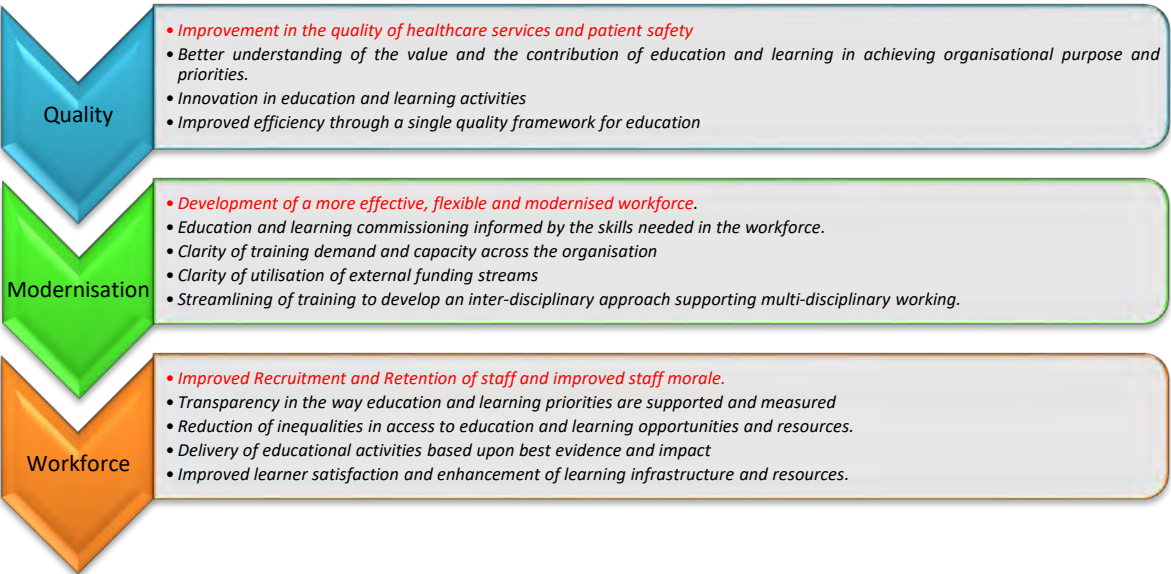


Figure 2 Organisational Benefits of Excellence in Education

Creating, growing and sustaining a Learning Culture in CTMUHB

Strategic Direction Progress

This report reflects further significant progress made over academic year 23/24 to deliver the strategic ambition, which will be realised over 2024/25 with the launch of the Cwm Taf Morgannwg Learning Academy CTMLA.

Our Maturity Journey so Far

Our Clinical Education Strategy maturity journey has been following a hierarchy of needs model, building capability at individual and the wider organisational system levels, supporting and nurturing the development of a Learning Culture in CTMUHB.

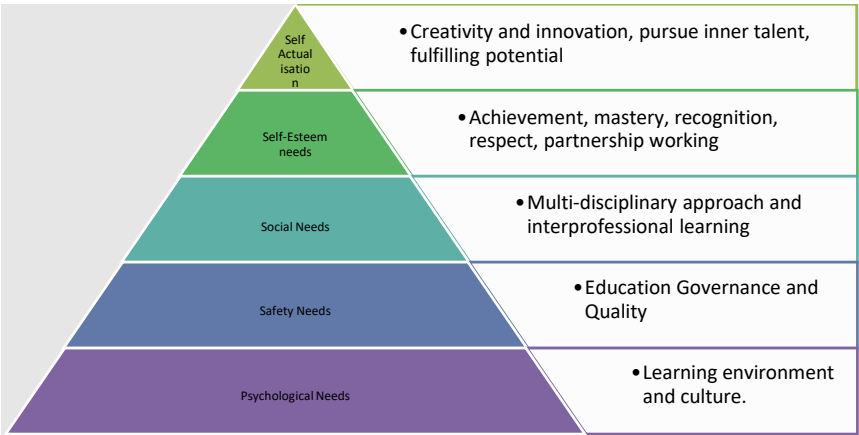


Figure 3 Hierarchy of Needs

Learning Environment and Culture

Direction:

- *Quality and excellence in Education and Training is an established and valued part of organisational culture.*
- *CTMUHB is a Centre of Excellence for multi-professional learning.*
- *There are clearly defined, recognisable, flexible, accessible, up-to-date Clinical Education facilities that meet the learning needs of learners from all professional groups.*

Progress:

The value of clinical education and training is becoming more recognised across the organisation as the activity across all professions has become more visible through developing governance and reporting processes.

CTMUHB has a joined up multi-professional approach with the Executive Director of Nursing and Midwifery (EDoN) accountable to Executive Leadership Group for Clinical Education activity. The Clinical Education department has professional leadership and managerial accountability lines to the EDoN and additional professional accountability lines

to the Medical Director and the Executive Director of Allied Health Professions and Health Science (EDAHPHS).

CTMUHB has led the way in developing the first multi-professional practice education facilitator post, which has enabled progress with significant interprofessional learning activity. This activity has also been shared more widely at the recent Interprofessional Education Wales Conference held in July 2024.

Progress has been made with defining our existing education and library facilities, at each of our acute hospital sites and Keir Hardie Academic Centre (Education). However permanent training accommodation for all professions continues to be a challenge as the demand for increased clinical space becomes an issue across all sites and services.

It is recommended that the creation of a dedicated multi-professional Education and Learning facility should be included as part of the strategic site development plan.

Education Quality and Governance

Direction:

CTMUHB has established effective systems of educational governance and leadership

- 1. A robust and established Clinical Education Governance infrastructure providing confidence and assurance for individuals and the organisation of excellence in Clinical Education and Learning activity.*
- 2. A clear and well developed understanding of Clinical Education, Training and Learning activity and risk management across the organisation.*
- 3. Maturing organisational processes around clinical education commissioning, informed and aligned with service delivery priorities and training needs analysis, supporting the development of new models of care, innovative service redesign and workforce modernisation.*

Progress

The Clinical Education Forum is the organisational wide education governance infrastructure responsible for assurance and escalation to Executive Leadership Group regarding Education governance, quality, strategy, finance and partnership working. It currently meets biannually in May and November. It is co-chaired by the EDoN and the EDAHPHS. The Terms of Reference can be found in Appendix 5

The purpose of the Clinical Education Forum is to provide effective systems of educational governance and leadership that ensure optimal investment and resource utilisation in education activity to support and underpin the capability, capacity and confidence of our clinical workforce. Through this forum a clearer understanding of the activity, challenges and risks across all health care professions is being developed.

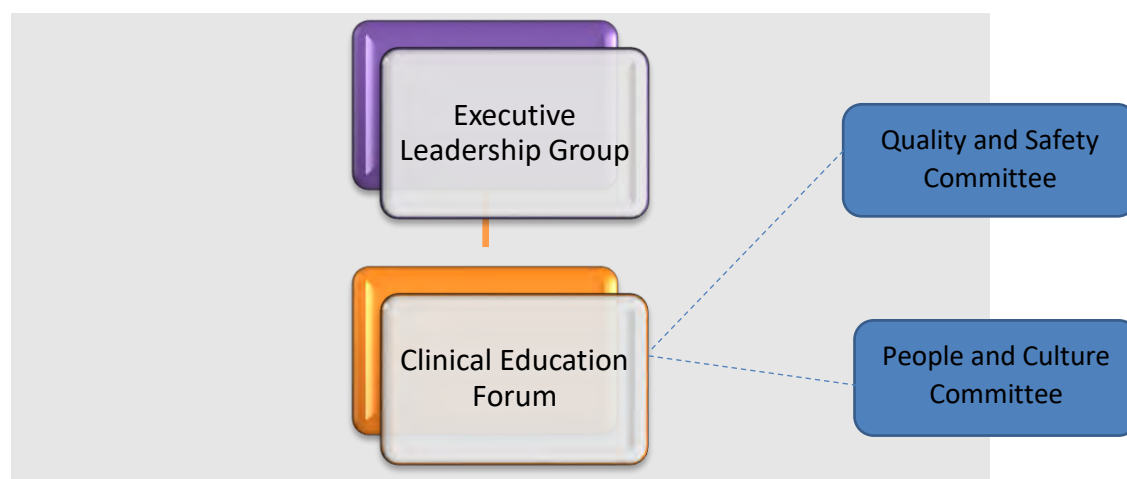


Fig 4 Clinical Education Governance Structure

The creation of the Learning Academy will further strengthen maturing organisational processes around commissioning with the establishment of an Interprofessional Faculty at profession level and a Strategic Education Council at Care Group level which will report into the Clinical Education Forum.

Inter-professional Learning Approach

Direction:

There is a high quality multi-professional education model that delivers equitably for ALL healthcare professionals and their support staff. Meaningful inter-professional learning and development is evident throughout the education model.

Progress:

Significant progress has been made with interprofessional learning (see p 23)

Sessional time has been secured from Allied Health Professions and Pharmacy as part of the development of our inter-professional approach.

Achievement and Recognition.

Direction:

Our workforce are our most significant asset. There will be clear educational frameworks to support career development pathways in CTMUHB

Progress.

Celebration Events

This July we held a student and educator celebration event for nursing, midwifery, AHP, and HCS colleagues. This was the first event like this for CTMUHB, and was

positively received. It was a huge morale booster for all who were nominated, selected as finalists, and announced as winners, and was a great opportunity to inform people of the plans for clinical education function, and the IPE work that is ongoing. The planning for a 2025 event is already in progress.

All who have completed the evaluation stated that the event was beneficial, and made them and their profession feel valued.



Figure 5

The HCSW Conference

Our next conference is in planning for November 2024 and will again showcase the fantastic work undertaken by our HCSW workforce and celebrate their achievements and successes across CTMUHB.

Kylie Erricker who presented at our 2023 conference has commenced the level 4 programme and has been awarded with the ["Course Representative of the Year 2024 Award" at the University of South Wales Student Choice Awards.](#) (USW)



Figure 6

Opportunity, Vision and Innovation.

Direction:

Cwm Taf Morgannwg Learning Academy.

A space where people could feel inspired to think, create and dream, build relationships and collaborate and learn together to improve practice and health.

A living manifestation of University Health Board Status, networked with multiple HEI partners, and HEIW creating a virtuous cycle of learning, innovation and improvement.

Progress:

We continue to make progress towards our ambition of a CTM Learning Academy which will be fully launched in April 2025.

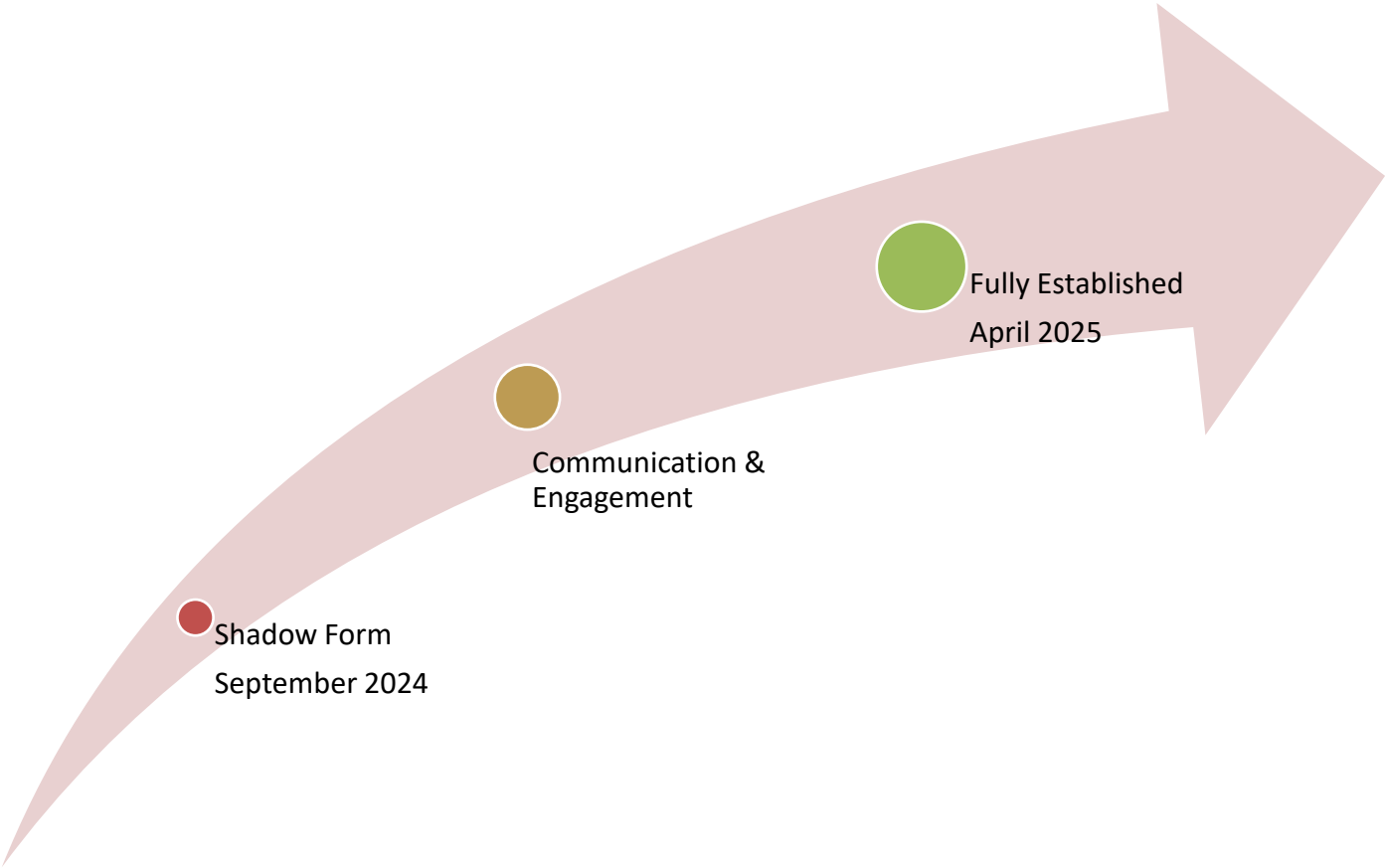


Figure 7 CTMLA Launch Timeline

CTM Learning Academy



Figure 8

Vision:

- Develop an ambitious and capable integrated multi-professional clinical workforce, improving patient and population health outcomes and wellbeing.

Purpose:

- To develop and deliver an inter-professional and collaborative learning approach, meeting the individual educational needs of each profession whilst also enabling and benefitting from diversity of thought and skill set.

Aims:



Figure 9

Developing our Future Workforce

CTMUHB as an organisation contributes significantly to the education and training of healthcare professional students in Wales. Each year our organisation delivers undergraduate clinical placement training weeks including:

- > 6000 medical student training weeks
- > 10,000 student nurse weeks
- > 1600 AHP student weeks
- > 300 Pharmacy student weeks (new in 23/24)

Over 2023/24 we have worked in partnership with 6 universities (HEIs) to deliver clinical placements for healthcare professional students:

- University of South Wales including–
 - Nursing & Midwifery, Operating Department Practitioners and Part-time Occupational Therapy & Physiotherapy courses.
- Cardiff University including
 - Medical, Physiotherapy, Occupational Therapy, Health Care Sciences & Pharmacy
- Swansea University including
 - Nursing, Paramedics and Physicians Associates.
 - Pharmacy Students
- Cardiff Metropolitan University including
 - Speech and Language Therapy, Dietetics, Podiatry.
- Open University (Part time distance learning) & Bangor University (Distance Learning) Nursing.

Focus on Nursing and Midwifery

The following preregistration routes to nursing are supported:

- Adult, Child, Learning Disability or Mental Health
 - Full-time 3 year programmes
 - Flexible routes
- Full time Midwifery programme

The table below shows the number of nursing & midwifery students allocated annually to CTMUHB over the last 4 years. The Practice Education Facilitator Team work closely with the clinical areas and university partners to ensure areas are supported to provide a positive learning environment for our potential future nursing workforce. Monthly meetings with our partner HEI's help identify areas for development including those out of compliance with educational audits & struggling with student numbers and also where excellence is shown by those who go over and above to support our students in practice.

Student training Activity

Increases in commissioned student places over the last few years will see their full cumulative 3 year impact with a 31% increase in student placements for 24/25.

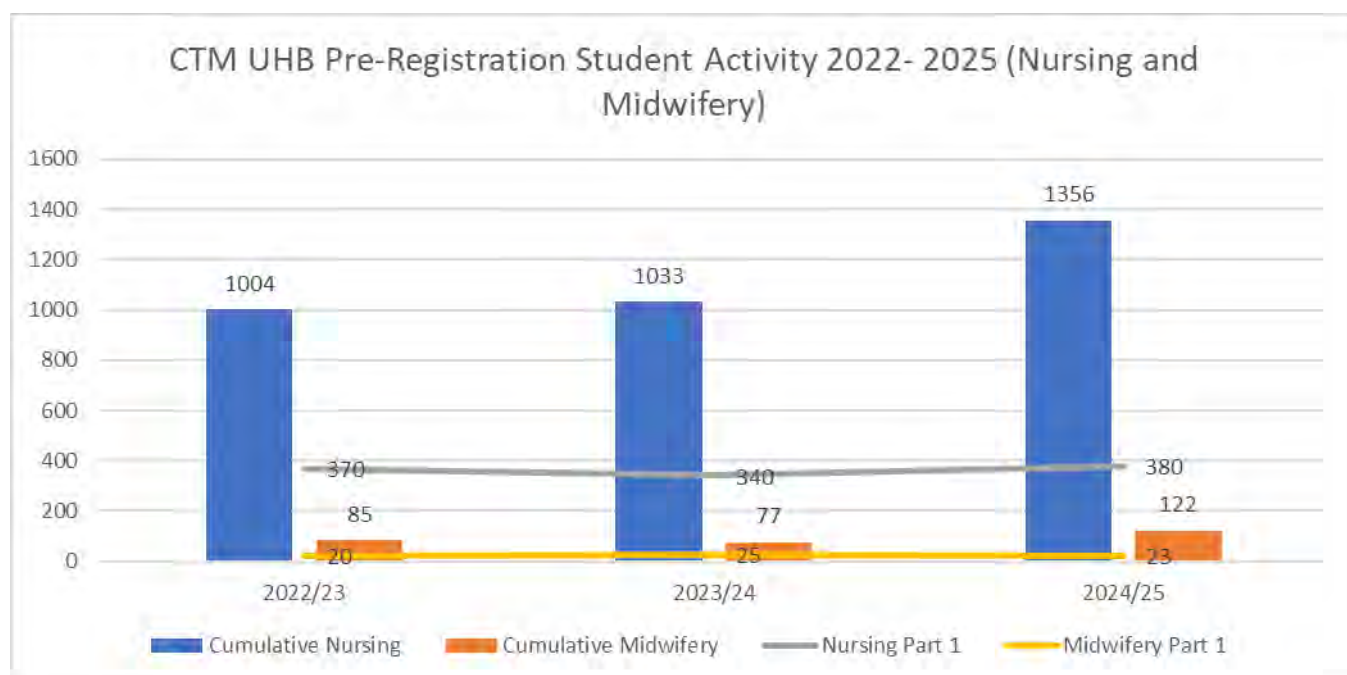


Figure 10

The Practice Education Facilitators (PEFs) within the Nurse Education Team actively support the clinical placements within the health board and deliver clinical teaching within the university and also in-house 'clinical skills' days to provide additional opportunities for our pre-registration students from all HEIs to gain skills outlined in the Annex B Framework. The PEF team also support student issues both clinically and pastorally in collaboration with our clinical and HEI partners.

Training capacity is a constant challenge, and we are continually working to create innovative nursing placement developments. New placements for 2023/24 include;

- Early Pregnancy Unit
- People's experiences
- Ward 16 POW
- Acute Care of the Elderly (ACE)

Following successful pilot results the Collaborative Learning in Practice Placement (CLiPP) model is now embedded in 25 clinical areas. Feedback has overall been positive, however as CLiPP aligns 1st years to 2nd and 3rd year student mentors there are some challenges and limitations due to placement timings being aligned.

Due to ongoing placement planner challenges, this academic year, we have trialled the model utilising two students from the same cohort, to see if the positive aspects of the project remained without having a specific "leadership" role with the 2nd/ 3rd year students.

The results of this small initial trial were positive. Of the 14 students who participated, 8 students completed the evaluation form. Results below:

Working with another student gave me more confidence in placement.	I have gained a better knowledge of the nursing role during this placement learning experience.	I have learnt a lot during this placement.	I have enjoyed working alongside another student.	In our pair, I feel that we have learnt from each other during this placement.	Overall, I feel that the CLIPP model is beneficial for students.
Strongly Agree / Agree - 87.5% (7 of 8 students)	Strongly Agree / Agree - 87.5% (7 of 8 students)	Strongly Agree / Agree - 87.5% (7 of 8 students)	Strongly Agree / Agree - 100%	Strongly Agree / Agree - 87.5% (7 of 8 students)	Strongly Agree / Agree - 87.5% (7 of 8 students)

Figure 11

The positive feedback is a step forward for the CLIPP model to limit any placement pinch points. Work is ongoing with our partner university to maximise utilisation of this model in practice.

The Midwifery PEF role has now been in place for 18 months. This role is pivotal in organizing midwifery student clinical practice placements. Basing the role within the Clinical Education function with the nursing PEF roles has enabled sharing of experience, learning and access to resources across the different roles and the opportunity to support with student issues. Other benefits include the development of Practice Assessor and Practice Supervisor training for midwives, improved collaboration with the HEIs and shared learning for the student groups, including the development of education utilising an Escape Room format.

Due to challenges with domestic recruitment to HEIs commissioned undergraduate numbers, pre-registration nursing students (adult field) have been recruited internationally in 23/24. Whilst these students are crucial to supporting our future workforce they have required extensive support to settle into their roles as it is often their first time away from home and experience of healthcare which requires them to adjust to the huge cultural changes. Close collaboration with our HEIs and lessons learnt from our ongoing experiences with Internationally Educated Nurses (IENS) has helped us support and manage them more effectively so they feel much more settled and supported clinically.

Fitness to Practice (FtP)/Cause for concern

The increase in student numbers has also been accompanied by an increase in student issues. These can include pastoral and clinical concerns and we continue to see a rise in the number of students requiring action plans post Covid. The PEF team and Senior Nurse work across university and health board processes, including referral of clinical cause for concern issues to universities, attending FtP panels and participating in FtP hearings as

'expert witness'. They also ensure students are supported in practice through the development of bespoke action plans to achieve required proficiencies and ensure safe and knowledgeable practitioners upon registration. This work has continued throughout 2023/24. Clinical education has developed its own 'Fitness to Practice' Standard Operating Procedure (SOP) which will be finalised to coincide with the launch of the 'Cwm Taf Morgannwg Learning Academy'.

Over the course of the pre-registration Nursing programme there are multiple practice placements for each student across multiple different locations across the health board. To support continuity and communication between placements the Student Pathway project was initiated in 2022 and provides all Practice Education Facilitators an overview of feedback and any concerns across the placements for each student.

Collaborative working between HEIs and the PEF teams are essential in managing the issues effectively and efficiently. As there is a demand to grow nursing numbers even further then there is a continuing need to widen access to the recruitment pool. Investment in Practice Education Facilitator roles will be a key enabler in achieving successful registration for more people into the nursing profession.

All nursing students on clinical placements require Practice Assessors (PA) and Supervisors (PS). The PEF team continue to deliver an annual schedule of PA and PS training to eligible registrants to ensure they have the appropriate skills and knowledge to support our students in clinical practice. There are currently 2986 trained PA/PS on the database (NMC requirement) for CTMUHB (see graph below). The ratio of supervisors & assessors to students within each care group is monitored to enable targeted training.

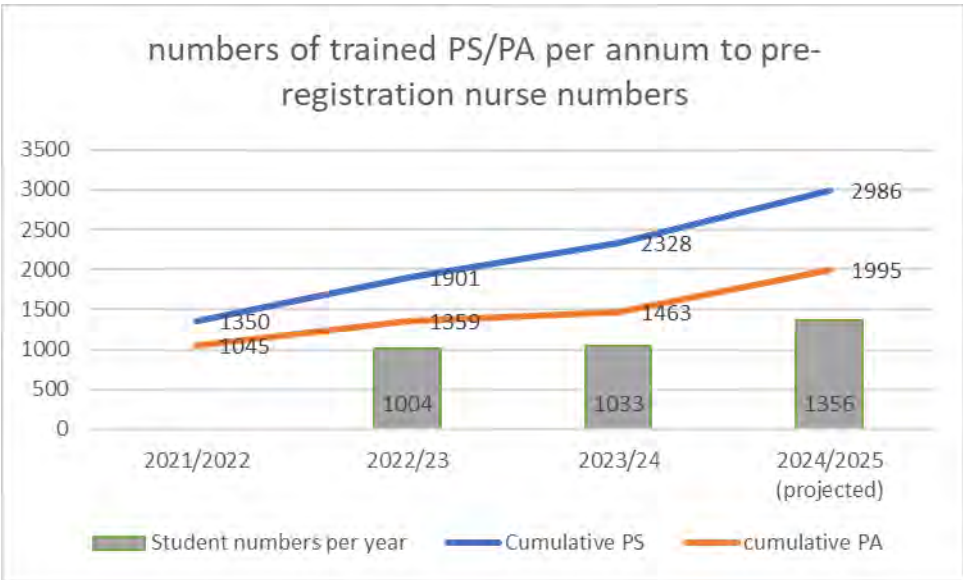


Figure 12

The PEF teams across all 3 sites within CTM UHB provide Inter Professional Education opportunities and support student learning sessions. In addition to this, they provide student drop-in session for pastoral care, which is an increasing need across all areas, mid-way placement and consolidation meetings, and drop-in sessions to discuss placement and Epad concerns.

Internationally Educated Nurses (IENs) 2022/23

Between September 2023 and March 2024, the International Nurse (IN) Education team successfully trained an additional 53 Internationally Educated Nurses to work across the health board. This education included Objective Structured Clinical Examinations (OSCEs) preparation training and a post OSCE programme, which was developed to address gaps identified in practice and for the IENs to be familiarised with CTM's policies and procedures, enabling them to settle sooner into the health board. International recruitment for 24/25 is still under review.

A specific International Nurse Adaptation programme (INAP) was offered to the spouses of our existing IEN workforce who were already employed as Health Care Support Workers within the HB. It was thought that it would be advantageous to work with this cohort of staff as they were already settled within the health board and local communities. Out of the 10 originally identified, 7 have successfully registered with the NMC. Challenges encountered included childcare, pastoral care issues, transport and achieving the English requirements for NMC for registration.

Focus on Allied Health Professions: Pre-registration education

AHPs continue to provide clinical placement capacity for an increasing number of pre-registration learners. We continue to explore innovative ways of increasing placement capacity to meet the growing demands for new graduates. A move away from predominantly hospital-based placements to community-based services is equipping our future workforce with the experience they will require, to deliver roles aligned to the strategic drivers of improving population health and community-based management of long-term conditions and rehabilitation.

Clinical Placements form a significant part of the pre-registration training for many of the AHP professions. However there are minimal funded Practice Educator roles for each Profession (only 0.2 WTE for Speech and Language Therapy) and so placements currently have to be managed within existing workforce capacity. Along with other professions, in recently years the need to grow the workforce has been reflected in our recent Education Commissioning returns. However the increased pressure this will cause in delivery of clinical placements will need to be recognised. The graph below shows the number of pre-registration education places that it has been commissioning per profession each year since 2020.

Annual Pre-registration education commissioning numbers for AHP professions, 2020-2024

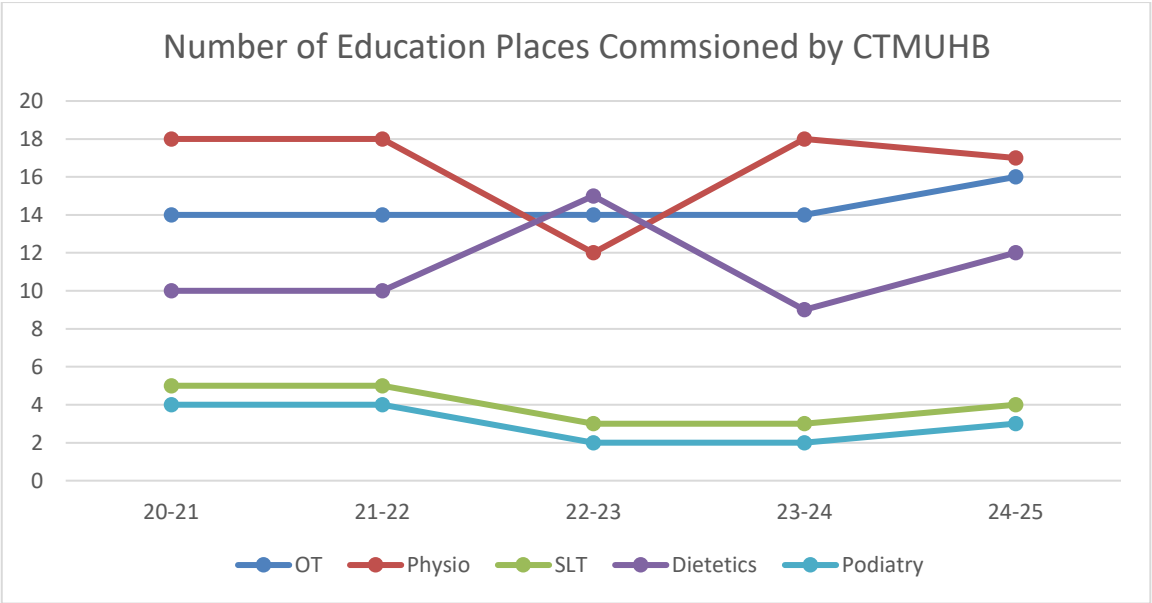


Figure 13

The larger professions commission the largest number of pre-registration training places, as expected, however of note is the 50% increase in Dietetics, from 9 commissioned places in 2022 to 12 in 2023. In response, Dietetics have created an innovative solution to increase placement capacity by offering placements with the Dietetic Public Health team. Students support in the delivery of the schools-based “food and fun” summer holiday enrichment programme which provides food and nutrition education and physical activity to promote healthy living. Learning outcomes can be assessed over the summer, reducing reliance on clinical settings and additionally showcasing the public health speciality for attracting future workforce.

Annual Pre-registration placement allocation for AHP professions, 2020-2024

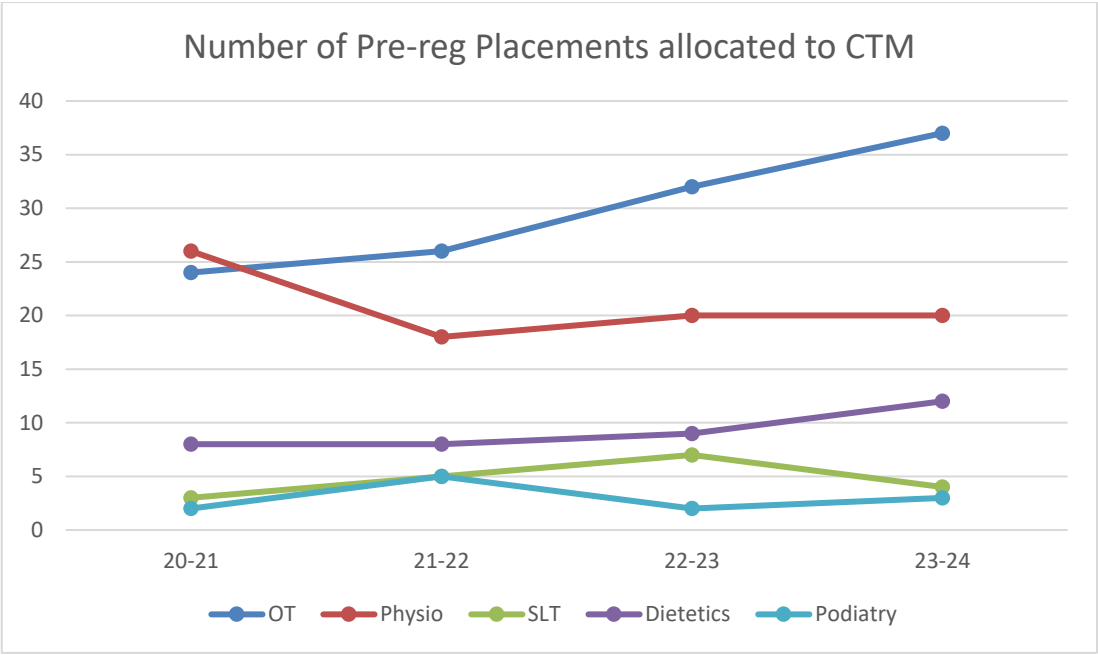


Figure 14

There has been a significant increase in in Pre-registration training placements for Occupational Therapy since 2022. This forms part of the HEIW education and training plan, aligning to the identified future workforce requirement, specifically the publication of the Mental Health Workforce plan. The number of placements allocated far exceeds the number commissioned, with 14 places commissioned, and 37 placements allocated, in line with a nationally picture. As a result, CTM AHPs have collaborated with HEIW in a specific project that explores options for increasing placement capacity. Once HEIW publish the findings, Occupational Therapy will map their current models of placement and explore implementation of the recommendations. This national work has also included the Physiotherapy profession, who will take the same approach.

Focus on Health Care Sciences: Undergraduate

Health Care Science represents over 40 different professions. Training pathways follow Modernising Scientific Careers.

In CTMUHB HCS comprises of:

- Audiologists
- Biomedical Scientists
- Cardiac Physiologists
- Clinical Engineers
- Clinical Scientists
- Medical Illustrators
- Neurophysiologists
- Operating Department Practitioners
- Radiographers
- Respiratory Physiologists

CTM UHB have the first trainee audiologist (based on annex 21 principles) – this person will access the newly developed part time audiology degree at Swansea University in 2024

CTM has the only Histopathology student in Wales on the Trainee Clinical Scientist pathway.

Career pathways demonstrating alternative routes to becoming Health and Care Professions Council (HCPC) registered staff are being established to enabling CTM to 'grow our own':

- Pathology; 2 x band 4 staff members are undertaking a level 4 diploma. They will then be eligible for the level 5 part time Practitioner Training Programme (PTP) BSc Biomedical science degree. These staff started with CTM at a band 3 and the intention is to grow them internally from having no relevant qualifications to become Biomedical Scientists.
- Respiratory and Cardiac Physiology; a staff member successfully completed level 4 Healthcare Science qualification to support extending roles. These physiology professions have also continued to support Swansea University Students by being a training centre for Practitioner Training Programme (PTP) students. They have also supported the training of Scientist Training Programme (STP) students in cardiac, echo, respiratory and sleep.
- Clinical Engineering;
 - o One band 4 member of staff successfully completed the NVQ3 Train the trainer course.
 - o With another successfully completing year one of a HNC Electronic Engineering course, with 2nd year to be completed June 2024.
- Medical Illustration; continue to provide training for trainee Clinical Photographers, who often gain permanent employment at a more senior level after successfully completing this training.
- Radiology; Two radiographic assistants enrolled on the assistant practitioner course.

Focus on Pharmacy - Pharmacy Undergraduates

In 2021 the Pharmacy Regulator introduced General Pharmaceutical Council (GPhC) new Initial Education and Training Standards (IETS) in 2021 to ensure pharmacists meet public expectations for safe and effective care. This involved a new requirement to deliver clinical placements as part of the pharmacist undergraduate programme. CTMUHB has led the way in developing a model and delivery of these undergraduate placements as scale.

A collaborative project between Clinical Education and Pharmacy departments involved establishing resource & staffing requirements and associated financial frameworks developing a scalable business model. Initial scoping was conducted with key stakeholders, including health boards, educational institutions, and HEIW.

The project was delivered in 3 phases:-

Phase 1 Development and Design Jan - Mar 2023	Phase 2 Pilot Delivery & Evaluation Apr-Aug 2023	Phase 3 Full placement delivery Academic year 23/24
•Adopted best practice from other HCP clinical placement models. •Scoped capacity, aligned training with EPAs and identified IPE opportunities. •Established team based pharmacy work. •Held engagement events. •Contributed to EPA development •Established steering group.	•4-week pilot with Cardiff University students on 1-2 week placements •Staff and student evaluations. •Key learnings: •shorter induction, •robust organisation, timetabling and communication with the university key enabler, •clearer student expectations, •MDT training highly beneficial	•Delivered >300 placements across 4 CTMUHB sites for Cardiff and Swansea HEIs. •Provided 1-3 week placements for years 1-4. •Developed a pre-placement e-induction on the PADLET app. •Co-ordinated timetables with IPE and EPA coverage. •Collaborated with Clinical Education on delivery, governance and contracts. •Conducted stakeholder evaluations. •UG steering group met monthly for updates and improvements.

Figure 15 Student evaluation results after the full cohort 2023/24

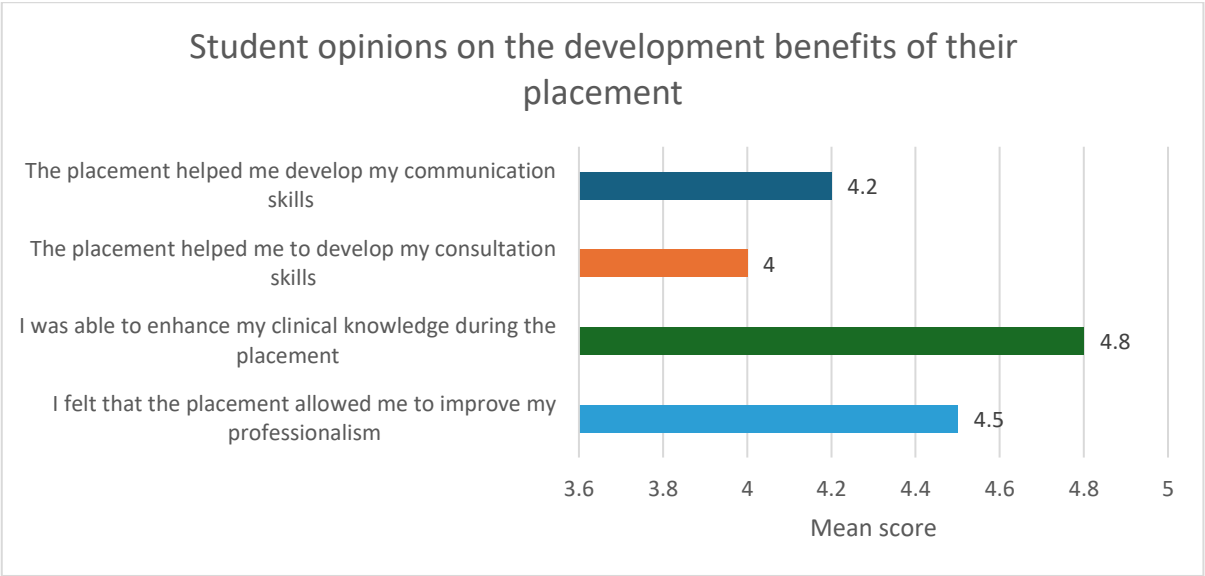


Figure 16

98% of undergraduates felt better prepared for future practice as a pharmacist as a result of the placement

Benefits to CTMUHB:

- 87% of undergraduates would want to come back to work at CTM – promoting the HB as a great place to work.

- New collaborative links established in HB between pharmacy and clinical education, promoting interprofessional learning at all levels.
- Strong collaborative partnership working established between health board, HEIs and HEIW.
- Work has been shared to develop further placement capacity.
- Culture shift promoting education and training in Pharmacy.

Summary and next steps

The project has successfully delivered over 300 weeks of student placements in 2023-24. The working infrastructure required has been established and placement delivery will be increased to 340 for 2024/25 and further extended and developed into Primary Care.

- This work has been accepted as an Oral presentation at the RPS Wales conference, Cardiff in September 2024 and as a poster presentation at the RPS Conference in London on 8th November 2024 under the Innovative Practice - Collaboration category.

Development includes work to provide reciprocal opportunities for nursing and other allied health professionals in pharmacist led clinics to continue MDT learning

Pharmacy staff have provided JSA sessions for year 5 Medical undergraduates to improve prescribing amongst junior doctors, improve patient safety and communicate key prescribing initiatives. Junior doctor F1 and F2 induction and clinical sessions have also been delivered in 2023/24.



Figure 17 Year 1 undergraduates from Swansea University

Focus on Undergraduate Medical Education

Teaching / placement delivery

During the Academic Year 23/24 we delivered teaching/placements across the 5 year medical undergraduate (UG) programme –

Medical Student Numbers						
Year of Study	No. of Students			No. of Student Weeks		
	2021/22	2022/23	2023/4	2021/22	2022/23	2023/4
1	113	108	120	180	238	288
2	222	227	219	266	250	308
3	289	371	355	2312	2968	2836

4	262	320	245	1952	2284	1960
5	140	154	159	1120	1164	1200

Figure 18

Cardiff University Feedback

Across all sites, Phase 1 (yrs. 1&2) continues to do well, a reflection on the work of the clinical teaching fellows and the continuity they bring to medical students in Phase 1. Our year 1 placement was rated 95% positive at KHAC (PCH & RGH), 96 % at POW with year 2 scoring 100% across all placements. Alongside the teaching, these year groups also attend several community placements. These remain challenging to accommodate each year, we are grateful for the input from our colleagues in Midwifery, Health Visitors, Mental Health, Physiotherapy, Cardio and Respiratory Physiologists and Palliative Care for their on-going support. Local care homes have enthusiastically welcomed students and planned excellent placements tailored to the students required learning outcomes.

Of the 18 placements which we received evaluation reports for, medical students score 11 of these at 100% positive, with the remaining placements scoring highly. Year 3 is always the most challenging placement as it is the students’ transition from mainly learning in University or UHB’s hubs, to being based on hospital sites for 3 blocks of 8 weeks. To address this issue, the Cardiff University has introduced a new placement for 2024/5 which will run for 3 weeks at the start of the academic year, focusing on how to learn on placement, the work of the MDT and student well-being.

Year 4 students gave similar feedback to Year 3. 12 of the 19 placements evaluated gave 100% positive feedback, again with the remainder of placements scoring well. We are currently in the process of filling some gaps in the year 4 faculty, so looking to build upon these results further in 2024/5. The disruption to the Maternity services in POWH has been factored into the planning for the upcoming Y4 placements, ensuring no interruption to student placements or to them achieving their learning outcomes.

All bar 2 students gave our year 5 placements 100% positive rating. This includes the two Junior Student Assistantship (JSA) placements and the final Senior Student Assistantship placement (SSA). Swansea University students also join us for SSA.

To summarise the evaluations for 2023/4, over two thirds of placements achieved 100% positive scores from medical students. To compare with last year is a little difficult due to the change in the format of the questionnaires used by the University, however, information received to date suggests we have improved our overall positive score, the indicator used to rank UHBs delivery, from 88% in 2022/3 to 95% for 2023/4.

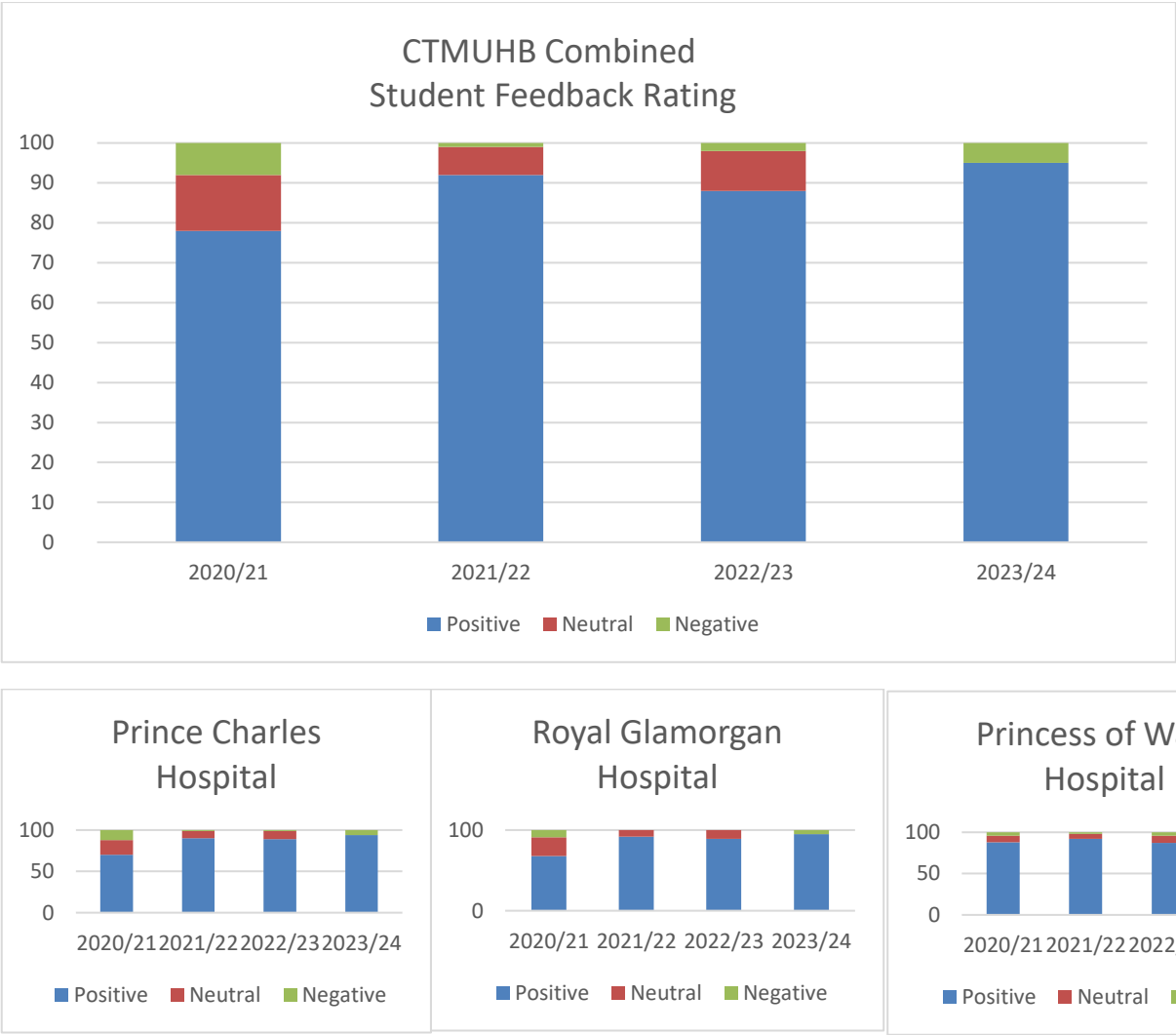


Figure 19

Clinical Fellows

Continuing the success of previous appointments, during the 2023/24 Academic year there were 6 new Clinical Fellows in Medication Education across CTMUHB, as one year tenures with an expectation to engage in a level 7 medical education qualification.

The Clinical Fellows continue to provide a solid and robust teaching resource, which again the feedback shows has been a significant success. In addition, the Clinical Fellows have produced significant quality improvement projects, including an innovative and unique teaching experience with the use of an escape room scenario. This was presented and demonstrated at the annual Training and Educator conference and many other health care professionals are exploring how that can be used in their educational developments.

SIFT Reallocation

The work underpinning the review of allocation of Service Increment for Teaching (SIFT) continues. However, the department was able purchase some new and innovative equipment as well as maintain some of the more traditional kit. In addition we were also able to finance education for some members of Faculty and support the administration staff to attend the National Association of Medical Education Managers (NAMEM) conference. The Clinical Education Manager is a Council Member of NAMEM, representing Wales.

As indicated in previous annual reports, the SIFT review work is to better identify the flow of SIFT funds to services, care group and directorate budgets, enabling the robust resource support of UG medical education activity, alongside enabling the organisation to have further clarity and assurance on utilisation of medical undergraduate SIFT funding (approx.£3.2m per annum).

The Clinical Education function continue to engage with Finance colleagues to further progress this work to establish an agreement to the allocation of funds on a more permanent basis, and have proposed the establishment of a task and finish group to agree the baseline figures with Finance.

The following diagram illustrates the current UG Faculty structure.

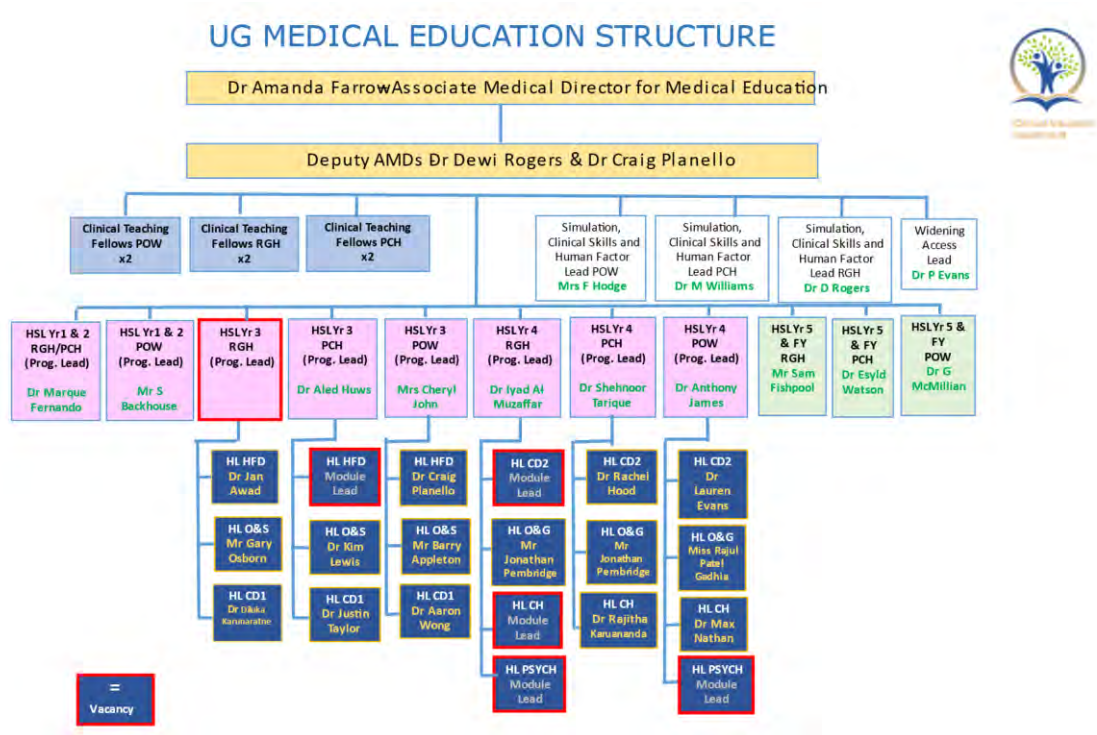


Figure 20

Interprofessional Placement Activity

As a result of the HEIW re-commissioning of pre-registration for HCPs there is a requirement for each student to undertake at least 150 hours of interprofessional learning whilst on placement. In response CTM introduced a Multi-professional Practice Education Facilitator role, the first such role in Wales. This role has been pivotal in collaborative working across professional groups, and has been an anchor for advice, guidance, resource, and

Interprofessional Education (IPE) development within the health board and for affiliated higher education institutions. CTMUHB are a driving force across Wales in regards to Interprofessional Education (IPE), with many health boards linking in for advice, support, and developed resources. We are proud to be a pivotal conduit across Wales in the development of IPE opportunities.

The impact of this role has been shared with HEIW who are seeking to roll the model out further in 25/26 across other health boards in Wales.

Structured IPE placement opportunities

The focus of the structured placement opportunities is to ensure that the IPE placement is a valuable learning opportunity. Whilst many students will meet some IPE hours with "ad hoc" experiences, placements that have been facilitated for different professions by the MPPEF role, which are arranged in collaboration with university leads to ensure valuable learning occurs. If there are other students on placement at the time, it is encouraged that they spend some time together to have shared learning experiences.

From September 23 – August 24, over 2000 IPE placement days have been arranged across professions. Appendix 2

Interprofessional Education Simulation

Different simulation opportunities to allow for IPE time in practice, have been introduced, providing valuable training opportunities in a safe learning environment. Three separate projects have been in place during this academic year.

1. Student as educators in collaboration with Cardiff Metropolitan University dietetic lead.
2. IPE simulation day with medical and nursing students, in collaboration with the medical education team at CTMUHB.
3. Simulation teaching day with diagnostic radiology (DR) students in collaboration with Cardiff University team and CTMUHB diagnostic radiography placement lead.

It was identified that DR students did not feel competent or confident with providing the basic fundamentals of care for patients who spend time in radiology. A low fidelity simulation was organised and delivered for all first and second year DR students, giving them an insight into catheter care, IV cannula care, wound care, and hygiene needs of a patient. We involved the tissue viability nurse teams, bladder and bowel lead, and resus lead to deliver sessions, along with PEF colleagues to deliver on hygiene needs of patients. **Results** - 21 students attended, and 21 students completed an evaluation form.

100% of students found the session beneficial to their learning needs.

100% of students felt that it was a good way to achieve IPE hours in practice.

Further work over the 23/24 can be found in appendix 1.

Future work

Over the next academic year, the MPPEF role will look to expand the current work by:

- Cross university simulation experiences.
- Simulation for health care science students and nurses
- Clinical psychology days for Mental Health students
- Lunch and learn sessions – Bite sized learning looking at case studies where MDT working could be improved to enhance patient experience and outcomes (for all professions).
- AHP/ HCS health care academy involvement
- Develop training package that can span professions on principles of supervising students in practice.
- Further structured IPE opportunities
- Developing additional simulation opportunities.

Education and Training of our Current workforce

Health Care Support Worker (HCSW) Education

Clinical Education supports the skills and career development education pathways for health care support workers across CTMUHB as defined in the HCSW Framework, including clinical and non-clinical roles in primary and secondary care settings. External funding is received from HEIW and is utilised for HCSW education across the following areas; All Wales HCSW Induction Program, National Early Warning Score (NEWS) and Continuing Professional Development (CPD) training for HCSW in Nursing & Midwifery, Healthcare Sciences, Allied Health Professions, Facilities, Pharmacy, Primary Care and Primary Care Academy. The HCSW education team works closely and collaboratively with Learning & Development department in regards to career and qualification progressions for HCSW’s within CTMUHB.

To promote development and further progressions into Level 4 and flexible route to nurse registration we have developed strong affiliations with the University of South Wales and Grwp Llandrillo Menai (GLM) who provide these qualifications for our HCSWs, the courses are directly funded by HEIW.

The following graph shows the HEIW funding that has been allocated to the HCSW education within CTMUHB since April 2021 – March 2025.

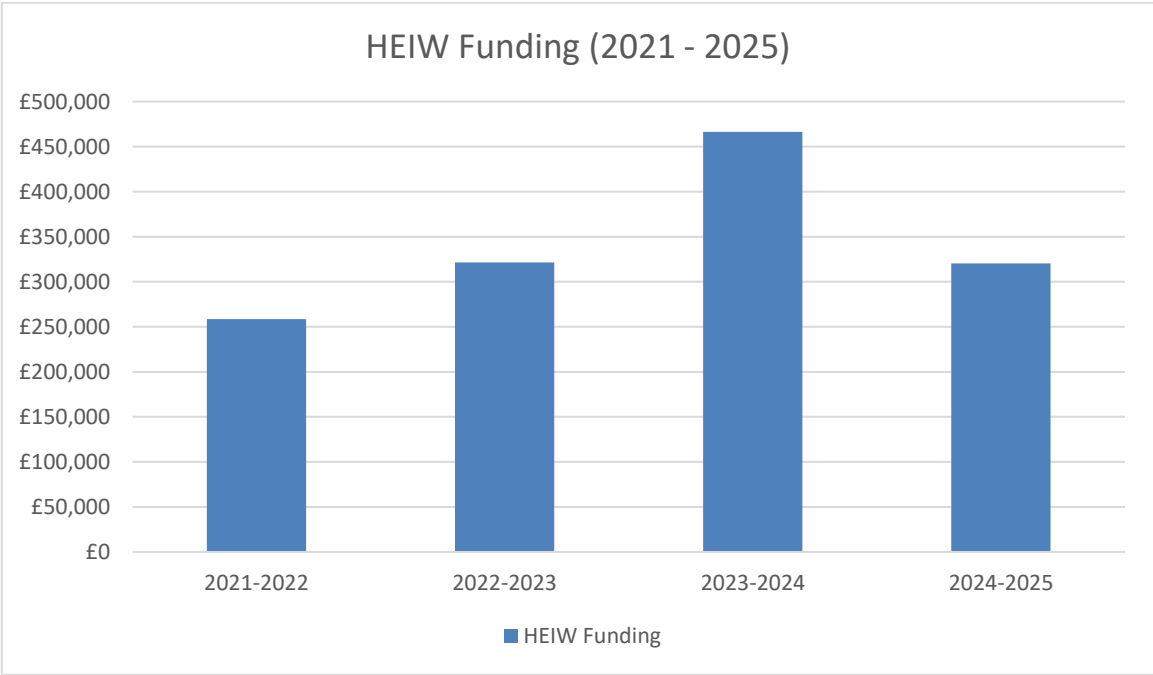


Figure 21
CTMUHB receives allocated funding from HEIW to support the education and development of HCSWs band 2-4 in line with the All Wales Skills and Career Framework for HCSW. This funding has increased year on year and in 2023-24 enabled expansion in the team to start to explore joint induction training between health and social care. The annual nature of this funding does cause issues for

recruitment, as there are often delays in confirmation of amount of funding and contracts can only be offered on a fixed term basis for the remainder of the financial year. In 23-24 the allocated funding was £467k. The financial pressure on NHS Wales however has resulted in a significant reduction to this funding for 24-25.

Quarterly monitoring and reporting on expected and actual expenditure internally within CTM and externally with HEIW is now in place, allowing early identification and reallocation of any potential underspend.

HCSW All Wales Induction Framework (AWIF) programme

All new HCSW including those recruited to the bank undertake the in-house All Wales Induction Framework programme.

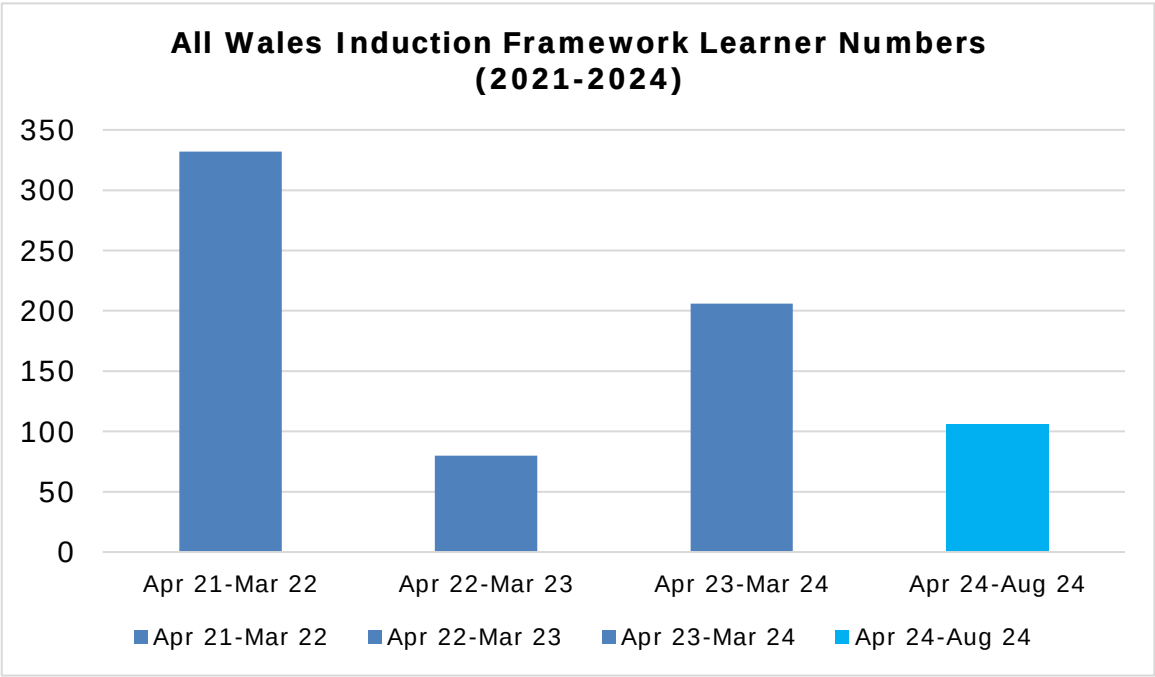


Figure 22 *(April 24-Aug 24 number trained so far)

Numbers were high in 21-22 due to increased recruitment of HCSWs to manage the impact of Covid. Numbers have now re-stabilised at just over 200 a year.

In June 2024, the NEWS Cymru training programme for HCSW clinical staff at CTMUHB resumed. This programme equips HCSW staff with essential knowledge and skills related to physiological measurements and the use of the NEWS Cymru tool in clinical practice.

Level 4 Certificate of Higher Education

The Certificate of Higher Education program offers HCSWs within CTMUHB a valuable Level 4 qualification to enhance their skills and knowledge, with an option to progress to the BSc (Hons) Nursing (Flexible Learning) program.

This year, HCSW applications to the University of South Wales (USW) Level 4 programme have increased, with 27 HCSWs accepted for the September 2024 intake—the largest cohort to date.

The following graph illustrates the Cert He Level 4 enrolments and completions for both USW and GLM.

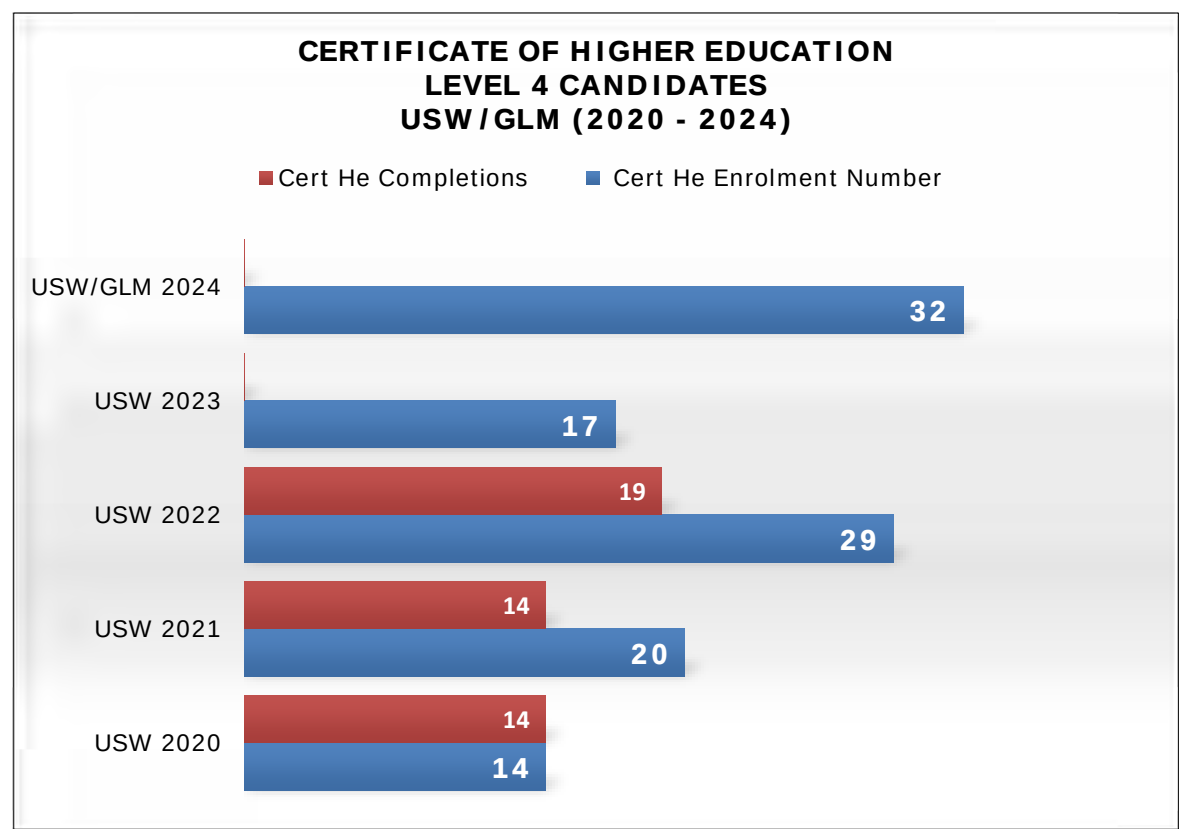


Figure 23

In addition to this a further 8 HCSWs commenced the Level 4 Open University Part time distance learning route to nursing in 22/23 which continues to allow us to ‘grow our own’ staff and to invest and develop our workforce.

BSc (Hons) Nursing (Flexible Learning)

This course, accredited by the Nursing and Midwifery Council, allows eligible candidates to work toward Registered Nurse status and obtain a degree in one of four nursing specialisations, all while continuing their employment as healthcare support workers. CTMUHB has been supporting the flexi route since its instigation in 2017.

The graph below shows retention of staff supported via this route into registered nurse roles.

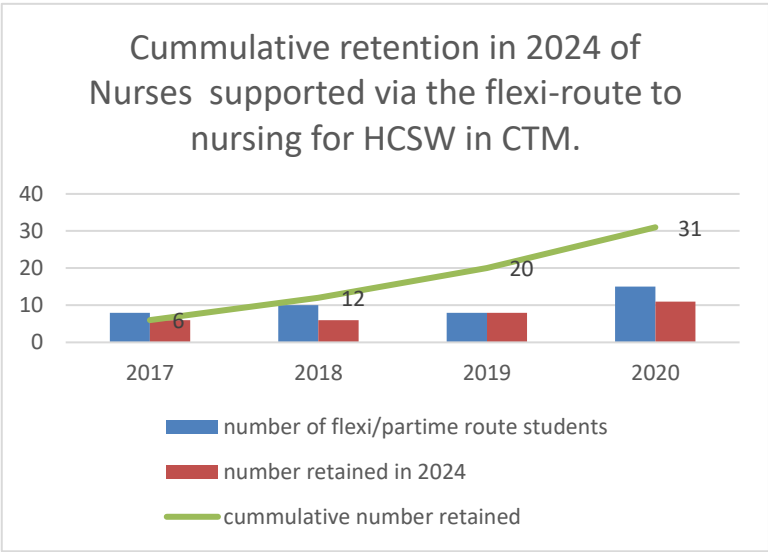


Figure 24

Numbers supported via this route continue to increase, with 40 students enrolling in 2023/24. If retention is consistent with previous years this route could become an important workforce pipeline.

AHP Healthcare Support Workers (HCSWs)

The number of posts within the AHP HCSW staff group increased significantly over the last year, predominantly due to receiving funding to deliver community-based services.

The Dietetic HCSW team increased by over 50% (from 12 to 19 posts) with new roles that educate on healthier behaviours in relation to healthy weight. This involves the delivery of nutrition education in community settings and so the focus of education for this staff group is achievement of the Level 4 “Preparing to teach” certification. Four staff completed this course in September 2023 and a further 4 have a funded place to commence in September 2024.

Physiotherapy have made significant steps forward in relation to HCSW training, with their work being shared nationally across their profession as an exemplar;

Post pandemic, the programme delivery stalled. Staff turnover resulted in loss of programme knowledge and this was compounded by lack of staff engagement. As a result, the physiotherapy department dedicated time to Agored Qualifications within the work plan of a clinician, supported by administration time which was part-funded by HEIW. This resulted in:

- Data audit, evaluation and verification
- A drive for learner and assessor engagement, including re-establishing the ‘assessor group’
- Establishing new processes and systems, including pre-audit checks prior to Agored submission and set bi annual submission periods.

- Establishing a forward work plan
- Ability to plan Level 3 training to meet eligibility for access to level 4, Therapies Assistant practitioner qualification

Mapping of Submission of learning units and number of assessors within the delivery of the Agored Cymru Level 4 Diploma in Physiotherapy Support Qualification

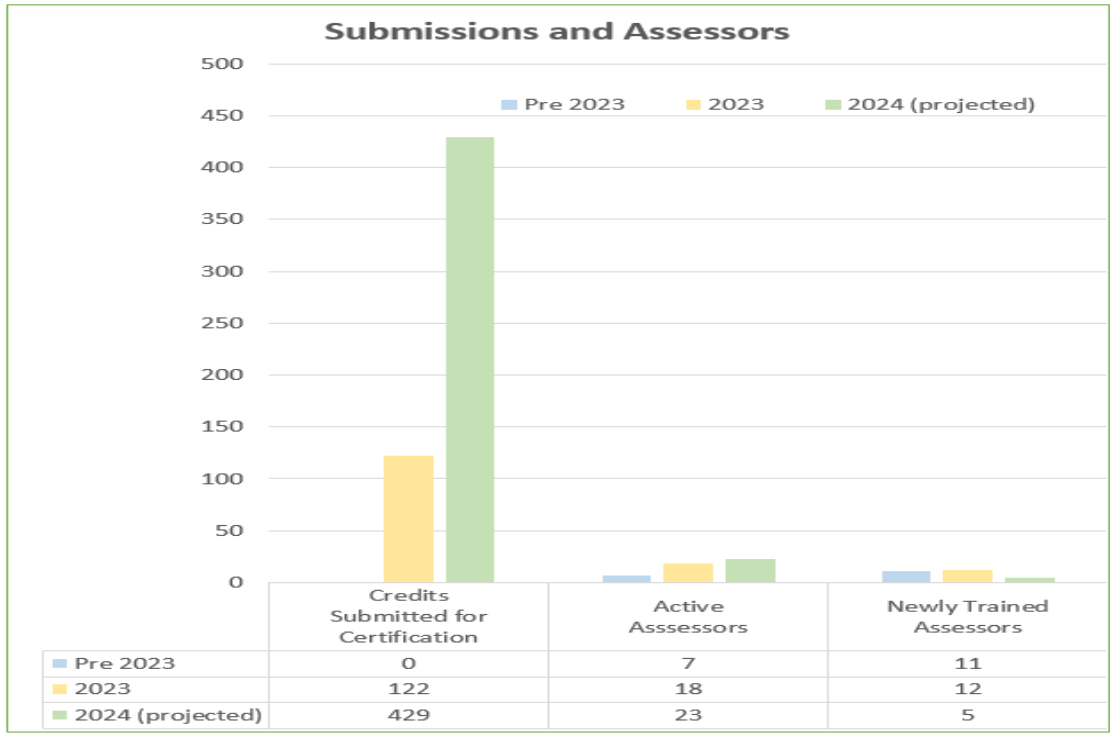


Figure 25

The above graph shows the number of qualification units completed rose from zero prior to 2023 to 122 by March 2024, with a prediction of over 400 units being completed by March 2025. The graph displays the associated increase in internal assessors and verifiers, showing that the number has more than doubled by March 2024 (an increase from 7 pre 2023 to 18 by March 2024), with 5 further staff currently receiving assessor training.

Not only has performance improved, but capture of experience also reveals the impact of this work, as shown by the feedback from an assessor:

"Having dedicated admin and clinical support for the Agored programme has been extremely valuable to both myself as an assessor and to the learners I support.

Their organisation and passion for the development of the learners and the programme, as a whole, has been brilliant. I believe that their dedicated time has helped to motivate and engage learners and has made a huge difference to efficiency at all levels."

Figure 26

A successful HCSW funding bid will enable the continuation of this model, which aims to increase the number of credits for the level 3 Physiotherapy Support Agored Cymru qualification from 122 in 2023-2024, to 429 in 2024-2025. Future work involves exploring replication of this successful approach with colleagues delivering the Level 3 Occupational Therapy Support Agored Cymru qualification.

Level 4 Therapies Assistant Practitioner Qualification

The level 4 Therapy Assistant Practitioner Diploma was developed to support the development of Healthcare Support Workers in Band 4 therapy roles and to provide career progression. Launched in February 2022, this qualification was the first to be delivered in Wales in collaboration with University of Wales Trinity Saint David (UWTSD). Initially piloted in Hywel Dda, national roll-out progressed via a "Once for Wales" implementation, facilitated by strong representation from CTM AHP leadership. A Dietetic support worker from CTM joined the initial national cohort in September 2023, and a Physiotherapy HCSW will be joining the September 2024 cohort. The first of its kind, multi-professional learning content is essential for the training of our workforce as HCSW AHP roles working across multiple professions are a key component of our future workforce planning.

This Once for Wales approach will now be utilised to enable a provision of Level 3 education for the smaller professions (Dietetics, Podiatry and Speech and Language Therapy), who currently have no Level 3 training delivery models. This approach will initially focus on a Level 3 Rehabilitation Assistant qualification, again, vital to support training our workforce for the roles that they will deliver aligning to development of rehabilitation services for Long-term Conditions and Cancer Prehabilitation.

Pharmacy

Pharmacy Assistant Technical Officer (ATO) Development

A small number of pharmacy assistants have undergone the new HEIW Medicines Management training which will enable them to work at the top of their licence and be embedded in the pharmacy ward teams, releasing time for pharmacy technicians to upskill and the pharmacists to be using their prescribing qualifications, attending ward rounds, running clinics and taking up specialist roles. At sites where pharmacy assistants are in ward based teams using this qualification, there has been less waste, less dispensing and more time for pharmacy technicians to be counselling patients on their medications as well as attending services like cardiac rehabilitation (providing advice on medications traditionally delivered by pharmacists).

A number of pharmacy assistants have also undertaken "Access to" courses in Maths, English and Science which would enable them to apply for student pharmacy technician courses in the future.

On an All Wales basis, scoping is underway for ATOs to undertake an accredited checking qualification, releasing time for pharmacy technicians to work at the top of their licence and improving patient care.

In 2024, building links with Clinical Education, Pharmacy for the first time, accessed the HEIW HCSW funding for pharmacy assistants. This funding has been used for NVQ level 2 courses which is a GPhC regulator requirement for all staff working in pharmacy that are not registered with GPhC. It provides key knowledge and skills appropriate for the activities they perform and in the pharmacy setting that they work.

Post Graduate/ Post registration Education and Training.

The Clinical Education Service manages the education, training and development of registered clinical healthcare professionals including:

- Design and delivery of bespoke in-house education programmes to meet training needs e.g. New Registrant Nurse programme, education packages in response to Clinical Incidents e.g. Nasogastric training, Fluid Balance training
- Delivery, Management and co-ordination of Education pathways for Foundation Medical Trainees.
- Management of Health Education Improvement Wales Advanced Practice & Non-Medical Prescribing funding streams.
- Management of HEIW (HEIW) Nursing CPD allocation via University of South Wales.
- Recognition of Acute Deterioration & Resuscitation and Clinical Skills including advanced programmes accredited by the Resuscitation Council and Royal College of Surgeons.

Focus on Nursing post registration

The new Nursing and Midwifery Council's (NMC) Standards of Proficiency and Education for Registered Nurses were launched in May 2018. The new standards made significant changes to proficiencies for registered nurses, standards for preregistration programmes, and student supervision and assessment. The first cohort of the students registered in September 2023 and are working successfully in the Health Board.

Understanding the link between experience on placement and early years post registration development and retention into our registered nursing workforce, we offer a robust New Registered Nurse Programme (NRNP) for all graduate nurses employed within the organisation across all fields of nursing, which aligns with the Preceptorship that each new registrant should have in place. The programme is being reviewed to be aligned with the CNO Welsh Circular to include Preceptorship and Restorative Clinical Supervision from autumn 2024 onwards.

The PEF team and the Practice Development Nurses facilitate Student Streamlining (recruitment) events in the HEIs and also hold in-house events. Staff from the clinical areas are invited to these events to showcase their area, induction programmes and share development opportunities that would be available, as well as the day to day information needed about ward life. The PEF team have been working in collaboration with the newly appointed Attraction and Resourcing lead to review our streamlining events and maximise attendance from the clinical teams and also enhance the number of students recruited via these events. The updated events will be delivered in August 2024 and will be evaluated by both students and clinical staff.

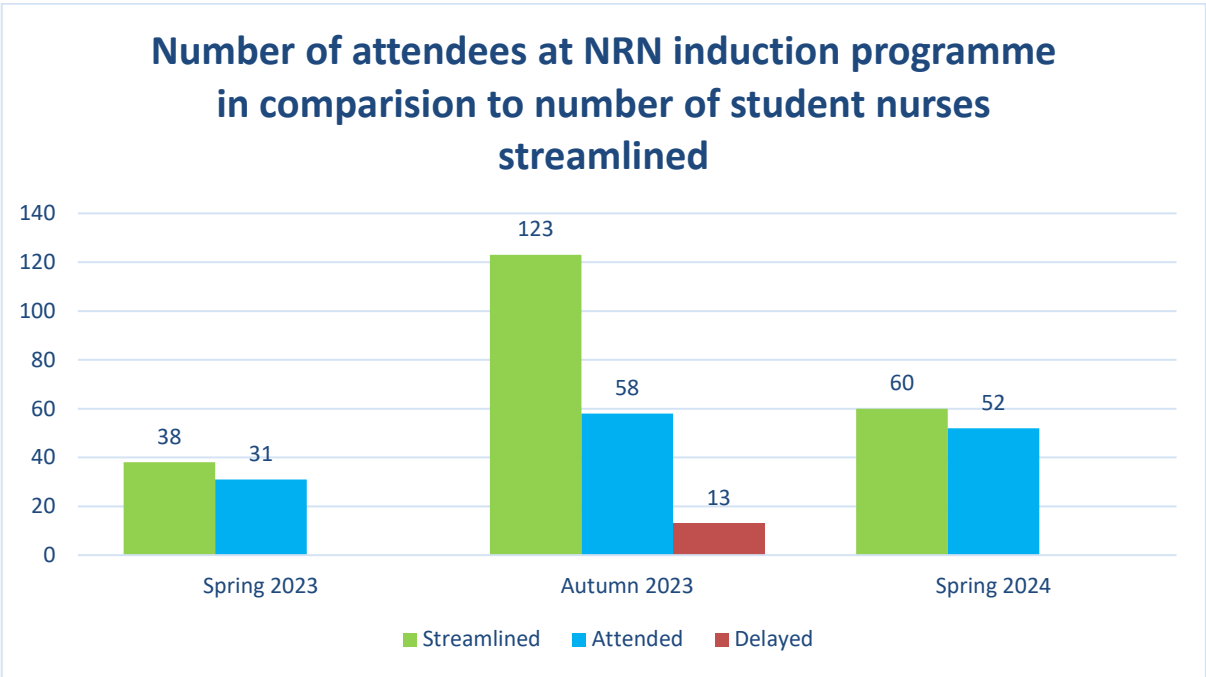


Figure 27

The Professional Development and Innovation Programme, is a 2 day course targeted for nurses in band 6 roles, focusing on developing their experience of management, leadership and innovation roles to consolidate preparation for the next phase of their careers. The programme is a valuable resource in supporting our Band 6 Nursing workforce, each programme is fully subscribed with an interest list for future programmes. To build on its success the team have delivered a similar two day programme for Band 7 registrants which was held in April 2024, more dates are planned for 2025.

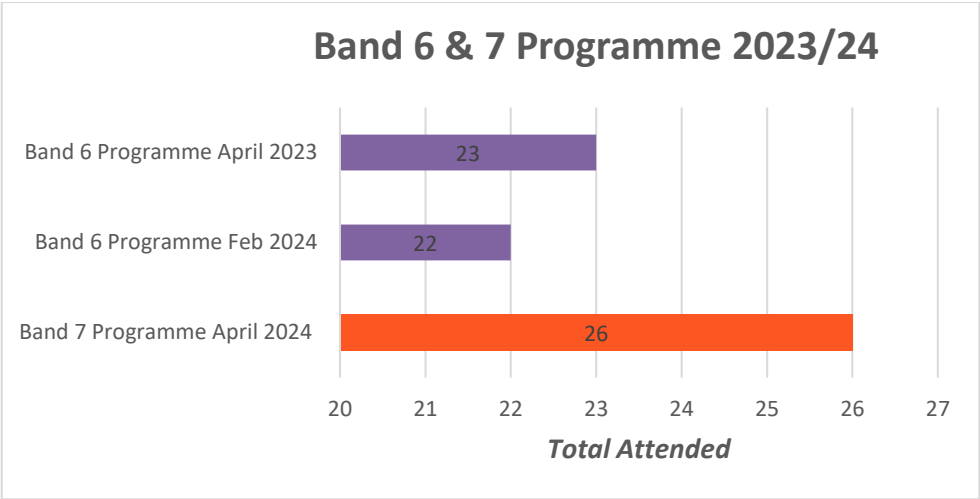


Figure 28

What is clear from the programme evaluations is the impact on agency and self-authorisation shown by the participants in offering their leadership through their roles and really making a difference, for colleagues, patients and their care.

The Practice Development Team have developed a number of nurse education days. Examples for 2023-2024 include

- Falls training- a one day course for registrants and HCSW, delivery included a session delivered by the Patient Concerns team to enable attendees to fully understand the impact of falls on complaints.
- It is intended to continue delivery in 24/25.

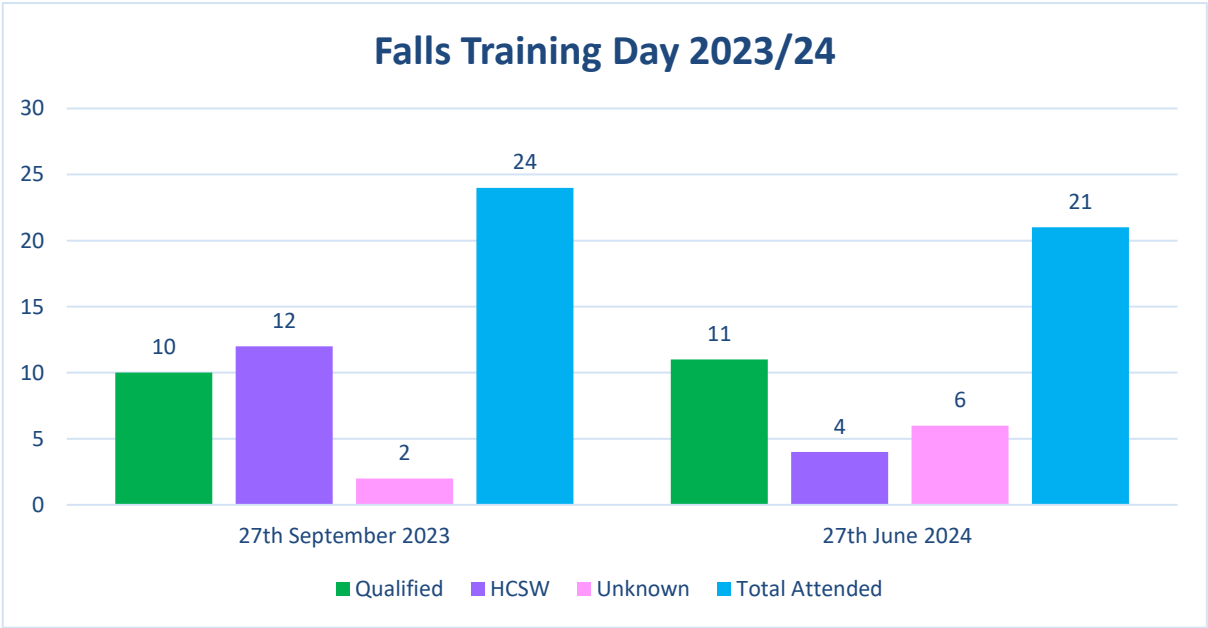


Figure 29

- 'New to Health Board' day- a one day programme for experienced staff who are new to the health board to ensure they are up to date with Cwm Taf Morgannwg values and behaviours, key policies and issues.

Other CPD Education Training arranged by PDN Team and delivered by subject matter experts included:

- Bereavement Care
- Medication Management
- Tissue Viability Team

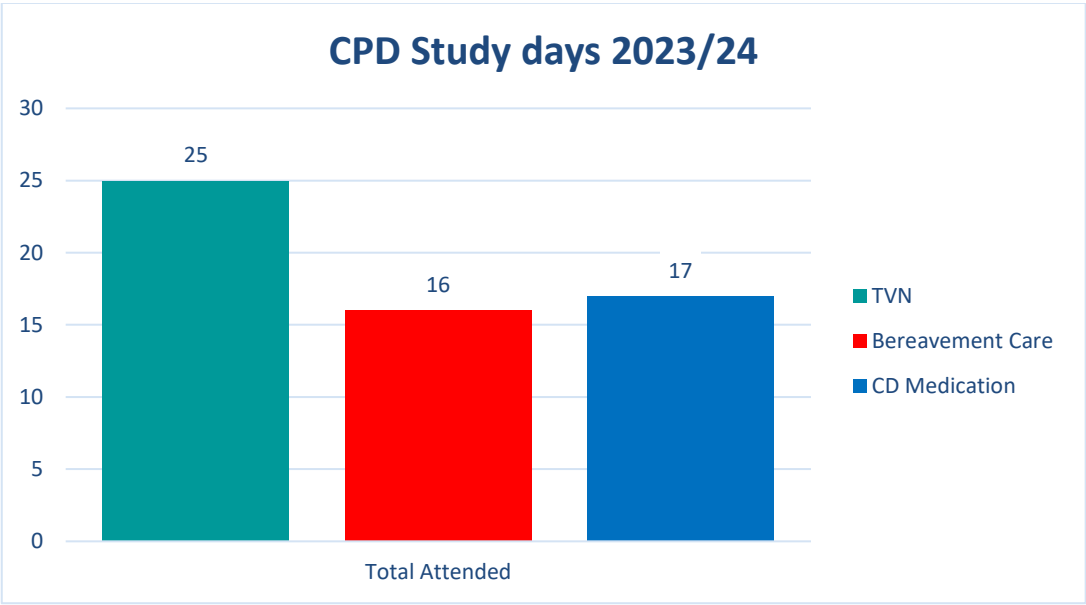


Figure 30

Two areas of particular focus in response to the CNO Welsh Circular in 2024 are Clinical Supervision training and preceptorship.

- Restorative Clinical Supervision- the CTM plan for implementation of Restorative Clinical Supervision has been submitted to the CNO and will be delivered from autumn 2024. The Practice Development Nursing Team are currently attending a RCS 'Train the Trainer Course' at Cardiff and Vale UHB in preparation to roll out a 3 day training programme that will be offered to Clinical supervisors across CTMUHB. All potential supervisors will need to complete an e -learning package via ESR prior to training. This All Wales package will be advertised via the Learning and Development Newsletter.
- Preceptorship -. The Nurse Education Team are reviewing the NRNP to ensure it is aligned with the Preceptorship standards issued via a Welsh Circular earlier in 2024 by the CNO. The first updated programme will run in autumn 2024 for our next group of new registrants.

Clinical Education Department is currently developing a webpage that will provide training information and showcase all courses Clinical Education department has to offer.

Focus on Medical Post Graduate

In Academic Year 2023/24 CTM UHB had a total of 83 Foundation Year 1 (FY1) doctors and 68 Foundation Year 2 (FY2) doctors starting their rotations across the three acute hospital sites. In addition, throughout the academic year, we held induction for 278 junior doctors as they started with the UHB. This induction covers corporate/legal requirements and site specific information.

Foundation training for FY1 and FY2 took place weekly on specific, regular times on each acute site. In addition we held frequent, speciality-related teaching and journal clubs through the year. We also continued with simulation afternoons for the FYs which proves to be very beneficial for the new curriculum. For junior doctors there is facilitated weekly teaching as well as ad hoc events and “Grand Rounds” for all trainees and consultants.

Our new AMD (Education) Dr Amanda Farrow is keen to provide more guidance and training for a wider cohort within the UHB. We are moving to focus on training and support for Educational Supervisors, as well as exploring how we can support our SAS and local employed doctors, a group with which we have traditionally not had extensive engagement.

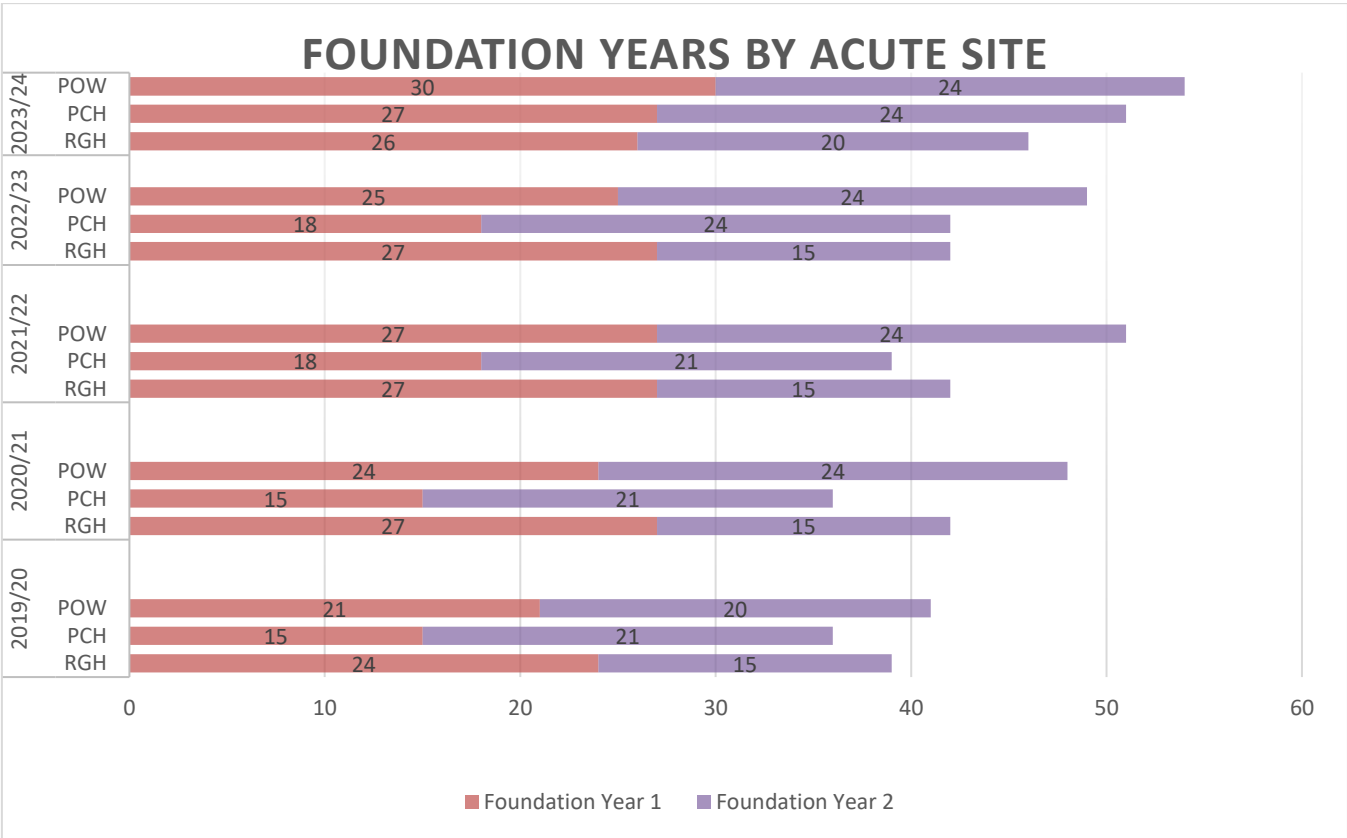


Figure 31

Performance

Performance is monitored via the HEIW Quality Unit. The HEIW CTM UHB “Risk register”, maintained by the Quality Unit, records areas of concern through a number of different data sources, most notably the General Medical Council (GMC) National Trainee Survey.

The sources of concern can range from anecdotal evidence, to formally recorded results on GMC surveys, and the scope of the “risk” from a single point of contact, to covering the whole health board.

The following table provides the GMC Survey overall satisfaction rates by element over the last five years. It indicates relative stability over the period, with some small movement in each direction.

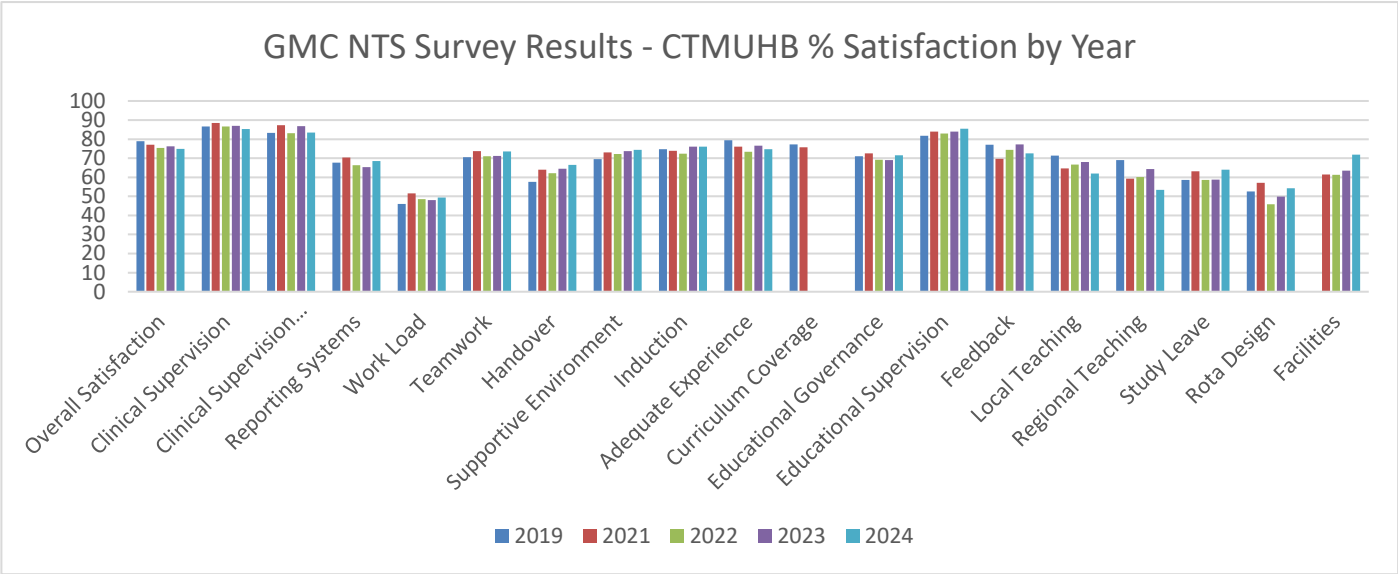


Figure 32

HEIW formally review risk position with the health board 3 times a year, operating on a traditional traffic light system. The current version of the risk register (August 24) has 19 risks (23 in Sept 2023) with 6 being removed since Sept 23 and 2 being added. The Associate Medical Director (Education) and the Clinical Education Manager continue to tackle each individual risk, liaising with trainees and trainers as required, collecting and collating feedback and assisting Care Group service areas with the development of action plans. The matrices below show the risks from July 2023 to July 24.

Care Group Matrix

		July 23	July 24
RED RISK High Risk	Unscheduled Care	2	2
	Planned Care	1	3
	Mental Health	1	0

	Woman & Child Health	0	0
	All Care Groups	0	0
	GP	0	0
ORANGE RISK Medium Risk	Unscheduled Care	3	1
	Planned Care	6	4
	Mental Health	0	1
	Woman & Child Health	2	1
	All Care Groups	1	1
	GP	2	3
YELLOW RISK Low Risk	Unscheduled Care	1	2
	Planned Care	2	0
	Mental Health	0	0
	Woman & Child Health	1	0
	All Care Groups	0	0
	GP	1	1
	TOTAL	23	19

Figure 33

Specialty Matrix – Movement since July 23

	July 2023	July 24	Score rating movement
HIGH RISK	TP256 Emergency Medicine- PCH TP487 Surgery – PCH TP544 General Internal Medicine – PCH TP361 Psychiatry – All	TP256 Emergency Medicine- PCH TP487 Surgery – PCH TP544 General Internal Medicine – PCH TP160 General Surgery – RGH TP590 General Surgery –POWH	↔ ↔ ↔ ↓ ↑ ↑
MEDIUM RISK	TP483 Paediatrics – POWH TP531 Diabetes and Endo - POWH TP078 Ophthalmology –RGH TP160 General Surgery – RGH TP484 General Internal Medicine – POWH TP319 Multiple Specialties - All TP575 Intensive Care Medicine - POWH TP523 Otolaryngology – RGH TP581 General Internal Medicine - RGH TP589 GP Llynfi Surgery TP590 General Surgery –POWH TP592 Paediatrics – PCH TP593 GP Parc Canol Surgery TP316 T & O - PCH TP610 GP- Western Vale TP800 Organisational Change - All	TP361 Psychiatry – All TP483 Paediatrics – POW TP078 Ophthalmology –RGH TP484 General Internal Medicine – POWH TP575 Intensive Care Medicine - POWH TP523 Otolaryngolog – RGH TP589 GP Llynfi Surgery TP593 GP Parc Canol Surgery TP316 T & O - PCH TP610 GP- Western Vale TP800 Organisational Change - All	↓ ↔ ↓ ↔ ↑ ↔ REMOVED ↔ ↔ ↓ ↔ ↑ REMOVED ↔ ↔ NEW RISK NEW RISK
LOW RISK	TP245 Obs & Gynae – RGH/PCH TP318 T & O – RGH TP545 GP – PCH TP546 – Geriatric Medicine - RGH TP548 Acute Medicine – PCH	TP531 Diabetes and Endo – POWH TP581 General Internal Medicine - RGH TP545 GP – PCH	↓ ↓ REMOVED REMOVED ↔ REMOVED REMOVED

Figure 34

Dental Education

As previously reported, in April 2023, Clinical Education, with HEIW's agreement, took on the responsibility for managing Dental PG within the Health Board. This involved assuming responsibility for managing Unit 3 Dental PG in PCH and the associated staff.

The staff continue to be integrated into the wider department to ensure that they have formal frameworks and policies within which to operate, and to secure adequate support for the activity. They now attend all-staff development days and utilise some bespoke IT systems (e.g. booking system).

Bespoke Education and Training activities

The Teaching skills for Doctors Course is an in-house development which has been so successful that an additional course was commissioned by HEIW. The course now runs least twice a year and, with HEIW, we are investigating the possibility of franchising the course elsewhere.

The annual Teaching and Educators Development Conference (TED) was held in POW on the 28th of July and was again opened out to all health-care professions and enjoyed a multi-professional audience providing rich and diverse learning opportunities. Over 110 delegates attended with talks and workshops given with members of CTM UHB staff (CTM Improvement and the Clinical Teaching Fellows), as well as guest speakers including Dr Huw Williams (Cardiff University) and Dr Katie Webb (HEIW). The feedback from the event was excellent.

Health Care Sciences

Six members of Pathology Staff are currently undertaking Top-Up modules i.e., Graduate Certificate in Biomedical Sciences. The six staff members are a range of staff members including Trainee BMS and Health Care Support Workers. This education opportunity is possible due to success in obtaining funds from HEIW's equivalence funding.

A number of Biomedical Scientists successfully completed IBMS Registration Portfolios successes and Specialist Portfolios.

Two band 6 staff completed post graduate echo modules in Swansea University alongside completing the internal 18-month training programme and have successfully passed the first part (written exam) for BSE accreditation

Pharmacy

Foundation Pharmacists:

18 foundation pharmacists on 3 acute sites across the health board undertook the HEIW multi-sector trainee pharmacist training programme in 2023/24. The GPhC introduced changes to the Initial Education and Training of Pharmacists in 2021 with pharmacists on the 2025/26 cohort qualifying as Independent prescribers. Curriculum updates to the multi-sector training programme have been undertaken in 2024 which Jane Hardwidge and Rhian Carta have been stakeholders on a national level. The new curriculum will be piloted for 2024/25 in readiness for 2025/26. Currently there are two Training Programme Director roles funded on a weekly sessional basis by HEIW who are responsible for the running of the multi-sector programme and the quality management of it.

Currently within the health board, Pharmacy maintains a register of prescribers and each prescriber on an annual basis completes a declaration that they have completed CPD and are up to date with their scope of practice as well as declarations to any expansions of scope of practice. It would be up to their manager to ensure the CPD they undertake is commensurate with their role as an IP. Any information submitted is annotated on the register annually.

Post-Foundation Pharmacists

Post-registration Foundation pharmacists (PRFP) are the next phase on the pharmacist training pathway CTMUHB. Recruited annually the PRFPs are employed via a 2 year development contract undertaking further study in post registration qualifications. The qualifications previously undertaken have been the Cardiff University Clinical diploma of which 7 pharmacists completed in July 2024. From 2023, a new programme has been funded by HEIW, the Post Registration Foundation qualification. Six pharmacists are currently undertaking this qualification with another two pharmacists undertaking distance learning clinical diplomas with Queens University Belfast.

Continuing Professional Development Education and Advanced Practice

It is absolutely essential that continuing education for all staff is aligned to and centred on patient care and service developments.

Focus on Nursing

CTMUHB and the University of South Wales (USW) continue to have an excellent partnership and team approach ensuring that the educational requirements of practice are met with the academic infrastructure of the University.

Clinical Education manages utilisation of a Nursing CPD contract with USW for continuing post-registration education for nursing and midwifery. The equivalent of circa. 340 module places per annum have been available via an internal application and allocation process. This contract is funded via HEIW. Clinical Education will continue to work with the USW to develop modules and educational courses which are tailored to support specific service change across the organisation.

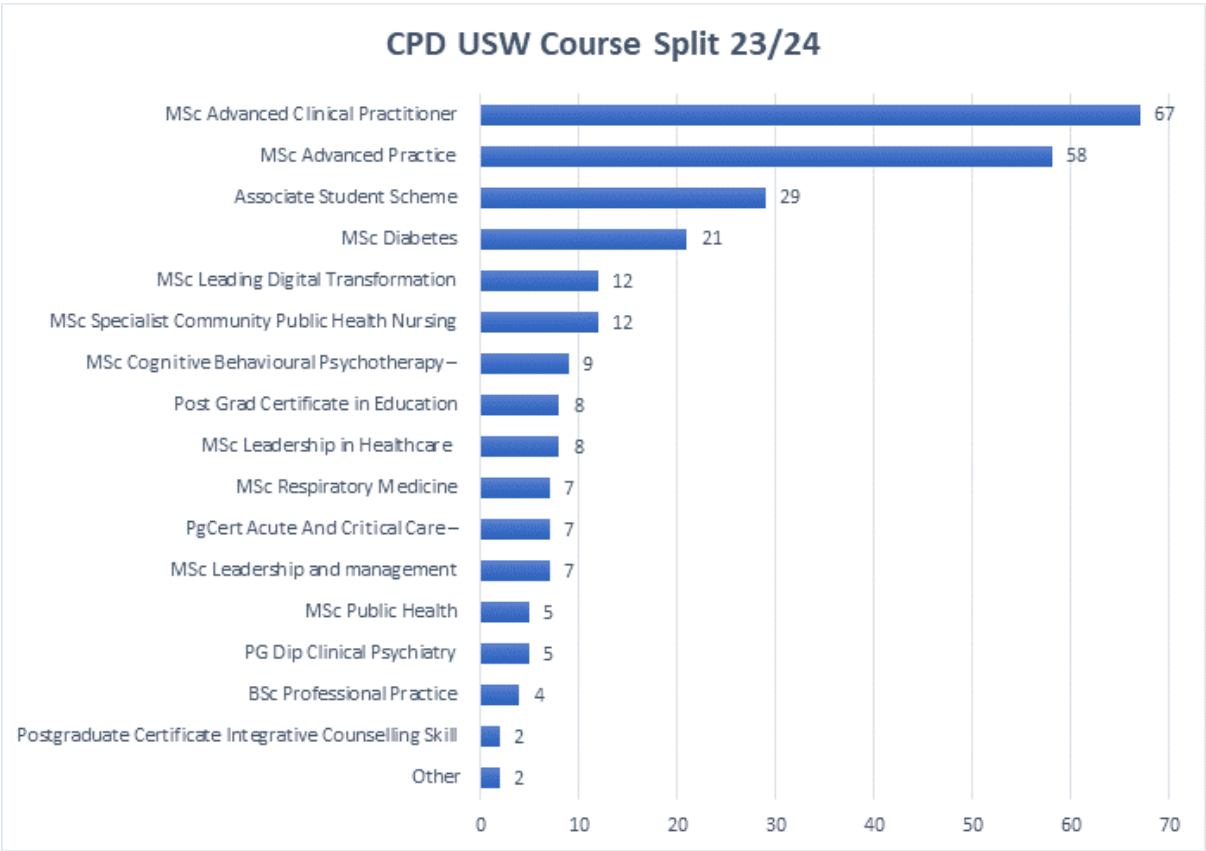


Fig 35 CPD USW Course Split 23/24

Focus on Multi-Professional Advanced Practice

Welsh Government via HEIW continue to invest in health professional education by providing annual funding for *Advanced Practice & Extended Clinical Skills*.

The funding provided by HEIW is to supplement our local investment to ensure that the appropriate staff can access the educational requirements as identified in our Integrated Medium Term Plan (IMTP), in terms of advanced practice/extended skills education requirements and Independent Prescribing programmes. This funding is utilised across our organisation and is inclusive of nursing, AHPs & healthcare sciences. There is a separate funding stream for Pharmacy advanced practice and prescribing. In 2024 close links with the newly establish Primary Care Academy have been established.

The allocation is informed by an annual CTMUHB Education Commissioning return including undergraduate and advanced practice education requests. HEIW notifies the UHB of its Advanced Practice and Independent Prescribing allocation between April and May each year the allocation is split across primary and priority areas in acute care settings.

Advanced Practice allocation is agreed via a multi-professional Allocation Group and managed via Clinical Education. All applications must describe the intended service impact to be achieved as a result of the educational request. We meet requests flexibly across both Advanced Practice and Nursing CPD funding streams where appropriate to maximise access to funding for all health care professions and to enable optimal use of resources. For 2023/2024 the HB was allocated £189k split equally between primary and acute care.

Targeted funding also allocated to specified areas including:

PG Cert for Critical Care, Medical Ultrasound, Reporting Radiography, and modules in Genomic Medicine & Child/Adolescent Mental Health. In addition there was funding to support the Mental Health Workforce Plan which was managed independently by the Mental Health team

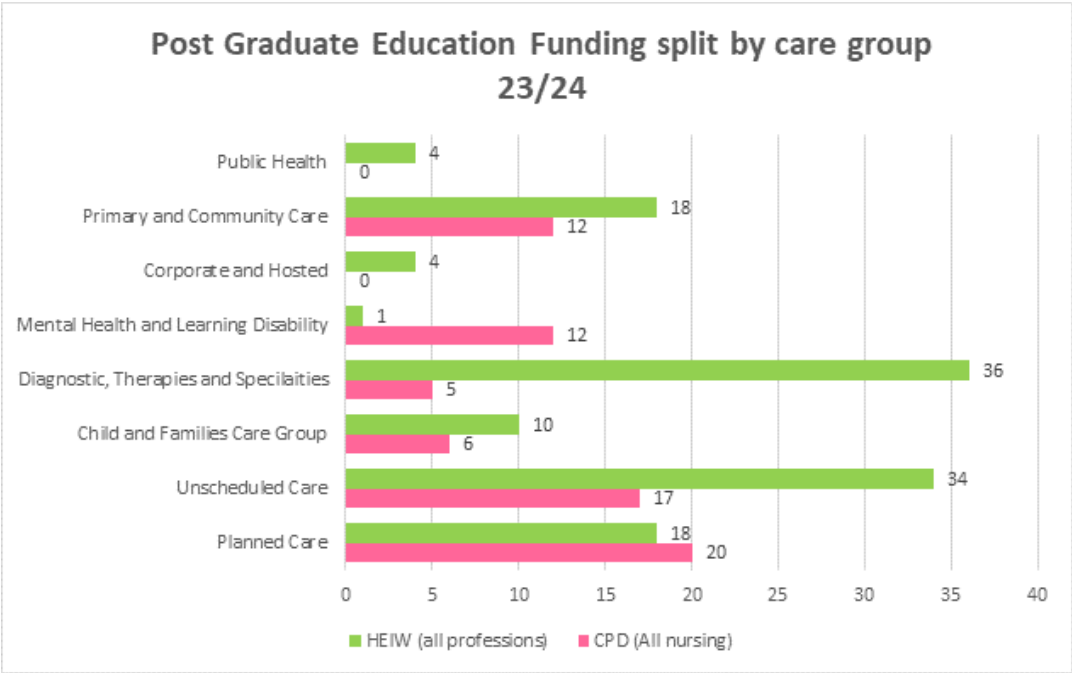


Figure 36

Out of the 37 Independent Prescribing places HEIW funded only 25 were filled in 2023/2024, 4 out of 9 Non-Medical Authorisation of Blood Transfusion (NABT) places offered in Swansea University were filled. All funded places continue to be available to nurses, midwives and AHPs and HEIW funded places for Independent Prescribing 2024/25 have fallen.

Pharmacy Independent prescribing places are allocated directly to the pharmacy department

Practice Specific Funded training places, including Child and Adolescent Mental Health, Critical Care, Medical Ultrasound and Reporting Radiography are showing improved uptake.

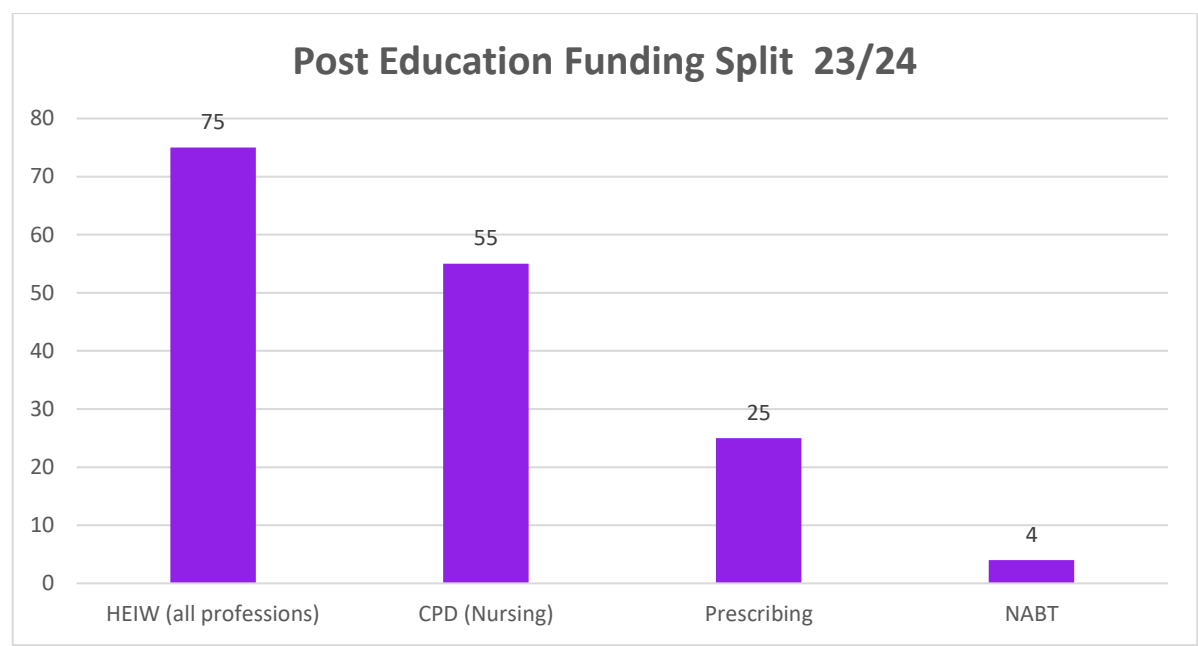


Figure 37

To reflect the organisational restructure work is being undertaken to record advanced education uptake by Care Group for future reports.

Allied Health Professions

Post-registration training will ensure the development of the AHP workforce in line with The Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales. <https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework>

Post-registration education

AHPs continue to access HEIW funding for education in relation to extended roles and advanced practice. Programmes include Advanced Clinical Practice, Advanced Healthcare Practice, Dementia Studies, Occupation and Health and Leadership and Management in Healthcare. Learners also receive funding to study a level 7 module, again portfolios are varied, including work-based dissertation modules, knowledge and skills relevant to specialist roles, research methods, leading effective teams and transforming care and service through leadership.

Impact of HEIW funding for Advanced and enhanced Practice 2023-2024

CTM are the only Health Board to have undertaken a multi-professional evaluation to capture the impact that accessing funded post-registration training has had on our staff and the delivery of patient care.

Nursing, pharmacy and AHP collaborated to create a survey, administered via MS Forms. The line managers of learners who completed a stand-alone module or a full Masters programme by March 2024, were asked to support them in completing the survey.

The evaluation was completed by 26 learners, a low response rate of 23%, so future work will include setting an expectation that learners complete an evaluation when they are sent their funding letter.

The survey captured impact in terms of the learners' roles and upon them as individuals. Headline results include:

96 % of respondents said that the learning supported development of their specialist practice.



Figure 38

62% of respondents said that the learning had enabled them to influence service change

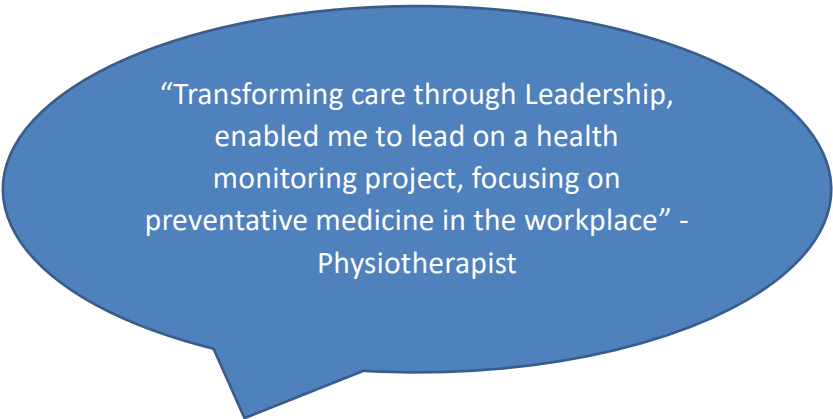


Figure 39

In relation to feedback in relation to their individual experience, 96 % reported a positive impact on their professional confidence, and 92 % responded positively in relation to feeling valued and the impact on their job satisfaction.

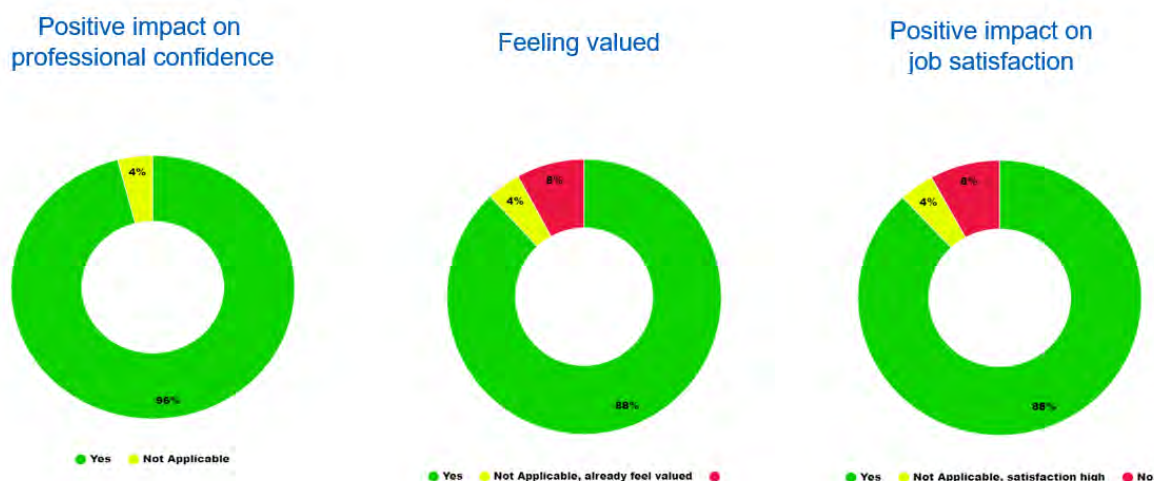


Figure 40

The results have been shared with HEIW, and the plan is to undertake this evaluation annually.

Health Care Sciences Advanced Practice

The Medical Device Training manager has been working in collaboration with other UHB Medical Device Trainers to successfully develop and implement medical gas training course to be available via ESR which will improve compliance and competency in the safety of delivering treatment to patients and reduce the time away from clinical setting to achieve the training requirements.

One radiographer is currently in the 2nd year of MSc in Leadership and Management.

One HCS obtained ILM level 7 Diploma in Leadership and Management.

CTM collaborated with USW to provide a dedicated leadership course for both AHP and HCS leads.

One breast radiographer is attending an Ultrasound course is at St George's University of London, post-graduate module in breast ultrasound.

Priorities for 24/25

- To support Level 4 learners to complete qualification in order to access part-time HCS degree.
- Continue to support current BMS staff to achieve Specialist portfolios.
- Support HCSW onto the equivalence courses to top up their non-accredited degrees.
- To capitalise on funding opportunities from HEIW for STP equivalence funding
- Development of a level 3/4 apprenticeship programme specific to Neurophysiology in Wales

Risks

- Lack of resource/capacity to undertake training.
- Lack of part time degree scheme in audiology.
- Challenges with current workforce pressures to support training
 - e.g. Radiology - MRI reporting – Compelling case to progress radiographer reporting in MRI, potentially saving hundreds of thousands of £'s per year in outsourcing/insourcing. Unfortunately, the Radiologists are not able to support the training due current vacancies and workload.

Pharmacy

CTMUHB Pharmacy secured approximately £27k of Advanced Practice funding via HEIW. The funding was used for a clinical infection course, distance learning postgraduate diplomas, postgraduate certificate in Psychiatric pharmacy, MSc in Clinical Geriatrics, BTEC Level 4 Bradford Clinical diploma, Level 4 Procurement qualifications for pharmacy technicians. Benefits of AP training can be seen in Appendix 3

Following COVID and ensuring our workforce are upskilled in the ICU setting, a number of staff (pharmacists and pharmacy technicians) have undertaken or are undertaking UK Clinical Pharmacy Association (UKCPA) ICU training to provide specialist clinical pharmacy service in ICU setting and ensure workforce is prepared for any future pandemics.

Independent Prescribing Activity

A workforce mapping exercise was undertaken in late 2023 across secondary care, primary care and the prison. This exercise was the first one undertaken across Medicines Management and provided baseline figures to create a gap analysis to target training. Analysis of the data has been undertaken for secondary care pharmacists particularly looking at Independent prescribing (IP) status. With the changes to the Initial Education and Training Standards for Pharmacists and trainee pharmacists registering as IP in 2025/26, there is a need for pharmacists who have 3 years recent prescribing experience and been prescribing within their scope of practice to act as Designated Prescribing Practitioners (DPPs). DPPs supervise the trainee pharmacists, or other health care professionals during their IP course and provide sign off on their competency to prescribe. It is also essential that existing staff working in clinical, patient facing roles have the opportunity to complete the IP qualification.

The analysis showed that 67% of Band 7 pharmacists and above in patient facing roles are using IP. Those without IP in a patient facing role are either undergoing training or due to undertake training. Funding for the training is through HEIW funding and both the Band 6 HEIW post registration foundation course and the distance learning diplomas offer the IP course in the second year. It is therefore expected that this number will increase significantly in the next year. Findings at the time confirmed that 23 pharmacists across 3 acute sites met the requirements to act as a DPP.

Support for Pharmacists acting as DPPs

Royal Pharmaceutical Society are providing some training which comes with a cost. One member of staff enrolled on the RPS training currently and will feedback. Plan to start up

CTM Pharmacy peer support group for DPPs with intention of providing support and advice for those undertaking the role. Providing these resources will hopefully encourage other pharmacists to undertake this role in the very near future as well as support with the governance around the role.

Advanced Practice Board Activity

The Advanced Practice Board has been developed to support the growing numbers of Advanced Clinical Practitioners within our organisation across both primary and secondary care. The aim of the board is to recognise and raise the profile of Advanced Clinical Practice and more importantly provide governance around these roles. The board comprises of multi-professional representation from clinical practice (lead ACPs), and assistant directors from education, work-force development and corporate nursing, and has executive director involvement. Over the last year, the board has enabled several supportive developments, which include:

Advanced Clinical Practice Portfolio workshops-which provide an opportunity to work through the requirements of developing a portfolio of evidence that supports the desired criteria under the four pillars of Advanced Practice as outlined in the Enhanced, Advanced and Consultant Multi-professional Framework (2023) (4). Clinicians are, provided with an opportunity to discuss the type of evidence required to support their level of practice and are, provided with on-going support through a buddy system to develop the desired portfolio.

Advanced Practice (AP) Celebration Panel – on completion of a portfolio, the ACP has the opportunity present their role and portfolio of evidence to the panel. An evidence matrix is completed prior to the panel event to outline and support the level of practice presented within the individual's portfolio. To date there have been five AP celebration panels all of which have provided an opportunity for the health board to recognise the value that the ACPs bring to services they work in. The panel has also supported the individual ACPs to feel empowered to move forward with innovations within their own practices.

Enhanced, Advanced and Consultant (EAC) CTM wide forum- a health board wide forum has been developed, to support all those that sit in Clinical Specialist (CS) and Advanced Clinical Practitioner roles. It provides an opportunity for networking across all services, primary and secondary care, share good practice and receive updates locally and nationally around EAC development.

Enhanced, Advanced and Consultant Celebration event- an event has been organised for the 29th November. All those who have attended AP celebration panel will be, formally recognised for their achievements.

Development of new ACP role- the board also provides advice and support relating to new ACP role development with the health board; job planning, required education, clinical mentorship, appropriate leadership. In addition, the board is encouraging the use of the All Wales Generic JDs and associated scope of practice for Advanced Clinical Practice for all new roles. Note trainee roles will now be band 7 with an annex 21 applied to support the period of training.

Level 7 education (Clinical MSc) –the board has stipulated that services must have a clear plan in place to support staff undertaking MSc AP in trainee roles with a view that roles are required within the service going forward.

Advanced Clinical Practice Share-point- A Share-Point for ACP has been developed and can be accessed via the intranet. The space houses all relevant CTM and national guidance/documentation relating to Advanced Clinical Practice.

Developments in progress:

- Guidelines to support CPD time for those in clinical roles (ACP and CS).
- A review of the PDR documentation, aiming to create a document that supports the development of those in ACP and CS roles in line with the 4 pillars of Advanced Clinical Practice alongside the need to support well-being. The document will aim to support the transition from Enhanced to Advanced level practice for those individuals wishing to progress along this pathway.
- Common foundation training programme for new ACPs –this will enable the growth and development of ACPs who will have the opportunity to work within a given speciality but grow a broad set of skills and knowledge in their initial 3 years of training. Post the common foundation phase ACPs will then be provided opportunity to develop skills and knowledge within their given speciality following credentialing pathways e.g., RCEM, HEE older persons, palliative care, acute medicine.
- Developing guidance around Treatment Escalation Planning (TEP/DNACPR) discussions and validation by ACPs, Clinical Specialists and physicians. Revision of Verification of Death Policy to support training via E-learning and competency sign off via a one off OSCE for all clinicians.

Acute Deterioration, Resuscitation and Clinical Skills

Organisational governance around resuscitation and acute deterioration has been further developed and aligned. The overarching CTMUHB RADAR Committee (Recognition of Acute Deterioration and Resuscitation) is responsible for the strategic management of all Resuscitation related issues within the Organisation, supporting the provision of appropriate and effective patient care through implementing operational policies governing the prevention of cardiac arrest and those governing cardiopulmonary resuscitation, practice and training. This approach brought together a number of work streams in order to reduce avoidable mortality and morbidity by improving the function of health board systems that enable early recognition and treatment of deteriorating patients, and cardiopulmonary resuscitation.

It is chaired by the AMD for Quality and Effectiveness on behalf of the Medical Director with a Consultant appointed as the Clinical Lead. In the recent organisation restructure the Lead post for Acute Deterioration (which commenced in January 2021) is now the Senior Nurse for Acute Deterioration and Outreach and established in the Planned Care Group. This has enabled a structured and unified approach across Cwm Taf Morgannwg University Health Board (CTMUHB) in the identification, escalation and response to the acutely unwell patient.

This group reports directly to the Executive Leadership Group, via the Medical Director with links to the Quality & Safety Committee

The work of this governance structure is directly supported by the Assistant Director of Clinical Education, the Lead Nurse for Education and the Resuscitation & Clinical Skills team.

Resuscitation Department

Changes and Enhancements in Training and Governance.

Over the past year, significant departmental strides have been made to enhance the quality and accessibility of training across our learning organisation. The department has transitioned the majority of our external courses to midweek delivery to accommodate participants and improve attendance.

Over April –September 2024 the department delivered additional capacity training for Basic Life Support (BLS), this initiative was offered to increase compliance rates for mandatory resuscitation training across Care Groups. At the same time a refresh of the Train the Trainer approach was undertaken to enable the Care Groups to become self-sufficient for Basic Life-support training.

Governance, safety and training has been successfully embedded into HMP Parc Prison, enhancing the standard of care and preparedness within the Prison environment. The department have also prioritised sourcing new defibrillators for community sites, along with joining the National Cardiac arrest Audit (NCAA) to ensure the Health Board was represented nationally in order to improve patient outcomes, benchmark nationally along

with quality improvement. This has been much appreciated and valued by the Senior Team at Parc Prison and our Health Board Primary Care Team.

Partnership and Collaboration

The department has continued to strengthen their partnership with medical teams across the organisation and collaboration has been pivotal in organising and facilitating cardiac arrest 'Team Huddles' and debriefing sessions following urgent calls. These sessions provide an opportunity for teams to reflect on their performance and identify areas for improvement.

The department has also established Cardiac Arrest Review Meetings (CARM) in partnership with the Outreach and Acute Deterioration Lead. These constructive meetings are essential for analysing cardiac arrest forms and patient notes, allowing us to identify any missed opportunities that require further escalation. The findings from these reviews are used to prepare evidence for Rapid Reviews and scrutiny panels, ensuring accountability and continuous improvement in our practices.

Continuous Improvement and Auditing

Our team remains dedicated in supporting best practices in responding to cardiac arrest calls. By attending calls, auditing incidents, and investigating Datix queries, we proactively identify areas for improvement and training needs. As an example, we have revised the cardiac arrest audit form, which now provides a clearer trail of decision-making and highlights specific areas requiring enhanced training.

Collaboration with the Pharmacy Department

Work has been undertaken in partnership with the Pharmacy Department to standardise and update 'green drug boxes' across our Community Hospitals and Clinics. This initiative is crucial to ensuring safe and effective medication administration for patients and is expected to be completed by the end of 2024. Additionally, working with Pharmacy the emergency drug box and cardiac arrest drug box as part of the Resuscitation trolley/equipment has also been standardised and condensed in accordance with medicines management compliance.

Training Delivery and Compliance

The Resuscitation Service continues to deliver mandatory life support training from Level 1-3 for CTMUHB, Powys HB, and all local GPs and Dentists. Our department is also a leading National provider of Level 4 Advanced Resuscitation Courses for Adults, Paediatrics, New-borns, and Trauma. These courses are offered on an income-generation basis, with both internal and external faculty contributing to their delivery.

Further information and activity and impact data can be found in RADAR annual report

Pilot 'Care Conundrum Escape Room', 21st August 2024

The Nurse Education Team, with support from the Resus Team and Acute Deterioration Lead developed and facilitated a pilot 'Care Conundrum Escape Room'. It was aimed at third year nursing and midwifery students. The 'escape room' was made up of 4 bays, the first bay representing a community setting which then followed the patient journey from admission to hospital and then deteriorating with Sepsis. In the final bay the students are asked to help with a cardiac arrest. This simulated learning environment allowed the students to practice and explore their assessment skills using a variety of assessment tools such as Community News, NEWS and MEOWS, wound assessment, identification of the deteriorating patient, female catheterisation skills and an opportunity to practice Basic Life support. Communication and leadership skills were developed along with an opportunity for interprofessional learning. A variety of riddles and games brought it all together to ensure the students learnt through this innovative simulated environment. The students completed an evaluation. Comments included below:

I really enjoyed this session, it is a really fun way of learning new skills and improving prior knowledge.

The pace of the event was good, and it was good to interact as a group.

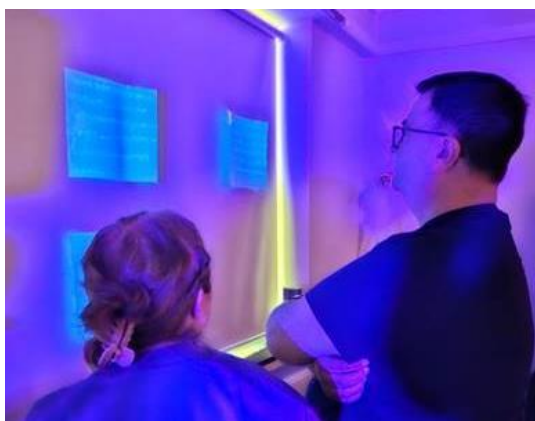


Figure 41

Libraries and Knowledge Management.

Library Usage

There are dedicated Libraries on each of the acute sites operating 24/7 access for our staff and students, to our literature collections; journals and books both electronic and physical and quiet study space with IT access & printing. Our specialist librarians are also available for help and support including literature searching, reference sourcing and critical analysis skills. Our libraries are an important part of our health board activity. The following data visualisations provide the detail of the usage of the library resources over the last 5 academic years and indicate that although there an increased use of online support, footfall within the library spaces is on the upward trajectory, and has surpassed the levels experienced prior the pandemic.

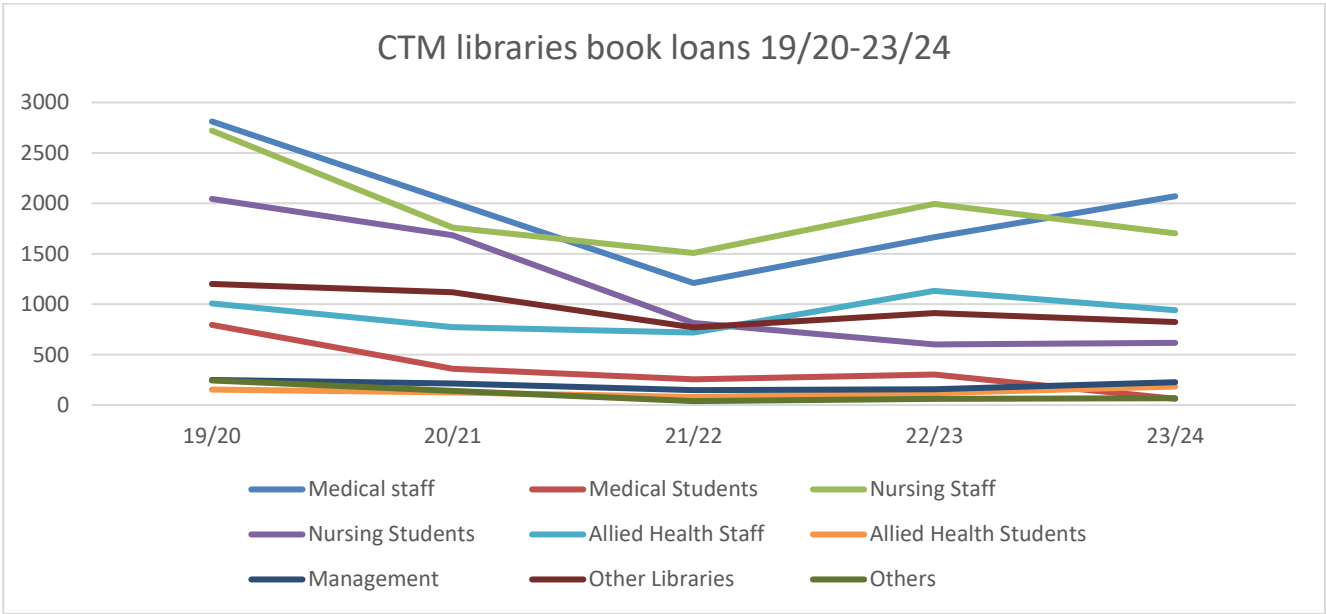


Figure 42

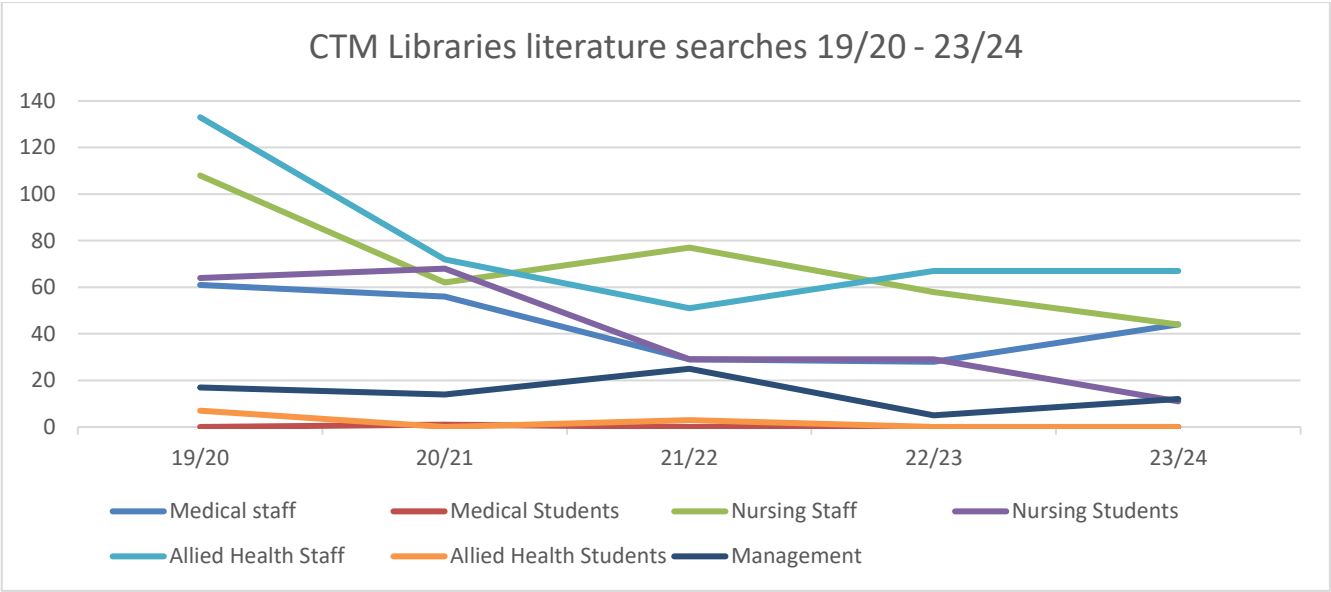


Figure 43

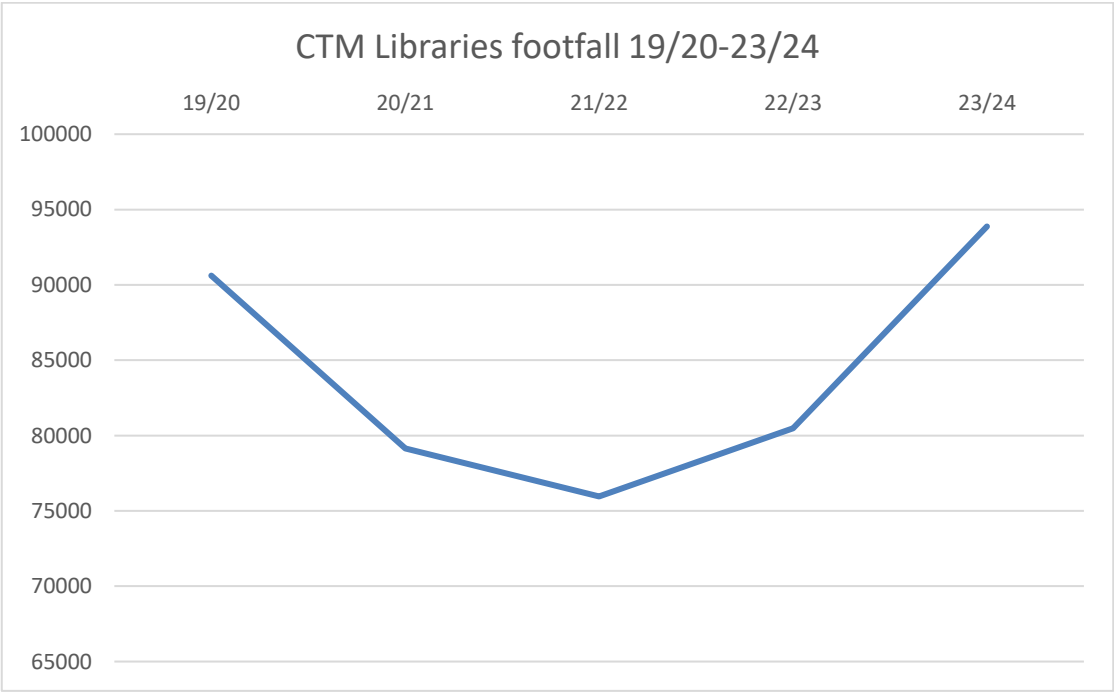


Figure 44

Staff Development

A number of online training courses have been made available to Library staff by the NHS Wales Library network. These have ensured that as a service we remain up-to-date with changes and new technologies. Some of the topics covered include:

- An update on UpToDate
- QlikSense
- Human Factors
- AI

- Customer Journey Mapping
- How can we trust what we read?
- Ned Potter's presentation skills
- Literature searching sessions
- Live literature searching sessions with LSTF
- How to publish an article

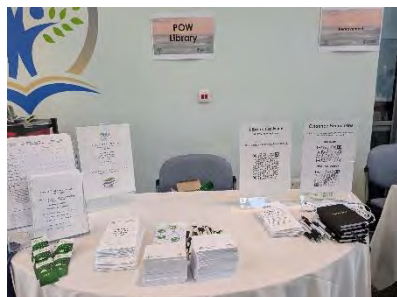


Figure 45 Library stands at the medical induction August 24

UpToDate

Access to UpToDate has been purchased for another year, this is the final year of a three year contract. A brief evaluation was conducted across CTM and 77 responses were submitted. In the evaluation, the majority of respondents used Up-To-Date at point of care (64%) and for CPD (16%). 96% have put learning from UpToDate into Clinical Practice and 96% also felt UpToDate had improved their knowledge on a condition/treatment. In total, 99% found it either "very useful" (90%) or "somewhat useful" (9%). Respondents (85%) felt that UpToDate had resulted in an efficiency saving for the Health Board. Around 94% recommended that CTMUHB renew the subscription UpToDate. A full tender exercise will need to take place for its renewal next year.

'As an acute medicine consultant who needs to maintain current knowledge of a large range of different medical problems I find UpToDate extremely helpful. I use it at least a few times per week to gain accurate and concise summaries of unfamiliar problems.'

'Excellent review on the evaluation and management of hypomagnesaemia. Used to inform the therapeutic approach for a patient with refractory hypomagnesaemia. Generally speaking, UpToDate is an essential resource that provides quick access to authoritative reviews of clinical topics.'

'In an environment of limited time UpToDate is a tool that has all relevant information in an easy to access format. It has helped in many many areas including patient care, complaints, teaching and many others'

In order to maximise usage of UpToDate a concerted effort has been made to increase usage among the nursing staff. A number of presentations were made to nursing networks

across the Health Board and to the Clinical Education away day, with the assistance of Sophia Bourne from UpToDate. The response has been overwhelmingly positive.

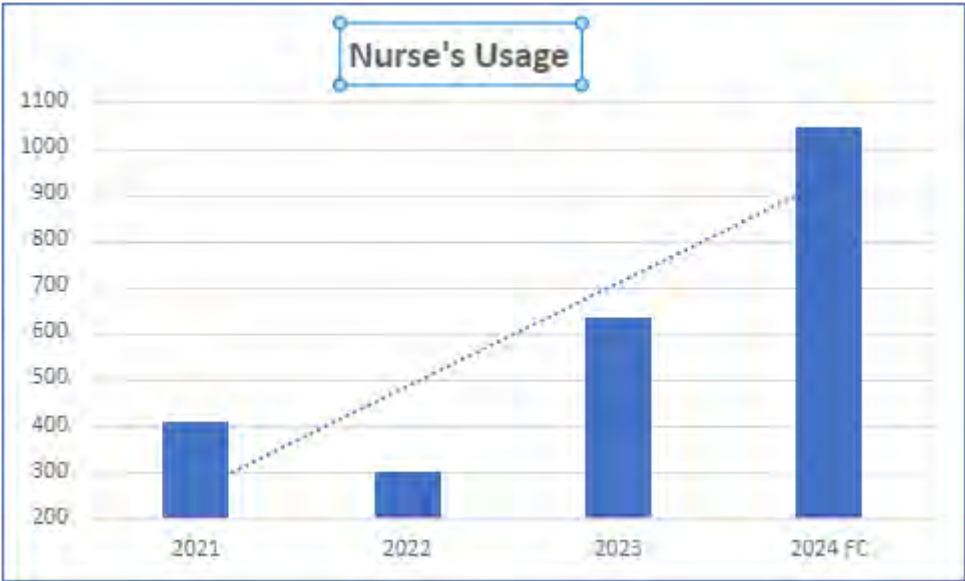


Figure 46

Source: UpToDate

Stock Review

At RGH a large stock review has taken place to ensure the collection is kept up to date. Stock has been reviewed, removed and newer up to date titles have been purchased. A book 'give away' was arranged for the titles that have been removed.

Supporting Innovation

CTM libraries were invited to join the innovation team at 'The Hub' to provide a session for the team on 'Using the Library' and 'Critical Appraisal'. Library staff and a stand were also present at the recent iCTM showcase. These were great opportunities to highlight how the library services can support innovation within the Health Board and they have generated some interesting literature searches!

CTMUHB Pharmacy Research Community of Practice event

CTM libraries were also invited to present at this event that was held down in Cardiff Met. It was lovely to hear about the great work that's going on in CTMUHB Pharmacy and at how supportive the department is when it comes to staff doing research in their roles. There were representatives of the R and D Department speaking about getting started in research and also Paul Gimson, CTM's Assistant Director of Improvement Culture Capability and Delivery, discussing the culture of quality improvement. It was a great chance to build relationships with pharmacy colleagues and has also resulted in some challenging literature

searches! It is hoped that library service representatives will attend any future community of practice events.

CTMUHB networks

The library staff have been busy supporting various staff networks. The sites got decorated for Pride and staff took part in the various LGBTQ+ awareness sessions to highlight what we do to support Health Board staff and provide safe, respectful spaces for all. Libraries are supporting the Women's Equality Network book clubs and are stocking the monthly reads so that staff across the Health Board have access to the titles. We are looking to extend our support for all the staff networks so will be reaching out in the coming months.



Figure 47

Widening access and promoting the professions

A number of initiatives have been undertaken to widen access and promote the professions.

Medical Careers

CTMUHB represents communities with significant areas of deprivation. The Medical Education Faculty and "Widening Access" team are committed to provide support for students from these under-represented areas, with the aim of:

- raising awareness of opportunities within the local and wider healthcare service
- encouraging talented students to believe in their ability
- removing barriers, perceived or real, to enable students, to gain fairer access to higher education, particularly from backgrounds where pupils do not generally go to university

- prioritising pupils from state schools in deprived areas or from a 'widening access targeted background' within CTMUHB

As a faculty we are trying to develop a programme extending from school years 6 to 13, which will help local children develop an interest in medicine, maintain that interest and finally support the route to medicine.

The current annual timetable is seen (Appendix 4), but in essence the elements are as follows:

Information for pupils, parents and teachers

The Medical Education Faculty provide information on studying medicine, including routes to medicine, entry requirements and cost. This is held in the late afternoon and facilitated via schools/colleges for Year 11, and 12 pupils followed by an early evening event for parents. The faculty also holds a similar information event for school careers officers and 6th form leads.

In addition, over the last 12 months, two of the Medical Education clinical fellows have developed an online resource, which hosts all of the relevant information required when considering an application to medicine, from medical school information including entry requirements, UCAS application procedure, entrance examinations, to funding questions. This is available bilingually in Welsh and English.

Primary schools

Each year a group of Year 3 and Year 4 medical students provide an interactive session to Year 6 primary school pupils on topics related to health and the body. This is undertaken as part of the "Widening Access" Special Study Component (SSC)

Secondary schools

As part of trying to maintain and encourage an interest in studying medicine the faculty aims to continue to support the delivery of a Year 10 clinical skills simulation event annually. This was run for the first time last February (2024) and feedback was very positive with participating secondary schools already in contact with the medical education faculty to request further sessions this academic year.

Medical Work Based Observation Scheme

The Medical Work Observation Scheme for pupils of Year 12+ ran from 1st July to 19th July 2024. The content included a mix of virtual and on-site opportunities, to use work experience as a crucial tool in helping pupils decide whether to pursue a career in Medicine or Dentistry.

98 school pupils were enrolled on this scheme in 2024 and the feedback was once again positive.

Mock interviews

Provision of mock medical school interviews for pupils from CTMUHB catchment area, including Multiple Mini Interviews (MMI) and 1:1 feedback takes place annually, and has been well received. Attendees are also encouraged to inform the faculty on their success at interview, and to date, this has been very encouraging.

Future:

The "Widening Access" faculty is hoping to expand the opportunities available to pupils from CTMUHB catchment schools by closer collaboration with Cardiff medical school "Widening Access to Medicine Mentoring Scheme". Watch this space!

Pharmacy Careers

A Seren Academy afternoon was run for year 12 students from Cardiff schools who were interested in pursuing a career in pharmacy. Interactive workshops were provided on prison pharmacy, digital pharmacy, analgesic stewardship, community pharmacy and an ethical debate, antimicrobial stewardship and pharmacy careers. Excellent feedback was received and plans are in place to expand this offering to more pupils.



cwmrtafmorgannwg.wales

Seren Academy @ CTMUHB



debate
quiz
ethical debate
prison
interactive activity
career option
pharmacy
digital pharmacy session
mental health pharmacy

RTE ILG

Figure 48

Other events attended included ORIEL university open days and as part of a Clinical Education team, school events. For the school events, information leaflets were produced on careers and benefits to working in the NHS plus separate specific information for the different careers available. The aim is for representatives of the clinical education team to attend as many careers fayres as possible and promote all careers not just their own. The plan is also to target younger pupils and look at multidisciplinary work experience opportunities. Currently work experience is offered at the pharmacy sites for those students interested in pharmacy.



figure 49

Supported internships and project to continue employment

- Working with L+D team to place supported interns 16-21 within pharmacy department
- 3 interns so far – 2 will stay on in band 2 roles at PCH
- Winner for Welsh Sustainability awards in June

Widening access - Collaborative Working

Recognising that our partner HEIs are challenged to recruit into the Pre-registration programme and an eagerness from our local colleges for their Level 3 Health and Social Care Students to have clinical placements, we have been working in partnership to promote nursing and midwifery as potential career choices by offering students a 2x day Nursing Academy, followed by 37.5 hours of clinical placements for Merthyr and Bridgend College students.

In June 2023, 17 college students from year 1 Bridgend college attended a nursing academy held at Princess of Wales Hospital. 2 days included presentations and interactive sessions by clinical colleagues, followed by workshop/skills activities. There was also representation from University of South Wales on Personal Statement Writing.

Seventeen Bridgend college students attended Princess of Wales Nursing Academy in June 2023, all 17 students have been successful in attaining places for the following university courses:

- 1 x Paramedic
- 2 x Adult nursing
- 1 x Learning Disability Nursing
- 3 x Child Nursing
- 2 x Psychology
- 1 x ODP

In November 2023, 27 students in year 1 at Merthyr College attended Prince Charles Hospital Nursing Academy. Year 1 students will be offered a clinical work placement experience in 2025 during their 2nd year of their college course.

14 students attending Merthyr College in Year 2 during February 2024 were provided with a 37.5 hours clinical placement at Prince Charles Hospital and Ysbyty Cwm Cynon. We will continue to liaise with the college leads for an update on career progression.

Feedback from Clinical Work experience placement from PCH and YCC included;

- "Everything was great, I really enjoyed it"
- "I have learned so much and was left to see so many surgeries"
- "I learned a lot about the role of a ODP, I got to see once in a lifetime surgeries"
- "I was able to observe a lot of different things, and how equipment was used"
- "I was able to observe many different healthcare professions"

Below are some photographs of the Nursing Academy held in Princess of Wales Hospital in June.



Figure 50

Following the success of previous Nursing Academies, we have arranged further events for both Merthyr and Bridgend colleges during 2024/2025, also offering 37.5 hours opportunity of clinical work experience to year 2 students.

Nurse Education also supported a USW Healthcare professional work experience day in July 2024 arranged by CTMUHB Learning and Development Team and attended by 53 students from across RCT.

Nurse Education and the L&D team will continue to work closely to support further work experience opportunities.

Nurse Education have also continued to work with Careers Wales and supported facilitation of 43 local school events such as career fayres and Mock interviews between October 2023 – July 2024 to promote nursing and midwifery as career choices and also showcase Cwm Taf Morgannwg as a potential employer. These events are also supported by many other professions and services across the health board. Our involvement has been well received by pupils and staff. The team enjoy attending these events and it aligns with the health board values to inspire others and to sustain our future.

We have also continued our involvement with the Royal College of Nursing Cadet scheme this year and we look forward to it growing further in the next year.

May 2023 – 8 Cadets based at PCH, Keir Hardy and YCC

Areas attended surgical wards, Community Mental health team, COTE, Paediatric areas, Endoscopy, OPD and CCU

June 2024 – 7 Cadets based at POWH.

Areas attended COTE, OPD, Paediatrics, Dermatology, Neonatal and Endoscopy.

July 2024 – 1 Cadet based at POWH Area - ENT

Refs:

1. *A Healthier Wales*: <https://gov.wales/sites/default/files/publications/2019-04/in-brief-a-healthier-wales-our-plan-for-health-and-social-care.pdf>. Accessed 10.10.2019
2. heiw.nhs.wales/files/heiw-imtp-2024-27-pdf/ accessed 29.8.24.
3. ctmuhb.nhs.wales/about-us/governance-assurance/annual-reports-annual-accounts-annual-plans/reports1/ctmuhb-annual-report-and-accounts-2023-24/
4. (heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/).

Appendix 1: Interprofessional Placements Progress.



HEIW IPE poster -
student learning se:

Objectives	Outcome Measures	Progress
1 Develop a shared understanding of the standards for education / learning outcomes and clinical proficiencies / competencies that students must achieve across professions. Identify appropriate clinical environments within CTMUHB that offer learning opportunities for students to meet these, and develop processes to review.	Agreed outcomes regarding opportunities in placement, based on IPE principles in practice. Full IPE structured placement layout agreed between each HEI and CTMUHB. Joint review process between HEI and CTMUHB for IPE in practice agreed. Evaluations, feedback, meetings, audits.	CTM IPE AHP group formed and outcome discussed and agreed. - IPE student learning sessions. - IPE structured placements. Structured placements planned and implemented for specific professions. Evaluations are positive. Work ongoing to expand further.
2 Interprofessional placements/ experiences: - Developing structured IPE opportunities/ placement models/ simulation / student learning sessions in practice for students. - Scoping out opportunities across the HB. Consulting with professional leads from HB and AEI's regarding common themes, learning outcomes, and barriers to IPE placements and possible solutions.	Student pathway database. Gap analysis to drive initiative forward. Audits and evaluations of placements. Placement handbooks. Updated database populated with placement opportunities. Review of performance to create continuous improvement with the strategy.	Student placement planner developed for all professions attending CTM. Evaluations reviewed regularly, and support in practice available. Communication to all professions and clinicians in place to drive initiative forward. MPPEF structured IPE placement list in situ for academic year.
3 Student placements: - Bringing placements in house through one central allocations team to maximise audited placement capacity. - Develop database, containing all available placements across the HB for all professions. - Develop new student centred HB wide placements with appropriate induction, supervision; sign off against learning outcomes, and appropriate orientation of supervisor/ educators to students clinical practice documentation.	Placement database and allocation system. Compare historic placement capacity against new models / placement opportunities. Functioning database, and student placement information. Management of KPI's. Database of supervisors / educators. Induction attendance / content review. Audits and evaluations of placements. Placement handbooks detailing the format and structure of placements.	Unable to bring placements in through central system at present, and each HEI/ profession works differently. Student centred IPE placements developed and in place. Training developed for practice educators in certain professions, IPE promoted as part of this.
4 Assess stakeholder satisfaction with new IP faculty model	Survey stakeholder satisfaction	MPPEF role has been positively received. Great feedback, and HEI's wish for parity across the health boards.
5 Monitor placement capacity	Compare historic placement capacity against new model (no of students per HB)	0 HEIW IPE hours were in place prior to MPPEF role being implemented. 136 student weeks planned so far for HEIW commissioned courses 2023-2024. Work ongoing across various professions to expand this. Ongoing work with non HEIW commissioned course – approx. 270 student weeks planned this academic year.
6 Identify placement model and resource requirements	See measures for objectives 1 & 2 and establish delivery model	MPPEF role at maximum capacity now. To develop further would need further MPPEF role in place / profession specific PEF's.

Appendix 2
Interprofessional Placements 23/24

Profession of students	IPE placement organised	No. of days / std
Audiology and neurophysiology (1 st year)	Ophthalmology with nursing and medical illustration teams.	2
Audiology (2 nd year students)	RW in ENT clinics, ENT ward, Max fax, SLT teams.	5
Cardiac physiology students	RW in cardiology shadowing nurses, and MDT.	5
Respiratory Physiology students	RW in respiratory shadowing nurses, and MDT	5
Neuro Physiology (2 nd year)	RW with MRI, X-ray, Parkinson’s, stroke therapy, and nursing teams.	5
Paediatric nurses	RW in midwifery; antenatal clinic, pre and, post labour ward.	5
Speech and language students	A day with health visitors	1
Dietetic students (1 st year students)	Care of the elderly ward, to gain insight of ward routines, and MDT roles.	2
Dietetic students (2 nd year students)	Acute wards, to gain insight of ward routines, and MDT roles.	2
Adult nurses	Placements with Welsh Ambulance Service Trust	1 week
All fields of nursing	Pharmacy	0.5
All fields of nursing, physiotherapy, occupational therapy	Podiatry placement days with podiatry students at Cardiff Met University clinical hub. Collaborative work with university.	1
Pharmacy	IPE time within different settings; i.e. diabetes clinic, out patients department, smoking cessation team, cardiac rehab.	0.5 – 1.5
Paramedics	A week of placement in the following: cardiology, A and E, women’s health, palliative care, theatres, and mental health crisis teams.	30 (6 weeks)
Medical life science students	Undertake a week “in the life of a nurse” placement.	5 (1 week)
Chiropractor students	Trauma and orthopaedics; theatre with surgeon, pre assessment clinic with consultant, and wards shadowing nurses.	1.5 days
Midwifery	Critical care rotation – ITU, outreach, and resus in the emergency department, and spend a week in theatres	10
Mental health and adult nurses	Undertake Collaborative Learning In Practice Placement project together in practice for 4 weeks.	20
Physio and OT	Have structured placement time arranged during their placements for student to student contact and learning.	Various

Further Multi Professional Education Facilitator work over 23/24

Profession	Activity	Future Work
Operating department practitioners – USW and Cardiff University	- Practice Educator Update training is ongoing across the three sites in CTMUHB. - We now have a streamlined ODP PE database that covers CTMUHB. - MPPEF attends the HEI ODP lead practice educator meetings on a quarterly basis.	- Continue delivering training - Ongoing meetings across sites to continue regular communications and preventing any placement issues.
Physio – USW and Cardiff University	- Shared placement meetings have been set up with health board student leads, myself, and a rep from each HEI. This is to ensure that smooth placement planning takes place from the unis, to avoid any issues leading up to placement. - Practice Educator training has been developed for implementation.	- Continue shared placement meetings. - Deliver PE training (commencing Sept 24)
Occupational Therapy – USW and Cardiff University	- Facilitated an OT engagement afternoon on 7th of June for clinicians with USW and Cardiff HEI leads, and OT clinicians. Allowed clinicians to see the differences between the courses at HEI’s, and have an opportunity to ask any questions. Also discussed IPE requirements. - Support as required for EPAD.	- Annual OT engagement days. - Focus group around IPE that OT can support with. - EPAD sessions for clinicians.
Dietetics – Cardiff Met University	- Organised structured IPE opportunity (2 days each) on a rehab care of the elderly ward for placement one students. - Organised structured IPE opportunities across acute settings. - Simulation project.	- Continue with organisation of structured IPE days for all cohorts. - Continuation of student as educator simulation project.

Speech and language Therapy – Cardiff Met University	- Health visitor placements taken place. - Recordings of clinics taken place for sharing with relevant professions. - Ongoing liaison with uni and health board leads.	Continue planning for these placement opportunities.
Clinical Psychology	Teams to deliver student learning session in Oct 24. Meetings ongoing for further opportunities.	- Keep in contact with teams. - IPE SLS Oct 24.
Podiatry – Cardiff Met University	- On campus IPE placements taking place in clinical hub. Students from CTMUHB attend. - Liaised with university and health board leads.	Continue with placements.
Audiology – Swansea University	- Ongoing liaison with uni and health board leads. - Organised structured IPE placements; year one students to spend time in ophthalmology, year two students to spend time in care of the elderly wards. These will be ongoing for each new cohort. - Developing opportunity for third year students – delivering training around trouble shooting hearing aids.	Ongoing planning for placements.
Neuro Physiology – Swansea University	- Year one students to complete the ophthalmology/ medical illustrations placements. - Rotational week organised for year 2 students. - Planning for 3rd year student opportunity.	Further planning for alternative IPE placement experiences.
Clinical engineering – Swansea University	Have met with the placement lead, waiting on him to get back to me, as he wasn't in a position to look at it at present.	Plan for some IPE activity.
Cardio physiology – Swansea University	IPE placements developed and provided (1 week per student). They spend the week with different teams within cardiology to get a rounded experience of the patient journey. Positive feedback so far.	Continue facilitating these placements. Other opportunities offered.
Respiratory physiology – Swansea University	IPE placements developed and provided (1 week per student). They spend the week on respiratory ward working with different clinicians that attend wards as part of their working day.	Continue facilitating these placements. Other opportunities offered.
Biomedical sciences – Cardiff Met	Simulation day planning in progress.	Supporting simulated opportunities at Cardiff met university.
Diagnostic radiology – Cardiff University	- DR team have delivered IPE sessions for nurses on radiology studies. - Simulation day organised for DR students as mentioned above. - Planning for next years activities.	Continue and expand on projects.
Midwifery – USW	- Students spend a week in theatres and a week in emergency care on a rotation placement (ITU, Outreach and emergency department). - Paediatric nursing students undertake a rotational week in midwifery.	Ongoing planning for those placements.
Nursing – USW	- CLIPP project remains in place. Trained with two second year students, which had positive results. Provides another option for placement allocation team. - Rotational placements (cardiology) ongoing. - Ongoing nursing PEF role for my nursing clinical areas. - Placements commenced within Welsh Ambulance for student nurses. - Restorative clinical supervision sessions developed.	Continuation with this work.

Appendix 3:

Advanced and Extended Practice Pharmacy

Summary and impact of 2023/24 funding on service change (in red), benefit to patients or increased knowledge and skills

Job Title	Course	Impact on service change	Impact
Advanced Frailty and Care of the Elderly Pharmacist	Module in Clinical Geriatrics	The module has increased my understanding of frailty. My role of attending the post take ward round is a new service that I have developed over the last year, which has been supported by the module in clinical geriatrics. The ward round role has strengthened the relationship between pharmacy and the acute frailty team in Princess of Wales. All frail older adults are seen within 24 hours of admission keeping in with the medicines reconciliation within 24 hours key performance indicator. Overall the course has helped to drive a service change enabling the care of frail older adults to be enhanced in an acute setting.	Patient's benefitting
Deputy Chief Pharmacist YCR/YCC and Lead for Frailty	Quantitative Research method, qualitative research methods, Research proposal practitioner (3 modules)	I am actively conducting research as part of my job and this has only been possible with completing the modules. I am also able to support peers who are new to research or don't know how to start.	My knowledge and skills are being used in practice
Principal Pharmacist Primary Care (previously E&T Team Leader Primary Care)	PGCE	I was able to use the course to develop a training package for our Pharmacy Technicians in primary care, to allow them to safely conduct reviews of oral nutritional supplements (ONS) in the community. This new service is pivotal in us achieving savings of £250 000 on ONS being prescribed when not needed. It also enriches the role of the primary care Pharmacy Technician and gives them more opportunity for patient contact, to address adherence issues and continue to use consultation skills	Patient's benefitting
Emergency Department Pharmacist	Foundation in clinically enhanced assessment skills	By completing this learning I have been able to provide improved pharmaceutical care at the front door improving safety in prescribing, timely access to medications and discussing treatment plans with patients for ensure patient-centred care Further enhancing my clinical knowledge in assessment skills and result interpretation has allowed me to contribute to patient care plans suggesting monitoring and follow-up of acute treatments.	My knowledge and skills are being used in practice
Primary care pharmacist	Diploma in Respiratory Medicine	Understand wider respiratory conditions during reviews (that we do not diagnose/manage currently in clinic) Links with bronchiectasis team for treatment options, increased referral into specialist services I am now aware of to optimise patient management	Patient's benefitting
Advanced Pharmacist - Paediatrics	CPD Masters Certificate of Professional Development: Advanced Paediatric Pharmacy Practice – Liverpool John Moores	The course provided specialist training from pharmacists practicing in tertiary centres across the UK. As part of my training I completed in depth patient profiles for complex patients. As a result, when we had a child admitted to our district general hospital who was in kidney failure and awaiting a transplant it allowed me to be confident in calculating renal function in a child to check suitability of medications, ensure that medication use was safe and efficacious, and do so in a timely manner without needing to ask for support from tertiary centre pharmacists in different sites. more confident in complex cases and able to answer complex queries while on ward round with the consultants.	Patient's benefitting
Respiratory Advanced Pharmacist	Diploma in respiratory medicine	This course helped improve my understanding around respiratory medicine particularly ILD which in turn helped with the ILD drug monitoring clinic that I run. Based on the learning I did during the diploma I was able to identify an area of improvement around long term steroid management and have started a service evaluation from this looking at sick day rules education. It has allowed me to add more meaningful input to the MDT both in my specialist ILD role and general ward respiratory role.	My knowledge and skills are being used in practice
Pharmacist	Diploma in respiratory medicine	Improved knowledge of how to treat different respiratory conditions which has helped in ILD clinics and inpatients on the wards. ILD pharmacist led clinics - shorter waiting lists and patients seen by right HCP.	Patient's benefitting

Appendix 4

Widening Access Timetable 2024

Month	School year	WAM topic <i>(Facilitators)</i>	School year	Medical school Application Timetable
September		Contact Head teachers / schools <i>(Widening access team)</i>	13	Sit UCAT Exam
October	13	The medical Interview & Mock interviews including MMI <i>(Clinical fellows +/- medical staff)</i>	13	Sit UCAT Exam
	13		13	UCAS application closes
November	12	Students: Studying at a University Finance – course costs / SFW Routes to medicine and entry requirements <i>(Ideally F2F; TEAMS vis schools also possible; Clinical Fellow & WA lead)</i> Application for Medical Work Observation sent to Schools in CTM Catchment <i>(Widening access team)</i>	13	Sit BMAT Exam
	12		13	Attend Interviews
December	12	Students: Studying at a University Finance – course costs / SFW Routes to medicine and entry requirements <i>(Ideally F2F; TEAMS vis schools also possible Clinical Fellow & WA lead)</i>	13	Attend Interviews
	12			
January	12	Parents evening: Why go to University; Medical school information; Careers advice; Selecting a medical school; Application process; Admissions process; Key dates; Preparing for University <i>(Face to Face; WA lead & Clinical fellow)</i> Primary school sessions <i>(Year 3 SSC)</i>	13	Attend Interviews
February	11	Teachers/career advisers: A career in medicine: Career options Include info on subject choices and grades UG v PG courses <i>(F2F or TEAMS; WA Lead & Clinical fellows)</i> Primary school sessions <i>(Year 3 SSC)</i> Year 10 Clinical skills and simulation event <i>(Clinical fellows KHAC)</i>	13	Attend Interviews
March	5&6	Year 10 Clinical skills and simulation event <i>(Clinical fellows KHAC)</i>	13	Attend Interviews
April	5&6	Application for Medical Work Observation closes and shortlisting done. <i>(Widening access team)</i>	13	Attend Interviews
	12			
May	5&6	Primary school sessions <i>(Year 4 SSC)</i>	13	Confirm University choices
	12	UCAT training & UCAT mock (Bank questions / online material) <i>(Clinical fellows)</i>		
June	5&6	Primary school sessions <i>(Year 4 SSC)</i> WOBS induction <i>(Widening access team)</i>		
	12			
July	12	WOBS virtual sessions <i>(Widening access team)</i>	12	Sit UCAT exam
	12	WOBS in hospital week <i>(Widening access team)</i>		

August			12	Sit UCAT exam
			12	Start writing statement

Appendix 5

Clinical Education Forum
Terms of Reference

Purpose and Role of the Forum

Education and Training underpins the quality of everything that we do. It is well recognised that high quality well-designed clinical education and training has a strong causal relationship with service improvement, patient outcomes and quality healthcare provision.

The purpose of the Clinical Education Forum is to provide effective systems of educational governance and leadership that ensure optimal investment and resource utilisation in education activity to support and underpin the capability, capacity and confidence of our clinical workforce, and delivery on CTMUHB strategic goals; Creating Health, Improving Care, Sustaining Our future and Inspiring People, and the key objectives of 'A Healthier Wales'.

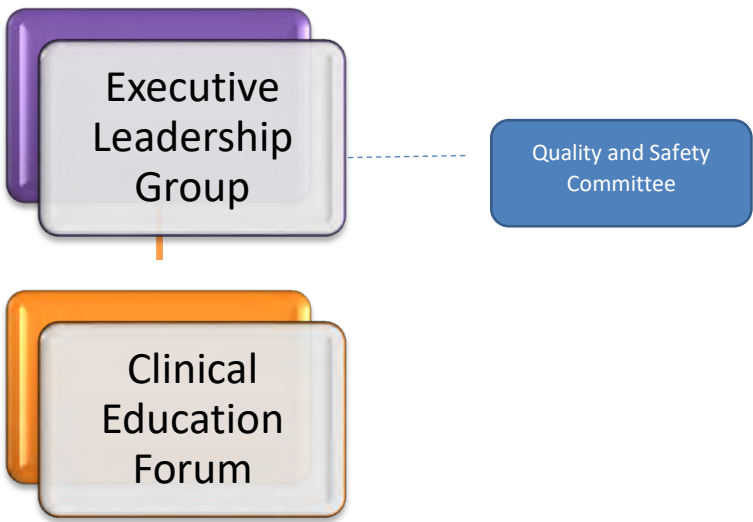
Overarching Strategic Principles

- Setting up the systems of staff education & training and capacity building that encourage life-long learning
- Promoting multi-professional education and inter-professional learning generating openness to collaboration and effective co-design.
- Developing staff to work at the “top of their licence” both registrants and support staff.
- Underpinning innovation in and delivery of new models of care by building skills and capability and embracing new technology.
- Delivering a change in organisational mind-set and management thinking to focus on learning.

High level Objectives

- Providing leadership and direction on all matters relating to education and learning
- Ensuring Clinical educational quality and performance.
- Determining the Clinical educational governance framework and strategic direction
- Overseeing the development, implementation and review of educational quality standards and mechanisms.
- Scrutiny of the operation of educational quality assurance and enhancement arrangements
- Understanding education demand and capacity and ensuring return on investment
- Ensuring evidence of high quality education outcomes for staff.

Reporting



University Health Board Status reporting: Clinical Education is a key pillar of activity contributing to University Health Board status alongside Innovation and Research and Development. As such clinical education activity information may be required to contribute to reporting of University Health Board status to Population Health and Partnerships Board.

Scope and Duties

Responsible for:

Assurance and Escalation to Executive Leadership Group

- Educational Governance
 - o Systematically monitoring and evaluating the progress of the education and learning strategy.
 - o Defining the performance indicators and put in place the structures and processes to evaluate progress.
 - o Monitoring and facilitating compliance against external education performance standards, good practice and guidance.
 - o Monitoring and ensuring action on feedback from learners in regards to provision quality and accessibility of professional development and training
 - o Identifying, monitoring and controlling risks relating to the delivery of high quality education and learning activities.
- Educational Strategy
 - o Providing leadership and direction on all matters relating to Clinical Education and Learning.
 - o Approving the annual HEIW Education Commissioning Return.

- o Developing clear clinical career and education escalator pathways from Health Care Support Worker roles through to Advanced and Consultant level practice.
 - o Ensuring an appropriate multi-professional education and learning strategy is in place and aligned with organisational and workforce priorities, at local and national levels.
 - o Support the implementation of an annual quality plan designed to improve the quality and effectiveness of multi-professional education and learning activities.
 - o Supporting development of strategies to widen access to clinical careers in our local communities.
- Finance
 - o Maintaining ongoing monitoring of the quality and value for money of both internal and external education and learning services provided to the organisation.
 - o Recommending to the Board the allocation of resources against education and learning priorities for our current and future workforce. E.g. training accommodation, clinical training placement capacity building.
- Partnership Working
 - o Ensuring that all healthcare staff, students, trainees and learners are actively involved in education and training processes so that Education Governance remains relevant and responsive to needs.
 - o Ensuring tri-partite working with Innovation and Research in support of University Health Board activity.
 - o Working in partnership with our Higher Education Institutions (HEI) colleagues in the fields of research, teaching, innovation and evidence based practice, to drive up standards and build momentum for co-creative roles and a collective drive for a better future for our communities.

Membership

Co-Chairs: Executive Director of Nursing & Executive Director of Therapies and Health Care Science

AMD Medical & Dental Education

Medical Undergraduate lead

Deputy Director of Nursing

Assistant Director of Nursing & People's Experience

Deputy Director Workforce and OD

Head of Workforce Planning

Director of Pharmacist

Head of Pharmacy E&T

Finance Lead Clinical Education

Head of Mental Health Psychology and Psychological services.

Care Group Director Representatives

Director of Midwifery and Nursing

Director Improvement and Innovation

AD Research and Development

Assistant Director of Clinical Education

Primary Care Academy Manager

Lead Nurse Clinical Education

Clinical Education Manager

Clinical Director for AHPs

Therapies Clinical Quality Manager.

AD Therapies and Health Care Sciences.

Senior Nurse Clinical Education

Notwithstanding the requirement to maintain quorum, Directors may on occasion nominate a suitably senior deputy to attend the Committee on their behalf, but should ensure that they are fully aware and briefed on the issues to be discussed

Meetings

Quorum

A quorum will comprise of a minimum of 50% of the membership and must include the Chair or Vice Chair.

A representative must be identified to attend in a member’s absence.

Frequency of Meetings

Meetings will be held bi-annually. The Chair may request a meeting if they consider that one is necessary. Meetings will be arranged to align with key statutory requirements during the year consistent with the UHB's annual plan of Board Business.

Urgent related business

The raising of any other urgent related business can be done so with prior knowledge and approval of the Chair.

Circulation of Papers

Papers will be circulated at least 5 working days prior to the meeting.

Reporting and Assurance Arrangements

The Chair shall:

- Report formally, regularly and on a timely basis to the Executive Board. This includes:
 - Highlight report
 - the submission of minutes
- Bring to the Executive Board specific attention to any significant matters under consideration.
- Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Board Committees of any urgent/critical matters that may affect the operation and/or reputation of CTMUHB.

Review

These Terms of Reference shall be approved by the Executive Board and subject to review at least on an annual basis.

Amended: November 23.

Next Review date: November 24



CTM Health Board

Cwm Taf Morgannwg Regional Partnership Board Annual Report 2023-24

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Linda Prosser – Executive Director of Strategy & Transformation
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
Regional Partnership Board	26/07/2024	Approved

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
RPB	Regional Partnership Board



1. Situation / Background

The Social Services and Wellbeing Wales Act require RPBs to report annually on delivery against planned objectives. These reports provide an opportunity to demonstrate to a wide audience the work of the RPB.

Annual reports are required to be published by 30th June each year and provide a summary of RPB activity and programme delivery for the previous year.

The report must

- Denote the RPB (and associated programmes) work since the last report, including rationale behind programmes, outcomes (achieved and working on), future intentions and next steps.
- Evidence any conclusions or assertions, drawing on user, carer, staff and public feedback, activity and performance data, evaluation and research.
- Complement but must not replicate annual reports of Local Authorities, Local Health Boards, and Public Services Boards annual wellbeing reports.

2. Key Risks / Matters for Escalation

The Board is asked to:

- Note the requirements
- Note the Annual Plan

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	Living Well
	If more than one applies please list below: Applicable all age.
	A Healthier Wales



Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	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: Summary of activity. No change to delivery.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: As above
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

- The Board is asked to NOTE the requirements and the RPB Annual Plan.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

A circular inset image showing a magnifying glass held over a medical document. The word "Diabetes" is clearly visible through the lens. The background of the document is slightly blurred, showing other text and a blue graphic.

Diabetes

DIRECTOR OF PUBLIC HEALTH REPORT ON DIABETES

November 2024



EDITORS

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FOREWORD

Diabetes is one of the leading health issues of our age, with those affected experiencing a host of complications, reduced quality of life and reduced life expectancy. It is also a major draw on NHS resources, which can then not be used to improve health in other areas and for other conditions, as well as impacting on the wider economy through ill health and unemployment.

The human and financial costs of Diabetes cannot be overstated; without concerted effort to address them, they are also set to rise.

Type two Diabetes Mellitus (T2DM), which accounts for approximately 90% of diabetes is, however, largely preventable, both in terms of onset and the development of complications and outcomes. This should galvanise all of us to work together to stem its increase.

The major risk factor for developing T2DM is unhealthy weight. CTM currently has the some of the highest levels of overweight and obesity in Wales. As with the risk of developing complications from diabetes, unhealthy weight is strongly linked to increased financial deprivation. These are “wicked issues”, which require a whole-of-society approach to address.

The coming wave of increased diabetes cannot be withstood. This report highlights a range of challenges driving the increase of diabetes in our communities, but it also outlines what we can do, collectively, to avert it.

This will require significant investment of both effort and resource. Whilst recognising our current financial constraints, we must also face the unsustainable human, social and economic cost, were we to fail to act decisively.

It is my hope that the information held within this report helps to frame the arguments, forge alliances and precipitate those decisive, co-operative actions.

Philip Daniels
Executive Director
of Public Health

1 INTRODUCTION

Aim of the Report

The aim of this report is to highlight the significant impact type 2 diabetes is currently having on the health and wellbeing of our population, how it's closely linked to rising obesity rates in Cwm Taf Morgannwg University Health Board (CTMUHB), and the potential crisis we will face over the next decade if we don't take steps now to address these issues.

Although the Health Board is committed to improving care across the whole of diabetes services due to the huge potential for prevention and early intervention associated with type 2 diabetes, the key focus of this report will be on type 2 diabetes.

2 BACKGROUND

More than 200,000 people in Wales are living with diabetes. 9 out of 10 of them have type 2 diabetes, and approximately half of these could have been prevented with lifestyle change to achieve a healthy weight, a better diet and increased physical activity.

People living with diabetes are at risk of sight loss, kidney failure, heart attacks and stroke alongside a number of other potentially serious complications. There is also a financial cost: the treatment of type 2 diabetes accounts for around 10% of the annual NHS budget with 80% attributable to the complications of diabetes. This cost is projected to rise to over 17% by 2035.

In order to tackle the growing issue of diabetes, work to prevent diabetes and to ensure that there is provision of effective evidence-based care must both be prioritised.

Overweight and obesity is the leading modifiable risk factor for type two diabetes. **CTM currently has the highest levels of overweight and obesity in Wales, for both adults and children.**

The increase in individuals living with overweight and obesity seen in CTM is the result of changes in our food and activity environments – communities are flooded with unhealthy food, and it is often difficult for families to lead active lives. Influencing these factors will require a **whole systems approach** and as a health board our vision is to ensure that we;

- Support individuals and families to achieve and maintain a healthy weight
- Work with partners to create a healthy environment
- Ensure that CTMUHB is a healthy weight organisation
- Identify those at risk of developing diabetes and help them reduce their risk
- Effectively treat and support those with a diagnosis of diabetes
- Address inequalities

3 OVERVIEW AND RISK OF DIABETES

Diabetes is a condition in which the body doesn't produce enough insulin to maintain stable blood glucose levels, or where the insulin produced is unable to work effectively².

There are two main types of diabetes:

Type 1 diabetes – an autoimmune condition where the cells that produce insulin are destroyed. Lifelong insulin treatment is required to prevent death. Approximately 10% of people with diabetes have type 1 diabetes².

Type 2 diabetes – the body doesn't produce enough insulin for its needs or becomes resistant to the effects of the insulin produced. This condition may remain undetected for many years but is progressive and will require lifestyle changes (healthy diet and exercise). Over time most people will require oral medication +/- insulin².

In addition, **gestational diabetes** occurs when the body cannot produce enough insulin to meet extra needs during pregnancy. It can cause difficulties within the pregnancy for mother and child. Gestational diabetes usually resolves at the end of pregnancy. However, one third of women who develop gestational diabetes will develop Type 2 diabetes within 15 years³.

'Non-diabetic hyperglycaemia', or '**pre-diabetes**', is a condition characterised by higher-than-normal blood glucose levels, but below the threshold for a diagnosis of diabetes. Pre-diabetes is a high-risk state for developing type 2 diabetes, and between 26% and 50% of people with pre-diabetes will develop type 2 diabetes within 5 years⁴.

RISK FACTORS FOR DEVELOPING DIABETES

Development of type 1 diabetes is not associated with obesity or other modifiable risk factors².

Gestational diabetes is more common in women living with obesity, those who've had gestational diabetes in a previous pregnancy, those who've previously given birth to a baby over 4.5kg, those with a family history of type 2 diabetes and those of certain ethnic groups (South Asian, Black African, African Caribbean)⁵.

There are several modifiable risk factors associated with type 2 diabetes. Therefore, there is significant opportunity to reduce the risk and incidence of type 2 diabetes in our communities



THE MAIN RISK FACTORS FOR TYPE 2 DIABETES ARE:

- [illegible]

Other risk factors for developing type 2 diabetes include high blood pressure, increasing age, certain ethnic groups (South Asian, Black African, African Caribbean)⁸, low physical activity levels, and family history of type 2 diabetes. Risk factors for developing pre-diabetes are the same as those for type 2 diabetes⁹.

Waist Circumference and risk of Type 2 diabetes

A healthy waist circumference for most people is considered to be;



The diagram shows two human silhouettes. The male silhouette on the left has a yellow line around its waist with the label 'Waist' above and 'Hips' below. The female silhouette on the right has a yellow line around its waist with the label 'Waist' above and 'Hips' below.

Less than 94 cm (37 inch) for men

Less than 80cm (31.5 inch) for women

A larger waist circumference is associated with an increased risk of Type 2 diabetes

BODY MASS INDEX

				
Underweight BMI < 18.5	Normal Weight BMI 18.5 - 24.9	Overweight BMI 25 - 29.9	Obesity BMI 30 - 34.9	Extreme Obesity BMI 35 - 39.9

7/29

4 COMPLICATIONS OF DIABETES

Individuals living with diabetes are at risk of developing the following complications:

- Cardiovascular disease including heart attacks and stroke¹⁰
- Diabetic retinopathy leading to sight loss¹
- Diabetic nephropathy (kidney disease) and kidney failure¹²
- Peripheral neuropathy resulting in altered sensation and pain in the hands and feet¹³
- Diabetic foot disease potentially leading to amputation²
- Reduced wellbeing and an increase risk of depression

Complication of diabetes	Risk in those with diabetes
Cardiovascular disease (heart attack, heart failure, angina, stroke)	2X excess risk as those without diabetes
Diabetic retinopathy leading to sight loss	8% of sight loss in the UK amongst those registered blind or partially sighted is caused by diabetic eye disease
Chronic kidney disease (CKD)	Prevalence of CKD in those with diabetes is >25%. It's estimated that of people with diabetes will develop CKD in their lifetime Worldwide, diabetes is the most common cause of kidney failure requiring dialysis or kidney transplant. 40%
Peripheral neuropathy	>50% of diabetics will develop it over their lifetime
Amputation	Those with diabetes are more likely to have a lower limb amputation than those without diabetes 20x
Depression	Almost twice as high in those with type 2 diabetes compared to those without diabetes
Reduced life expectancy	Up to 10 years less in those with diabetes

The risk of such complications is higher in those with poorly controlled diabetes, those with obesity and those in the most deprived quintiles². Those with diabetes also have up to 10 years reduced life expectancy as those without diabetes¹⁴.

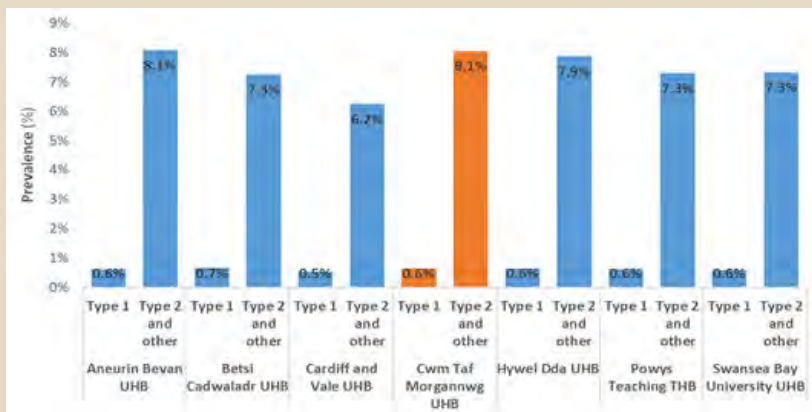
During 2022/23, 46 patients with diabetes were admitted to hospital on the retinopathy pathway with an associated average cost of £2,086 per spell, and a 6.5% mortality rate¹⁵.

During 2022/23, 70 patients with diabetes were admitted to hospital on the amputation pathway costing £16,000 on average per spell, 71% of these were admitted as an emergency admission. 1 in 5 of those admitted through this pathway died¹⁵.

5 PREVALENCE OF DIABETES

At 8.69%, CTM UHB has one of the highest prevalence of diabetes of all health boards in Wales. 8.1% of the registered population have a diagnosis of Type 2 and other diabetes. Type 1 diabetes has a much lower prevalence accounting for 0.6% of the registered population. Between April 2023 and March 2024, 5.5% of women who gave birth in CTM were recorded as having gestational diabetes. This has increased from 4.1% in 2018/19.

Figure 1 – Percentage of patients registered with diabetes, Type 1 & Type 2 and other, all ages, 2022/23 across Welsh Health Board Areas (data from Diabetes Insight and Variation Atlas)



Of major concern is the anticipated rise in the prevalence of type 2 diabetes and the fact that type 2 diabetes is now being diagnosed at a younger age, even in children and young people. This age group often experiences more aggressive disease than older adults, with more rapid onset of complications at a younger age, threatening long-term health and quality of life in adulthood¹⁶.

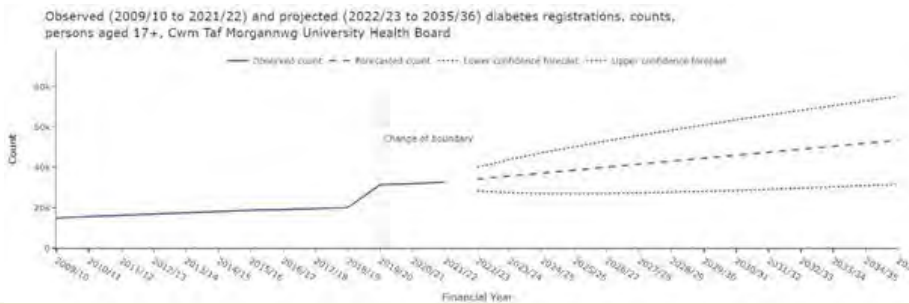


TYPE 2 DIABETES IN CTM



Although the prevalence of both type 1 and type 2 diabetes is predicted to increase, it is the increase in type 2 disease that is predominately driving upward trends. The challenges are both immediate and ongoing. The number of patients in CTM UHB with a diagnosis of type 2 diabetes is forecast by Public Health Wales to increase from 31,163 in 2023/24 to 32,564 in 2026, with the estimated prevalence of diabetes increasing to 8.6% in 2026. And if current trends continue, it is estimated that by 2035/36 approximately 1 in 11 adults will be living with diabetes in Wales¹⁷.

Figure 2 – Forecasted number of patients with Diabetes (PHW 2023)¹⁷



PREVALENCE OF PRE-DIABETES

Individuals with pre-diabetes are usually asymptomatic so remain undetected for a long time. In December 2023, 15,593 adults in CTM (3.29%) were coded as having a diagnosis of pre diabetes, with new patients being identified each week. However, given pre-diabetes has no symptoms and detection is dependent on an individual having a HbA1c test, it is estimated that the true number of pre-diabetics in CTM UHB would far exceed this. The true forecast for increase in pre-diabetes prevalence is thus unknown but is likely to be vastly underestimated¹⁸.

6 DIABETES AND OVERWEIGHT/OBESITY

CTMUHB has the highest rates of overweight and obesity in Wales and the highest percentage of people with type 2 diabetes with a BMI 40+. Around 2 in 3 adults in CTM are living with overweight or obesity, and around 1 in 3 are living with obesity¹⁹.

Figure 3 – Adult overweight or obesity by health boards and Wales Source: National Survey for Wales (July 2023)¹⁹

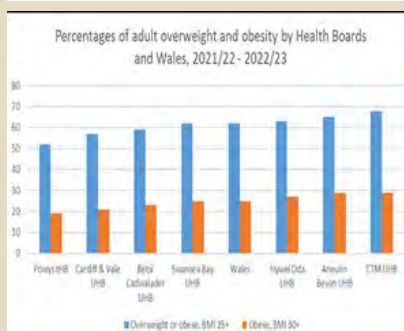
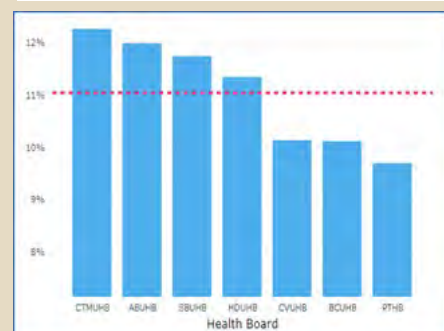


Figure 4 – Percentage of type 2 diabetic patients with a BMI of 40+, 2022/23¹⁵



Of greater concern, is that 1 in 8, 4-5-year-olds in CTM start their school journey with obesity, and more than 1 in 4 are overweight¹⁹.

This is the highest rate of child obesity in Wales. Rates of child obesity and overweight are particularly high in Rhondda Cynon Taf and Merthyr Tydfil County Borough Council areas.

Children and adolescents living with obesity are around five times more likely to have obesity in adulthood than those who were a healthy weight²⁰. Around 55% of children living with obesity continue to have obesity into adolescence, around 80% of adolescents with obesity will continue to live with obesity into adulthood, and around 70% will have obesity over age 30.

Work focused on reducing the number of children living with overweight and obesity is essential to prevent diabetes in our communities.



The number of children registered with Type 2 diabetes and being treated in paediatric diabetes units in England and Wales increased by more than 50% between 2017 and 2022²¹. Early onset of Type 2 diabetes is associated with faster disease progression. The majority of diabetes cases in adulthood are attributable to overweight and obesity.

There are currently children in CTM who have a diagnosis of Type 2 diabetes.

Healthy weight is strongly linked to deprivation. Children in our poorest communities are 50% more likely to be living with obesity than children in our most affluent areas. Therefore, significant work to support children in areas of deprivation will be needed if we are to address the inequalities that already exist.

Figure 5 - 4-5-year-olds with overweight or obesity by deprivation fifth, CTMUHB, 2022/23

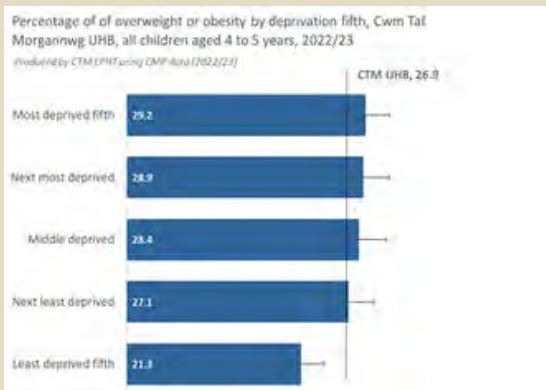
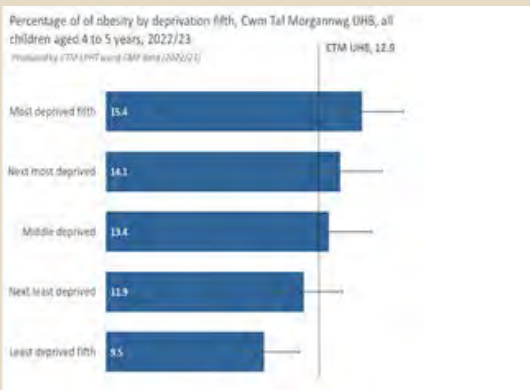


Figure 6 - 4-5-year-olds with obesity by deprivation fifth, CTMUHB, 2022/23



7 IMPORTANCE OF PREVENTION



The key public health implication for type 2 diabetes is the opportunity for prevention. There are three stages of prevention where we can positively impact upon the trajectory of type 2 diabetes:

PRIMARY PREVENTION



- Prevent individuals from becoming overweight/obese, encourage a healthy diet and uptake of recommended levels of physical activity

SECONDARY PREVENTION



- Support those with overweight/obesity to become and maintain a healthy weight
- Identify people at risk of type 2 diabetes and test them for pre-diabetes/diabetes
- Support those with pre-diabetes to achieve remission through lifestyle changes

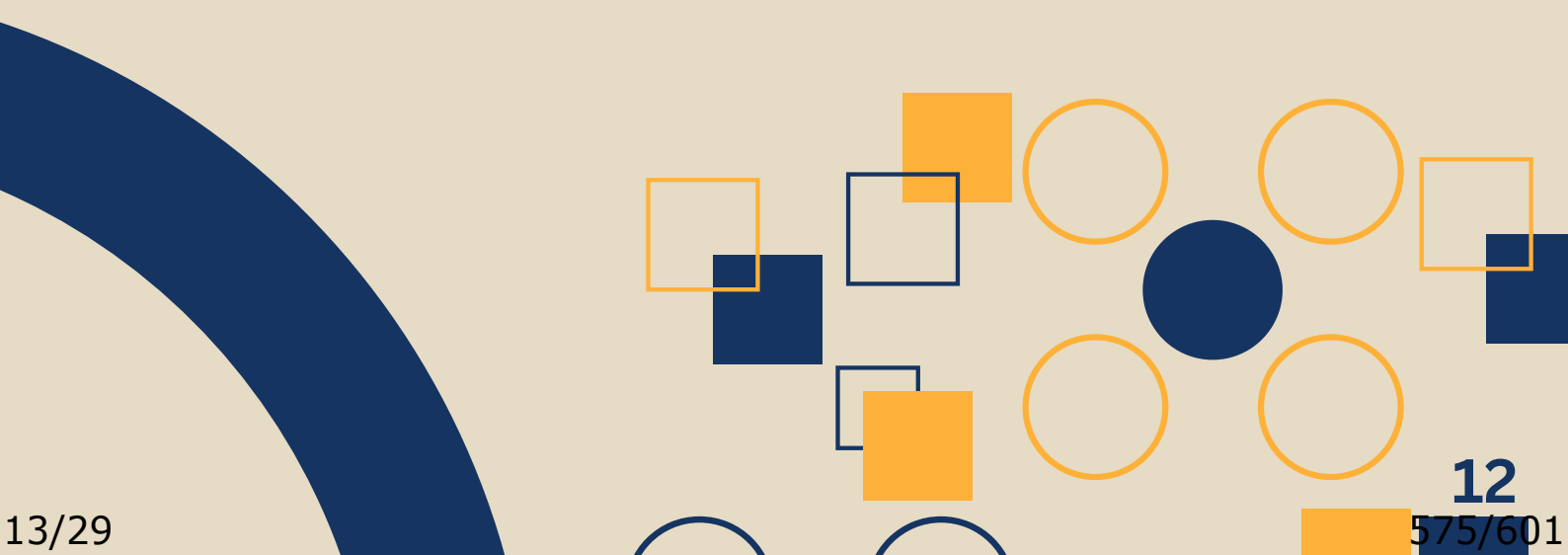
TERTIARY PREVENTION



- Ensure all people living with diabetes are appropriately monitored
- Achieve NICE recommended treatment targets for blood glucose (HbA1c), blood pressure and cholesterol
- Promptly identify and treat complications of diabetes

Significant work in CTM is currently being undertaken at all stages of prevention. Work is also underway to develop CTMUHB as a healthy weight organisation. As a health board that employs around 12,000 staff, 80% of whom live within the boundaries of CTM, the opportunity for influence both amongst CTM staff and consequently in the community, should be not underestimated.

The following sections outline key aspects of this preventative work.



PRIMARY PREVENTION

HEALTHY WEIGHT: HEALTHY WALES (HWHW) is the Welsh Government's long-term strategy focused on the prevention and reduction of obesity in Wales.

The HWHW strategy takes a whole systems approach, and sets out changes that will be required by 2030 using four themes to address the causes of obesity:

- Healthy environments
- Healthy settings
- Healthy people
- Leadership and enabling change

CTM VISION:

We are currently developing our local, long-term vision for Healthy Weight in CTMUHB, aligned to the National Strategy. This includes:

- Leading a Whole System Approach to Healthy Weight
- Developing as a healthy weight organisation – creating a healthy environment for our staff, patients and visitors
- Providing co-designed, community-oriented support for individuals and families to achieve and maintain a healthy weight

IF WE ARE TO REDUCE THE HIGH NUMBERS OF PEOPLE LIVING WITH OVERWEIGHT AND OBESITY IN CTM, IT IS ESSENTIAL THAT WE TAKE A LONG TERM, SYSTEM WIDE, UPSTREAM APPROACH



WHOLE SYSTEM APPROACH TO HEALTHY WEIGHT

The drivers behind our unhealthy environments are complex, and many different people hold levers for change. If we are truly to change obesity trajectories in CTM it is essential that this complex system works together, with a shared understanding of the issue and shared goals. This is at the core of our Whole System Approach to Healthy Weight.

The Whole System Approach to Healthy Weight includes;

- Leading a change in the way we talk and think about obesity across CTM
- Creating healthier communities together – working with stakeholders to take opportunities to shape our food and activity environments
- Listening to communities
- Developing Joint Regional Action Plan based on working with people across CTM
- Facilitating long term change

Over the next year we will be focusing on how we can work together to increase access to good quality, affordable food across RCT, Merthyr and Bridgend and how we can make it as easy as possible for people in CTM to move around the region in a way that is healthier.

Aligned to our Whole System work, we are working with the Public Service Board to develop a regional active travel charter, and with maternity colleagues on the development of an infant feeding strategy.

CTMUHB AS A HEALTHY WEIGHT ORGANISATION

Many staff in CTM will be living with overweight and obesity, and this will be contributing to staff sickness and early departures from the workforce. Our facilities and catering teams have been transforming both the food we serve to our patients and the food we serve in our canteens to make it easier for everybody to eat healthily. We will be signing up to the CTM regional active travel charter, with anchor institutions across the region looking to lead the way in making it easier for people to make active travel choices.

We will be working to ensure we provide the right support to staff to achieve and maintain a healthy weight, and learning how to improve our environments to make it easier to achieve and maintain a healthy weight.



SECONDARY PREVENTION

Support for individuals and families to achieve and maintain a healthy weight
The Healthy People theme of HWHW outlines an ambition for fair and equitable access to weight management pathways.

The service levels in the All-Wales Weight Management Pathway for children, young people and families are summarised as:





ADULTS

The Adult Weight Management Service in CTMUHB delivers levels 1-3 with level 3 having a referral pathway into the WHSCC funded Level 4 service delivered by Swansea Bay UHB.

Over the past two years, we have developed a comprehensive weight management pathway for adults across all levels, with significant investment in a new Level 3 service to support those with the greatest need to manage their weight.

With a current capacity of 250 people a year in our adult service, and an estimated 100,000 people potentially eligible for Level 3 weight management services in CTM, this service is unable to meet long-term demand. The service also has limited prescribing capacity, meaning only a subset of people are able to access novel weight loss medications.

Across all levels of the pathway many outcomes have been positive but **capacity and equity of uptake** remain an issue.

This emphasises the need for upstream approaches.

CHILDREN

Since 2022 the PIPYN²² Programme has run in Merthyr as part of a national pilot. The scheme integrates systems work to improve local food and activity opportunities with direct support to help families make healthy choices. In 2024 this programme has been implemented in in Taf Ely and Rhondda primary care clusters, and its progress and outcomes will be evaluated as we look to design a long-term model.

While PIPYN provides Level 1 weight management support for children aged 3-7 years and their families, and there is also generic input from the healthy schools and pre-schools teams, **there is currently no support for children and young people outside of this criteria.**

A business case to develop an integrated approach to support children and families achieve and maintain a healthy weight is currently being developed. This will include provision across level 1 – 3 of the weight management pathway integrated with our Whole Systems Approach to Healthy Weight.



TACKLING PRE-DIABETES

“

“I had no idea I was in the risk group. The GP said my tests were fine. Glad I attended as I found it really useful to get the information I needed.”

”

“

“I am so glad it is available. My blood sugars have gone back to normal so I am extremely happy.”

”

“

“Before I came to the appointment, I was so afraid of getting diabetes. The healthcare support worker helped me work through some of my misconceptions... and I was able to think about what I could do to get my blood sugars down.

”

Secondary prevention of Type 2 Diabetes includes identification and appropriate management of those with pre-diabetes.

The All-Wales Diabetes Prevention Programme (AWDPP) was developed following pilot work in North and West Wales. The approach involves the identification of individuals with pre-diabetes (HbA1c 42-47 with no history of diabetes) by searching GP databases. Eligible patients are offered a 30-minute person-centred lifestyle appointment with a healthcare support worker focused on increasing patient understanding of pre-diabetes and the role of diet and physical activity levels in reducing risk. Signposting and/or onward referral to additional support is undertaken as appropriate, to programmes such as weight management services, the National Exercise Referral Scheme, interactive digital education programmes and/or a variety of wider community provision.

Follow up is undertaken at 12 months.

In CTM, the AWDPP model was rolled out from October 2022 across Merthyr Tydfil and Bridgend West, led by the CTM dietetic service, in line with the national model. In addition, national primary care funding was secured to allow additional primary care led rollout in a number of practices in the remaining clusters using a similar core model. Additional funding was secured from April 2024 to operate a single diabetes prevention programme across all clusters in CTM with a common service model and evaluation framework. Additional weight management capacity will also be provided to support these patients.

At the end of March 2024, nearly 800 people had attended an appointment and the uptake rate (consultations attended/invitations sent) was 5% higher in CTM UHB than the national average.

Much more could be done with the AWDPP in CTM. Short-term funding for posts to deliver the programme have been a challenge in terms of staff recruitment and retention and there have been gaps in delivery due to vacancies.

TERTIARY PREVENTION

Diabetes Care

Annual Diabetic Reviews

We know that certain components of diabetes care such as annual monitoring, early effective education and optimisation of therapies for glycaemia and cardiovascular risk considerably reduce the risk of diabetes complications.

NICE guidance has identified a number of checks that should be carried out on people living with diabetes on an at least annual basis to monitor their health and detect potential complications²³. These are described as the 8 care processes.

In Q1 2024/25, 38.85% of patients with diabetes in CTM are recorded as having received all eight care processes – 20.1% in type 1 diabetes and 41.5% in type 2 diabetes¹⁵.

There is considerable variation in percentage compliance for all 8 care processes across the different GP cluster areas within CTM, ranging from 28.7% to 52.5%, with 6 clusters falling below the All-Wales average of 43.7%¹⁵.

Treatment Targets

There are three NICE recommended treatment targets for diabetes:

- $BP \leq 140/80$
- Prescription of a statin in those with high Cardio Vascular Disease (CVD) risk
- $HbA1c \leq 58 \text{ mmol/mol}$

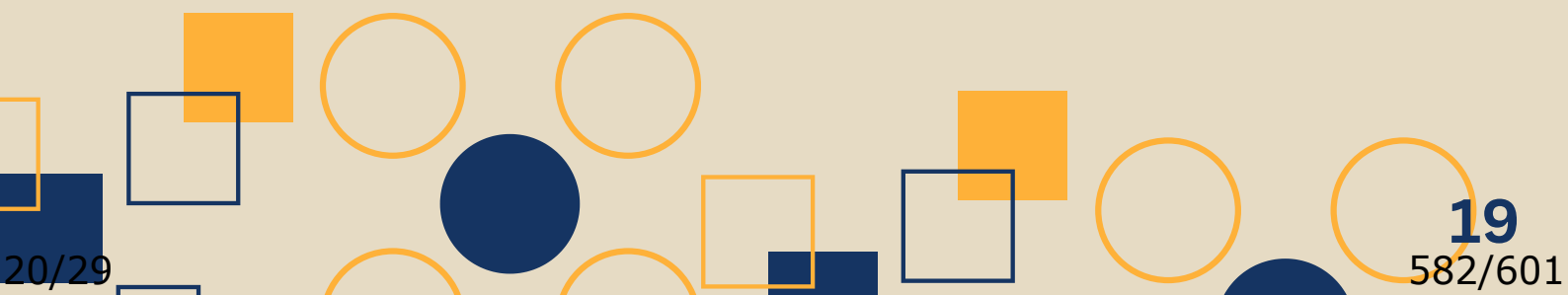
Maintaining a HbA1c below 58mmol/mol is associated with lower risk of developing complications. CTM has the lowest percentage of patients achieving this treatment target in Wales at 55.52%.

The Value Based Healthcare programme is supporting enhanced pathways to improve outpatient management of diabetic eye disease and inpatient care of diabetic foot disease.

We have an agreed basis for structured education. The 6-week XPERT Diabetes or XPERT insulin programmes are evidence based and adhere to Welsh Government Quality standards (2023) and NICE Guidance. Capacity to deliver diabetes structured education has been increased by changing the skill mix of staffing to include support worker delivery of XPERT Diabetes. XPERT Insulin continues to be delivered jointly by Diabetes nurse specialists and Dietitians. Referral rates for structured diabetes mellitus education have increased, receiving 125-160 per month since June 2023 which is positive.

All referrals for Type 2 Diabetes structured education are now triaged by nutrition and dietetics via a single point of access. In the last 8 months, significant progress has been made in reducing referral to treat times as part of COVID recovery and all patients are now offered Type 2 education in line with the national pathways and within the 14-week therapy RTT.

In addition, MyDESMOND is currently funded nationally as a digital option for diabetes, pre-diabetes and gestational diabetes education. However, national funding for MyDESMOND will end by March 2025. From April 2025, health boards in Wales will therefore need to identify additional funding to continue providing this digital patient education tool.



8 APPLICATION OF BEHAVIOURAL SCIENCE IN CTM

Behavioural science is the scientific study of behaviour - what enables it, what prevents it, and how best to elicit and maintain it²⁴. The use of behavioural science encourages us to understand the complexity of what drives individuals' actions and decision making, which in turn can support our policies, services and communication, as well as increase our chance of improving and protecting health and wellbeing.

There is increasing routine application of behavioural science in CTM, including programmes such as Making Every Contact Count (MECC). MECC is an approach to behaviour change that enables the opportunistic delivery of consistent and concise healthy lifestyle information through everyday conversations that organisations and individuals have with other people.

The COM-B model of behaviour is increasingly applied within CTM to support insight gathering opportunities, behavioural diagnosis, and evaluation. This model recognises that behaviour is part of an interacting system, and in order for a desired behaviour to be taken up, a person needs to feel **capable**, have the **opportunity** to perform the behaviour, and be **motivated** to do so.

As part of embedding the behavioural science approach to diabetes care within CTM, the Public Health Wales Behavioural Science Unit and CTM UHB, in collaboration with the Centre for Behaviour Change at University College London, are undertaking a project which seeks to gain a greater understanding of diabetes in the context of a complex system, taking into consideration the connections and interdependencies between behaviours, different/multiple actors and behavioural influences. A participatory workshop was held in April 2024 which brought together a diverse range of healthcare professionals involved in diabetes care in CTM UHB. Early findings from this work include a lack of connection and collaboration across the system, potential duplication of care processes and opportunities to increase patient centred approaches and improve self-management. Ongoing consultation regarding findings are underway with local stakeholders to collectively identify opportunities for intervening in the system to optimise outcomes and consider suggestions for behaviourally informed priority improvement activity.



9 MAXIMISING USE OF HEALTH INTELLIGENCE AND TECHNOLOGY

We need to prioritise optimal use of data/health intelligence to target action most effectively, and to monitor progress and return on investment. As part of the national Tackling Diabetes Together Programme, a workstream has been set up to fully explore current provision and the possibility of a national diabetes register.

In the meantime, use is being made of current resources such as the recently updated Diabetes and Insights and Variation Atlas (DIVA) dashboard in improvement planning.



There are a number of plans in place to increase use of patient-reported outcome measures (PROMS) and patient-reported experience measures (PREMS) to utilise patient feedback. The Therapies PREM is being implemented across services, and PROMS are planned to be recorded in line with the Minimum Data Set for Weight Management Services. XPERT outcomes are recorded and benchmarked nationally.

There is also considerable potential for digital efficiencies in care processes such as digital self-referral and self-booking. Other changes being explored include adding a specific Diabetes DATIX to all Wales DATIX system, plus the use of technology for patient monitoring and education is another area not fully explored.

10 CURRENT CHALLENGES

CTMUHB is currently facing a considerable number of challenges relating to type 2 diabetes

- Obesogenic environment of CTM – the healthy choice is not the easy choice in CTM
- Competing priorities within the current economic climate is a risk to stakeholder commitment to support system wide working around healthy environments and tackling obesity
- Short term funding and delays in recruitment have delayed roll out of the primary care led pre-diabetes service
- Insufficient capacity within the current adult weight management pathway in CTM to meet population need
- No paediatric weight management pathway in CTM – no support for children with overweight/obesity to reach and maintain a healthy weight
- No remission service available in CTM to target those with newly diagnosed type 2 diabetes
- Sub optimal and inequitable provision of routine diabetes care – low uptake of all 8 care processes with considerable variation across the UHB; varied podiatry provision across the UHB
- Low uptake of diabetes structured education programmes and limited funding for ongoing provision
- Current primary and secondary care services are working beyond capacity – additional requirements relating to diabetes prevention and improving diabetes care is a challenge in the current climate
- Processes are visibly siloed and there is a need for increased connection and collaboration, and greater understanding of the 'whole system' amongst health care professionals in order to optimise care and provide a seamless experience for people living with type 2 diabetes
- Duplication across care processes/pathways e.g., multiple health care professionals record weight, BMI, blood pressure across primary and secondary care
- Missed opportunities to provide brief advice at the point of diabetes diagnosis in order to support future engagement with diabetes annual reviews and structured education

point of view.
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bility difficult an

11

WHAT MORE NEEDS TO BE DONE?

Although the Health Board is committed to improving care across the whole of diabetes services, due to the huge potential for prevention and early intervention associated with type 2 diabetes the focus on action within this report has been on type 2 diabetes.

For type 2 diabetes there are 3 overarching objectives: -

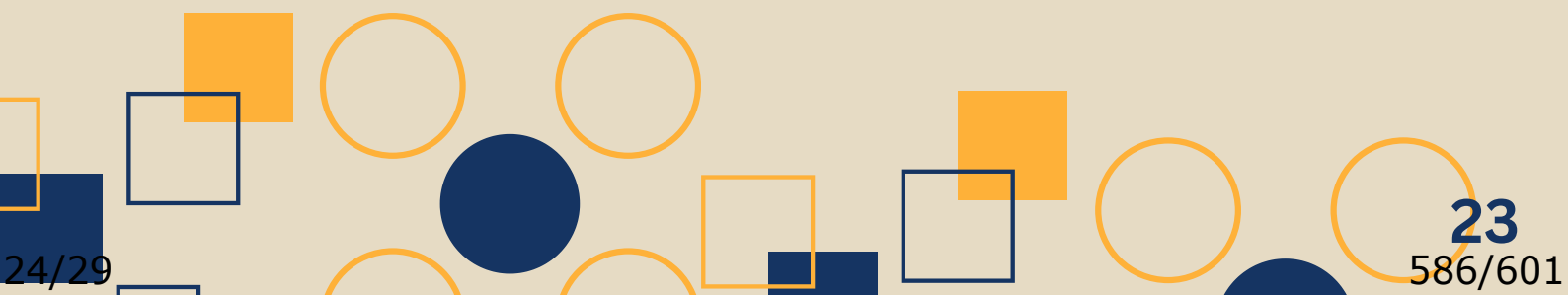
- Preventing onset of modifiable risk factors for Type 2 diabetes, e.g., prevention of overweight/obesity
- Preventing onset of type 2 diabetes in those with modifiable risk
- Preventing poor outcomes through effective diabetes care

Together these support all cohorts across the Type 2 diabetes pathway, covering primary and secondary through to tertiary prevention approaches. To achieve this there needs to be a focus on universal, evidence-based care pathways, workforce development, improved communication and engagement, and enhanced monitoring and data analysis.

Both use of behavioural approaches and maximising technology to improve outcomes are also key components of this work.

Running along all workstreams an increased commitment to research and evaluation at both a local and national level will promote best practice and shared learning.

Table 1 in appendix highlights the key action areas to be addressed at each part of the type 2 diabetes pathway.



A NUMBER OF NEXT STEPS HAVE BEEN IDENTIFIED:

1

Continue to develop a **whole systems approach** to healthy environments and tackling obesity.

2

Review of potential funding opportunities to allow expansion of key services as outlined for weight management, education and early complication management and commencement of remission and psychology services.

3

Ensuring continued collaboration with all stakeholders nationally and central coordination and oversight of activity across the whole pathway at a UHB level to maximise resource, expertise and learning.

4

Explore opportunities and approaches to increase professional and public awareness of diabetes prevention, management and complications.

5

Work with clinical colleagues to further explore completion rates for core care processes and determine improvement actions required.

6

Utilise the learning from the behavioural systems mapping event and behavioural science evidence base to identify areas for action and different approaches to working.

7

Prioritise optimal use of data/health intelligence to target action most effectively and monitor progress and return on investment.

12 CONCLUSION

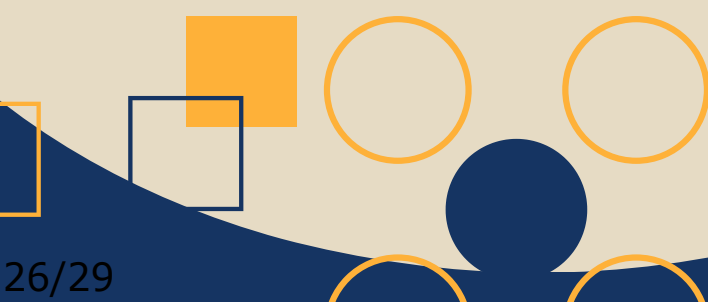
While diabetes is a concern across Wales, the scale of the challenge in CTM is considerable.

CTM has one of the highest prevalence of diabetes across health boards in Wales and some of the poorest outcomes in Wales. The current obesity profile in CTM for adults and children means we are at high risk of fulfilling the projected picture of an even steeper increase in the prevalence of type 2 diabetes over the next 10 years.

CTM has a higher percentage of more deprived areas than other Health Board areas in Wales which has a clear association with poorer health outcomes including overweight and obesity.

Amongst this UHB picture there are many examples of good practice and improvements in care but huge challenges remain in terms of insufficient capacity and short-term funding and our ability to provide an equal offer across all areas of CTM.

Type 2 diabetes has the dual challenge of balancing optimum management of those already diagnosed, with the need to prevent the development of new cases if we are to achieve a sustainable, effective approach. All stages of prevention are important in the management of type 2 diabetes, but as it is estimated that around half of Type 2 diabetes could be prevented with lifestyle changes, our collective focus and investment needs to shift towards primary and secondary prevention. This is not something that the health board can do alone. Our statutory and community partners are key to this work. Socioeconomic factors not only influence outcomes for people with diabetes but deprivation increases the risk of developing type 2 disease due to its influence on lifestyle factors. **Obesity is a major challenge for our population and one that requires a full system approach to effectively achieve change.** We thus need our statutory and community partners to work together with us, prioritising actions that will make a real difference for our current population and that will also improve the health of future generations in CTM.



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14 GLOSSARY OF TERMS

Autoimmune condition – A condition in which the body's immune system mistakes its own healthy tissues as foreign and attacks them.

Body Mass Index (BMI) – an estimate of total body fat. The BMI is defined as weight in kilograms divided by the square of the height in metres: $\text{weight}/\text{height}^2$

Cardiovascular disease – diseases of the heart and blood vessels

Diabetic foot disease – Infection, ulceration, or destruction of tissues of the foot of a person with currently or previously diagnosed diabetes mellitus

Diabetic nephropathy (kidney disease) – a long-term (chronic) kidney disease where high blood sugar levels damage the kidneys' filtering system (work of removing waste products and extra fluid from the body)

Diabetic retinopathy – damage to the blood vessels at the back of the eye (retina) due to raised blood sugar levels. It can cause blindness if left undiagnosed and untreated

Gestational diabetes – the body cannot produce enough insulin to meet extra needs during pregnancy which results in high blood sugar levels. This is detected by a glucose tolerance test

Glycaemia – the amount of glucose/sugar in the blood

HbA1c – a blood test that measures a person's average blood sugar level over the past 2 to 3 months.

Kidney failure (End-stage kidney disease) – The kidneys no longer work well enough to meet the needs of daily life. This is a life-threatening condition. Treatment options are dialysis or a kidney transplant

Obesity – having an excess amount of body fat. It is officially defined as having a BMI of 30+

Overweight – having more body fat than is optimally healthy. It is officially defined as having a Body mass index (BMI) of 25-29.9

Patient-reported experience measures (PREMS) – gather information on patients' views of their experience whilst receiving care and are an indicator of the quality of patient care

Patient-reported outcome measures (PROMS) – capture a patient's view of their own health and enable them to report on their quality of life, daily functioning, symptoms, and other aspects of their health and well-being

Peripheral neuropathy – damage to nerves in the body's extremities such as the hands, feet, arms and legs

Pre-diabetes – a condition where blood sugar levels are higher than normal, but not high enough to be diagnosed with diabetes. Defined as a HbA1c results of 42-47 mmol/mol

Type 1 diabetes mellitus (T1DM) – the cells that produce insulin in the body are destroyed. This results in high blood sugar levels (HbA1c 48+)

Type 2 diabetes mellitus (T2DM) – the body doesn't produce enough insulin for its needs or becomes resistant to the effects of the insulin produced. This results in high blood sugar levels (HbA1c 48+)

15 APPENDIX

Table 1: Key actions for primary, secondary and tertiary prevention of type 2 diabetes

Patient Cohort	Key Action Areas
Population wide - Diabetes risk reduction across lifespan	System wide working to help build healthier environments and tackle obesity Access to good quality food (including increasing breastfeeding initiation and continuation) Design of and access to community spaces A strong focus on children and young people
Those with known risk factors but no diagnosis of pre-diabetes/ diabetes	Increasing public awareness of diabetes risk Improving 'at risk' patient identification and testing for pre-diabetes and type 2 diabetes. Provision of a children and young person's weight management service Expansion of current adult weight management services
Those with pre-diabetes HbA1c 42- 47mmols	Continued development and expansion of the Pre-Diabetes Programme in CTM Improve uptake of the pre-diabetes programme, and target those of greatest need Adequate provision of weight management support for those with pre-diabetes
All newly diagnosed type 2 diabetics	Increase capacity and uptake of the type 2 diabetes structured education programme. Ensure the programme is acceptable and accessible to the target population Adequate provision of weight management support Provide brief advice at the point of diagnosis to support understanding of type 2 diabetes, self-management of the condition, and engagement in the care processes Early optimisation of therapies for raised HbA1c and management of cardiovascular risk factors, e.g., high blood pressure, raised cholesterol Increased focus on psychological aspects of care and psychologically informed services
Newly diagnosed type 2 diabetics with potential for remission (up to 6 years post diagnosis)	Implementation of a type 2 diabetes remission service in CTM
Patients on Type 2 diabetic registers	Improving annual uptake/completion of the 8 National Diabetes Audit Care Processes
Routine Care	Work needed to understand non-attendance of diabetic eye screening appointments and ensure uptake is increased and equitable Increased accessibility of clinic venues and appointment times Act on findings of the 8 National Diabetes Audit Care Processes, in particular the achievement of 3 treatment targets related to BP, HbA1c and cholesterol Optimising medication and self-management of diabetes Simplified referral processes Improved communication, collaboration, and networking across primary care and other health care professionals involved in diabetes care Implementing diabetic element of the Community Health Pathways Project
Patients on Type 2 diabetic registers	Early recognition and effective referral pathways for further investigation/treatment
Treatment of complications	Review podiatry services across CTM to ensure they are appropriate and equitable Ensure there is equitable CTM-wide provision of best practice for the treatment of diabetic complications
Care for unscheduled admission/surgical intervention	Health Board wide protocols in place to ensure appropriate care of diabetic patients irrespective of speciality/service accessed
Crosscutting	
1. A consistent approach underpinned by person centred care 2. Support for individual behaviour change, self-management and shared decision making 3. Maximising potential of technology and development of one digital record for people living with diabetes 4. Data driven planning and prioritisation with a focus on patient outcomes	

Agenda Item
8.2.6

CTM Health Board

Public Service Board Update

Dyddiad y Cyfarfod / Date of Meeting	28/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Hammond, CTM PSB
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
None	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
PSB	Public Service Board
RPB	Regional Partnership Board

1. Situation / Background

1.1 Cwm Taf Morgannwg PSB brings together the previous boards of Cwm Taf, covering Merthyr Tydfil and Rhondda Cynon Taf, and Bridgend to form one Public Service Board for the Cwm Taf Morgannwg area.

1.2 This paper provides a brief update on current activities

2. Specific Matters for Consideration

Workstream	PSB lead	Update October 2024
Climate Change Risk Assessment	Director of Strategy & Transformation	The three public workshops brought useful information into the risk assessment and the consultants are collating all of the information. At the PSB on 12th September they introduced 14 areas that had been identified as particularly important, of which will be shared with all participants of the risk assessment so far to get their thoughts. They proposed a Gold, Silver, Bronze approach to categorising areas that need action by seriousness and also by where and how the response should come. This will be part of the final report that will be received at the end of October. We hope to hear about the LEVERs bid later this month. Linda Prosser is the lead on this for the PSB and stressed the importance of leadership at a senior level for responding to climate change and that the PSB is well placed to take that role.
Workforce well-being sub board	Valleys To Coast Housing	The neuro-divergence task group has made contact with health board leads and will meet later this month to look at information to share across partners with links to further resources. A small task group for working on volunteering in green spaces has been established. The outcome of the PSB's 12 month review was shared with the sub-board in September, with particular reference to the requirement for having clear delivery plans with outcomes and regular reporting to the PSB.
Active Travel Charter	Director of Public Health	Initial membership of the task group has been established and dates are being set for the task group meetings.
Young Voices	Vice Principal, Bridgend College	Links to the videos will be shared to the young people now the new academic year has begun to plan in the sessions with the PSB members.



PSB Development	PSB Chair	The PSB considered the findings and actions from the review at their task group. They were keen to see closer communication with the key strategic partnerships including the regional CSP, RPB and safeguarding board including regular updates at the PSB. These updates from the PSB will be further developed for the partnerships and through PSB partner organisations. A small task group is to be developed to look at data sources and sharing. The member updates at the start of the meeting is proving to be a means for partners to identify key emerging issues for their organisation. The forward work programme was shared and a template is being prepared for PSB members to put forward future agenda items.
Website	Support team	The website continues to be developed as a source for information about the PSB and partnerships and also as a reference and workspace for PSB sub-boards.
Bridgend Food partnership	BFP	An event was held on 3rd October 2024 at Bryngarw Country Park.

3. Key Risks / Matters for Escalation

- 3.1 It should be noted that the Chair of the PSB, Mark Brace, announced in September that he will be stepping down from the role. A new Chair is currently being sought.

4. Assessment

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



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

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



Resource Impact
(People / Financial)

5. Recommendation

5.1 The Board is asked to NOTE this update

6. Next Steps

6.1 Work with the PSB is ongoing

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Services Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	19 September 2024
Summary of key matters including achievements and progress considered by the Committee and any related decisions made	
Chair's Report The Chair updated the Committee on activities since the last meeting and forthcoming events. This included: - Gareth Hardacre, Director of People, Organisational Development & Employment Services, would be in contact with the members to discuss the Chair's appraisal for this year and the Chair encouraged all partners to participate and provide feedback; - the Chair participated in the Chair's Peers Group in August and September 2024 meetings; - the Chair was part of the Managing Director's appraisal meeting with Judith Paget, Director General of Health and Social Services and the NHS Wales Chief Executive. The review was a very positive one, emphasising the progress and improvement in NWSSP during this year and its significant contribution to the NHS in Wales; and - the Chair attended a meeting with the new Cabinet Secretary for Health & Social Care, Jeremy Miles. The key messages were to ensure collective effort to deliver the Ministerial priorities to explore in depth how the NHS can be more resilient and sustainable, to invite organisations to collaborate to deliver the Ministerial priorities, to be open to learning about what is going well and to identify obstacles found in the system. The Cabinet Secretary's invitation was to champion the good work undertaken to date and challenge organisations to go further. He stressed the importance of Once for Wales approaches as being fundamental and not contentious.	
Managing Director Update The Managing Director presented his report, which included the following updates on key issues: - A brief report from the Welsh Risk Pool (WRP) was provided in the report and would be a standing feature going forward. An update was provided by Jonathan Webb, Head of Safety and Learning, NWSSP Legal and Risk Services, to the Chief Executives meeting, which was timely in terms of the Annual Reviews, which would be sent out individually to NHS Wales organisations. Discussions included the financial position and the need to continue to learn lessons within and across NHS	

organisations. An invitation was kindly extended to all individual committees within NHS Wales organisations to further explore WRP matters, should they wish to;

- The solar farm in IP5, Newport, received planning permission from Newport City Council. The next stage is to start installing the solar panels to contribute to the Radio Pharmacy project as well as to support the Decarbonisation Plan;
- Work is continuing on the larger South East Wales Hub element of the TrAMs programme;
- Sessions have been running in partnership with colleagues from Aneurin Bevan UHB on employee investigations where members of staff from different organisations are attending to start the journey to deal with investigations the best possible way, to try to reduce any avoidable employee harm in the process;
- We have signed up to the Armed Forces Covenant and have been working with them in areas such as recruitment;
- There was a further meeting recently with Welsh Government regarding PPE stock holding with an aim to reach resolution on the stock that NWSSP would be instructed to hold but further discussions would be required; and
- From 9 September 2024, the Medical Examiner Service became statutory and it has already caused an approximate 20% increase in work carried out during the first week. There were no significant issues in terms of records and the workload is well managed. A letter was sent on 22 August 2024 to Chief Executive Officers regarding the signing of Death Certificates by F1s (Junior Doctors), which legally they are not allowed to do as they are provisionally registered only.

Deep Dive

Developments in Audit & Assurance Services

A comprehensive deep dive was presented to the Committee by the Director of Audit and Assurance Services, Simon Cookson. The Committee received information as regards quality assurance, benchmarking and a new Global Internal Audit Standard to be introduced from 9 January 2025.

Items Requiring SSPC Approval/Endorsement

Audit Committee Terms of Reference

The Audit Committee Terms of Reference were endorsed by the Audit Committee on 25 July 2024 and presented to the Committee for approval, as required by the Standing Orders. The main aspect of the update of the Terms of Reference was to reflect the updated role for Assistant Director of Corporate Services. The Committee **APPROVED** the Terms of Reference.

Armed Forces Covenant

As NWSSP has already been awarded the Armed Forces Bronze Medal the Committee endorsed organisational efforts towards achieving the Silver Medal. The award demonstrates support to the defence and armed forces community and organisations pledge to align their values with the Armed Forces Covenant. The Committee **ENDORSED** the Covenant.

Items for Noting
Customer Service Excellence Organisational Action Plans (Verbal) The outcome of the year two assessment of the Customer Service Excellence accreditation was very positive and provides assurance around excellence in the customer services delivered by NWSSP. Assessor feedback detailed exceptional performance, with 12 compliances pluses and 35 compliances overall. There were no areas of partial compliance. Areas of strength included organisational leadership and staff empowerment and areas for improvement included customer service training and the customer charter which would be covered in the Autumn SSPC Development Day. The Committee NOTED the Report.
2023/24 Wales Infected Blood Support Scheme (WIBSS) Annual Report The Report provides an update on the finance and support provided during the financial year of 2023/24 and details the proactive work carried out by WIBSS during the period, looking ahead to priorities relating to 2024/25. The Committee received an update that the UK Infected Blood Compensation Authority (IBCA) would be in place by 1 April 2025 and the NWSSP team is working closely with the Cabinet Office in relation to the transitional arrangements. The Committee NOTED the Report.
2023/24 Audit Committee Annual Report The Report had been discussed and approved by the Audit Committee in July 2024 and was brought to the Committee for discussion and noting, as detailed in the Standing Orders. It highlighted the activities and the performance of the Audit Committee during the previous twelve-month period. There was one limited internal audit review during the course of the year that related to Decarbonisation, which has been reported to Welsh Government. The Committee discussed the risks relating to limitations on capital funding around the affordability and deliverability of the Decarbonisation Action Plan, which was identified as one of the main contributing factors which underpinned the limited assurance rating. The Committee NOTED the Report.
Finance, Performance, People, Programme and Governance Updates
Finance – The financial position to the end of 31 August 2024 was a year-to-date surplus of £1.831m. This was reported as a surplus of £1.414m within core operational budgets and £0.417m against the recurrent covid allocation. NWSSP has incurred £0.300m capital expenditure to date against its current £6.611m Capital Expenditure Limit (CEL). NWSSP is continuing to work on a capital prioritisation exercise to inform the allocation of the remaining £0.218m of discretionary capital funding and reviewing the prioritisation in readiness for any opportunities to bid for year-end capital slippage funding. Some of the capital challenges faced this year had been the medical records storage unit in Mamhilad and the Laundry Service. Capital schemes are being reviewed and there had been meetings in terms of revenue position with all divisions in NWSSP. The main areas to be discussed were the control processes around the vacancy positions and the variable pay. The Welsh Risk Pool has no overall change to the forecast for the current year, but there will be some changes to the distribution of the risk which will be informed by Lindsay Payne, Deputy Director of Finance to the NHS Wales Deputy Directors of Finance. There was good progress on the NWSSP

'no PO, no Pay' position.

People & Organisational Development Update – Sickness absence had slightly increased to 3.18% from 2.89%, compared to the same period last year, but remains under the NHS target of 3.3%. In e-learning, overall compliance remains very high, with two areas below target being Laundry Services and Welsh Employers Unit. Agency spend has been positively reduced in accordance with Welsh Government's target reduction of 15% until January 2025, seeing NWSSP reduce its overall spend year to date by 87% (£32,622). PADR compliance was above target this month at 85.28%. There had been a questionnaire targeted specifically to Single Lead Employer (SLE) employees regarding the Speaking Up Safely implementation. A deep dive session around the SLE model would be scheduled for a future meeting, together with an update on race equality, once data becomes available.

Performance – The report presented the Key Performance Indicators (KPIs) for April to July 2024. To date, there were no significant areas of concern to be brought to the Committee's attention. The website is going under a major review by the Communications team, and NWSSP are in the process of recruiting for a Head of Communications. Professional influence benefits amount to £111m as at the end of July, and there was a significant reduction in the Time to Hire metrics, which are showing a reduction to 59 days, where the target is 71 days. In accordance with the IMTP cycle, there will be a review of all targets including Time to Hire.

Outcome Measures Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and has a focus on outcomes from the IMTP. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction and employee well-being, noting room for improvement with staff turnover. There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Project Management Office Update – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. Updates regarding higher risk projects would continue to be reported as a matter of course to the Committee. The Headquarters relocation project has suffered some delays which are being worked through and SSPC will continue to be informed of developments. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee.

Corporate Risk Register – There are six red risks reflected in the Corporate Risk Register. The Primary Care Workforce Intelligence System risk was escalated by the SLG at its last meeting. As it has been detailed and discussed by the SLG, the assurance has been given on the actions to take forward to mitigate the risk and to bring to the Committee any further assurance required. The remainder of the Corporate Risk Register position remains stable.

The Committee **DISCUSSED** and **NOTED** the update Reports

Papers for Information

The following items were provided for information only and the Committee **NOTED** the reports:

- Personal Protective Equipment (PPE) Report;

• Finance Monitoring Returns (Month 4 2024/25 and Month 5 2024/25); • NWSSP Audit Committee Assurance Report - July 2024; • Draft Agenda October Development Session; and • Forward Plan.	
Part B (Private Session)	
<i>Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960</i>	
The Minutes the 18 th July 2024 Shared Services Partnership Committee meeting Part B were approved.	
Any Other Business (AOB)	
The Committee approved Lindsay Payne, Deputy Director of Finance, NWSSP as the Welsh Energy Group Vice Chair.	
Matters requiring Board /Committee level consideration and /or approval	
The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
No further matters were referred to other Committees.	
Date of next meeting	21 November 2024