

Health Board Progress against the Enabling Actions in the NHS Wales Planning Framework

Health Board:	CTMUHB
Date Submitted:	
Completed by:	Strategy and Transformation Directorate

Instructions:

Each of the thematic areas has its own tab to be filled in. For each of the enabling actions within each area, can you please provide the baseline position as at 1 April 2025, progress as at October 2025, the risks and challenges to delivery and evidence to support your position. A final column is for you to record the RAG rating of each of the actions.

	Thematic area	Objectives
Tab EA1	Operational Productivity and Efficiency - UEC	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation
Tab EA2	Operational Productivity - Planned Care	Improving timely access to care, reducing unwarranted variation in clinical productivity
Tab EA3	Workforce Productivity	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce
Tab EA4	Maximising Value for Money	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness
Tab EA5	improving Value, Optimising Outcomes, and Minimising Variation	Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes

Operational Productivity & Efficiency - Urgent and Emergency Care

Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation

Cwm Taf Morgannwg University Health Board's Six Goals for Urgent and Emergency Care Programme provides the governance and delivery structure for the following actions. These are also reflected in the plans of the relevant care groups (Primary and Community Services and Urgent and Emergency Care)



CTM Plan Reference	Adoption Status and Monitoring	Baseline Position - 1 April 2025	Progress report - October 2025 (Q2)	Challenges/risk to delivery	Evidence	RAG rating															
Six Goals Plan/ Programme	<p>Adoption status: planning phase Governance and monitoring: Community Steering Group/Workstream 1, 6 Goals UEC Programme Board Key Deliverables:</p> <ul style="list-style-type: none"> Finalise Strategic Outline Case for implementation of community based falls response service based on demand data and analysis of gaps i.e. LA provision of mobile response covering Merthyr Tydfil area. Enhanced Care in Community (ECC) Level 4 Phase 3 implementation – 'Admission Avoidance' – urgent response in community to include falls response (8am – 9pm/7-days a week coverage) to supplement Telecare and LA-funded mobile response teams Comprehensive Directory of Services for community, primary and secondary care services to ensure clear pathways and point of referral when fall occurs in community Continue training provision for care home providers to increase capability, provision of timely response to those who suffered fall and reduce admissions where safe and appropriate 	<p>Reduction of Level 1, Level 2 falls conveyance to ED by 10% by end of December 25/reduction by 25% by end of March 26 (against March 25 baseline)</p> <p>Care homes March 2025: Level 1 – 115 falls conveyed to ED Level 2 – 73 falls conveyed to Key benefits measures have been set.</p> <p>Data comparison:</p> <table border="1"> <thead> <tr> <th></th> <th>Mar 25</th> <th>Apr 25</th> <th>May 25</th> <th>Jun 25</th> </tr> </thead> <tbody> <tr> <td>L1</td> <td>115</td> <td>106</td> <td>115</td> <td>102</td> </tr> <tr> <td>L2</td> <td>73</td> <td>65</td> <td>69</td> <td>58</td> </tr> </tbody> </table> <p>These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus Tier three C1.1 – C1.12. All will be assessed and reviewed monthly.</p>		Mar 25	Apr 25	May 25	Jun 25	L1	115	106	115	102	L2	73	65	69	58	<p>Q2 data comparison: March 25 - 188 April 25 - 171 May 25 - 185 June 25 - 178 Jul 25 - 236 Aug 25 - 214 Sept 25 - 53</p> <p>8.5% reduction from March 25 baseline based on average number of falls per month conveyed between April and September 25</p> <p>Falls Response – clinical assessment in community via Single Point of Access (SPoA) in partnership with local mobile responder teams: service in place in RCT since June and in Bridgend since July 25. Engagement with Merthyr Tydfil CBC in progress – CTM UHB received an additional £100k from WG to extend mobile responder coverage in Merthyr via RCT contract and further extend clinical input to MT from SPoA, process of operational delivery in progress.</p> <p>CTM UHB received an additional £86,835 for falls training (St Johns Ambulance) and lifting equipment procurement for care homes – 30 care homes in CTM area to receive the training between October 25 and March 26.</p> <p>Hospital @ Home operational delivery of crisis response following staff OCP in progress, the provision will include falls response, assessment of frailty (frailty clinics) and medication</p>		Data supplied in the update.	
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Six Goals Plan/ Programme	<p>Adoption status: delivery phase Governance and monitoring: Community Steering Group/Workstream 1, 6 Goals UEC Programme Board Key Deliverables:</p> <ul style="list-style-type: none"> Build on Navigation Hub capacity: admission avoidance - Implementation of Doccla Virtual Wards as part of the SDEC pathway in RGH. Care home support – support conversation/review before conveyance. Roll out the WAST-led LUSCII project in care homes with the view to mandate care home calls to NH as first point of contact where safe and appropriate. Merge operational activity of Discharge Hub with Navigation Hub to support delivery of enhanced care in community (discharge and admission avoidance) Phase 3 of ECC Level 4 implementation. Falls: central coordination for admission avoidance with ECC level 4 in place to support urgent response in community including falls. 	<p>Baseline data: Reduce conveyance from care home by ambulance to ED: no higher than 50% rate by end of December 2025, sustained until the end of March 2026.</p> <p>Maintaining status of 23-25% care home conveyances to ED monthly.</p> <p>Plans in place to reduce further.</p> <p>Data comparison:</p> <table border="1"> <thead> <tr> <th></th> <th>Mar 25</th> <th>Apr 25</th> <th>May 25</th> <th>Jun 25</th> </tr> </thead> <tbody> <tr> <td></td> <td>446</td> <td>419</td> <td>415</td> <td>388</td> </tr> </tbody> </table> <p>Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus Tier three C2.1 – C2.9. All will be assessed and reviewed monthly.</p>		Mar 25	Apr 25	May 25	Jun 25		446	419	415	388	<p>7% reduction from March 25 baseline based on average number of care homes conveyances per month between April and September 25</p> <p>Wider support for care homes – create admission avoidance protocol with WAST to ensure direct contact from care home via SPoA before 999 – 'call before convey' – national work in planning phase supporting local delivery</p> <p>Please note – practical response to falls training provision and equipment in section above.</p>		Refer to data table (right)						
	Mar 25	Apr 25	May 25	Jun 25																	
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Six Goals Plan/ Programme	<p>Adoption status: planning phase Governance and monitoring: Community Steering Group/Workstream 1 & 2, 6 Goals UEC Programme Board Key Deliverables:</p> <ul style="list-style-type: none"> Produce acute frailty implementation plan guided by frailty at the front door framework (national team completion end of March 25). Align front door provision with Integrated Discharge Team (front door discharge) and Navigation Hub for support in community (ECC and hot/frailty clinics - @Home service) – trusted assessor model. Scale up Acute Care of Elderly (ACE) model in RGH and PCH with additional clinical capacity and therapy input for effective in reach to ED and SDEC services across all three sites. Align Fracture Liaison Service with overall frailty approach and falls framework as well as community services to support patients closer to home (Falls Response – priority 1). 	<p>Baseline data: Front door: March 2024 – February 2025 – 5082 patients over 65 seen in SDEC. On average 42% discharged the same day.</p> <p>Admission to hospital bed (emergency admissions)</p> <p>Data comparison:</p> <table border="1"> <thead> <tr> <th></th> <th>Mar 25</th> <th>Apr 25</th> <th>May 25</th> <th>Jun 25</th> </tr> </thead> <tbody> <tr> <td>Under 65</td> <td>524</td> <td>610</td> <td>645</td> <td>686</td> </tr> <tr> <td>Over 65s</td> <td>931</td> <td>1071</td> <td>1165</td> <td>1116</td> </tr> </tbody> </table> <p>Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two measures plus Tier three C3.1 – C3.18. All will be assessed and reviewed monthly.</p>		Mar 25	Apr 25	May 25	Jun 25	Under 65	524	610	645	686	Over 65s	931	1071	1165	1116	<p>SDEC same day discharges continue to be over 85%.</p> <p>Increase in emergency admissions for over 65s with LoS> 7 days observed in Q1 36% increase – average number of emergency admissions to ED for over 65s Quarter 2 in comparison to March 25 baseline and 12% increase from Q1</p> <p>Increase in emergency admissions for over 65s with LoS> 21 days observed in Q1 14% increase – average number of emergency admissions to ED for over 65s Quarter 2 in comparison to March 25 baseline and 10% increase from Q1</p> <p>Admissions with LoS >21 days Process mapping of 3 acute sites complete to understand current processes, blockages and nuance across each site. Early discussions regarding workforce gaps and blockages underway to present back to the Acute Frailty Project Board. Space identified in POW to expand ACE unit to cohort patients usually spread across ACE, AMU and ED, should remove the PPTWR. PCH have split the ward to 12 bedded ACE and 12 bedded long stay to focus on quick turnaround of suitable patients, started accepting p2 and p3 patients to this space from September 1st. Additional specialty doctor started September 1st and will allow for speciality in-reach into AMU.</p>		Please refer to the tables on the right	A
	Mar 25	Apr 25	May 25	Jun 25																	
Under 65	524	610	645	686																	
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March 25	April 25	May 25	June 25	Jul 25	Aug 25	Sep 25
446	419	415	388	432	427	412

March 25	April 25	May 25	June 25	Jul 25	Aug 25	Sep 25
91%	90%	90%	89%	90%	90%	90%

Admissions with LoS > 7 days:			
	July 25	Aug 25	Sep 25
Under 65	557	477	497
65+	677	613	652

Admissions with LoS > 21 days:			
	July 25	Aug 25	Sep 25
Under 65	28	32	45
65+	201	168	192

Six Goals Plan/ Programme	<p>Adoption status: delivery phase Governance and monitoring: Workstream 2, 6 Goals UEC Programme Board Key Deliverables:</p> <ul style="list-style-type: none"> Pilot eTriage in RGH and evaluation for further implementation in POW and PCH. Evaluation of HISU extended operational activity in PCH (national slippage funding Dec 24 – March 25) with view to extend investment in revenue. <ol style="list-style-type: none"> Ongoing delivery of Strategic Transformation of Acute Medicine Programme to support delivery of flow improvements at the front door. Evaluation of Urgent Treatment Centre in PCH with view to roll out on other acute sites. Monitoring and delivery of 7 priorities as defined by ED Quality Statement. Formulation of implementation plans in readiness for WECDS for roll out by end of March 2026. Ongoing review of GIRFT/SEDIT data to evaluate EDs current demand, capacity, flow and outcomes, to understand why problems are occurring, and to target the root causes. 	<p>Baseline data: 4 hr ED performance – target 72% by Q3 4 hr ED performance Data comparison:</p> <table border="1"> <thead> <tr> <th>Mar 25</th> <th>Apr 25</th> <th>May 25</th> <th>Jun 25</th> </tr> </thead> <tbody> <tr> <td>66.5%</td> <td>67.4%</td> <td>62.8%</td> <td>62.7%</td> </tr> </tbody> </table> <p>Handover delays over 45 min:</p> <table border="1"> <thead> <tr> <th>Mar 25</th> <th>Apr 25</th> <th>May 25</th> <th>Jun 25</th> </tr> </thead> <tbody> <tr> <td>1050</td> <td>1163</td> <td>1011</td> <td>416</td> </tr> <tr> <td>53.8%</td> <td>57.3%</td> <td>49.1%</td> <td>21.9%</td> </tr> </tbody> </table> <p>Lost hours per ambulance arrival:</p> <table border="1"> <thead> <tr> <th>Mar 25</th> <th>Apr 25</th> <th>May 25</th> <th>Jun 25</th> </tr> </thead> <tbody> <tr> <td>2652</td> <td>3067</td> <td>2236</td> <td>732</td> </tr> </tbody> </table> <p>12 hr ED breaches:</p> <table border="1"> <thead> <tr> <th>Mar 25</th> <th>Apr 25</th> <th>May 25</th> <th>Jun 25</th> </tr> </thead> <tbody> <tr> <td>1672</td> <td>1669</td> <td>1853</td> <td>1788</td> </tr> </tbody> </table> <p>Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following. Tier one and two measures plus tier Three C4.1 – C4.29. All will be assessed and reviewed monthly.</p>	Mar 25	Apr 25	May 25	Jun 25	66.5%	67.4%	62.8%	62.7%	Mar 25	Apr 25	May 25	Jun 25	1050	1163	1011	416	53.8%	57.3%	49.1%	21.9%	Mar 25	Apr 25	May 25	Jun 25	2652	3067	2236	732	Mar 25	Apr 25	May 25	Jun 25	1672	1669	1853	1788	<p>Negative reduction in 4hr ED performance Q2 average at 60.33% lower than baseline March 25 at 66.5% - current downward trajectory towards 72% target in Q3</p> <p>Positive reduction in in <45min ambulance handover delays in Q2 average at 331 – 68% reduction from baseline March 25 at 1050</p> <p>Positive reduction in in lost hours per ambulance arrival in Q2 average at 612 - 77% reduction from baseline March 25 at 2652 Number of 12 hr ED breaches increasing with average for Q2 at 2048 – 23% higher than March 25 baseline of 1666.</p> <p>•Strategic Transformation of Acute Medicine Programme (STAMP) - next steps in PCH & RGH are to extend the consultant coverage to allow for a 7-day service. Funding granted currently working with recruitment and retention on plans as multiple consultant vacancies are being targeted in one drive – Acute Med vacancy on Trac excepted delivery Q3 Princess of Wales Hospital: focused works to understand complexity of the POW site with directorate team based on site carried out during August, roll out Optimise (Optimal Hospital Flow Framework) in POW beginning of October to address the issues around discharge, hospital flow and 12 hour performance in ED. Plans to ensure focus weeks are launched in PCH and RGH at the same time as the POW Reset to ensure all sites are focused on improving flow throughout AMU and the front door – expected delivery Q4 •Ambulance Handover Data showing a stark improvement in</p>		Data supplied in the update.										
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Six Goals Plan/ Programme	<p>Adoption status: delivery phase Governance and monitoring: Workstream 3, 6 Goals UEC Programme Board Key Deliverables:</p> <ul style="list-style-type: none"> Continue delivery of Optimal Hospital Flow Framework and pan-CTM training and mentoring programme (Optimise) including embedding of adding value in every day care through Red 2 Green principles and increase capability and knowledge around deconditioning. Launch and monitor compliance for ESR training uptake 'Optimise' modules: R2G, SAFER, deconditioning, D2RA. Design and implement board round audit tool to support delivery of SAFER compliance improvement. <ol style="list-style-type: none"> Performance framework re site and flow processes to be implemented to provide site based support for OHFF principles to provide assurance from ward to board. Continue Super Stranded review panels in POW and community hospitals and scale up to RGH and PCH. Implement ECC Level 4 Crisis Response Team 'Bridging Care' Phase 1 and Early Discharge Phase 2 of ECC (Enhanced Care in Community) – 7-day working model and improve discharges from acute hospitals to home – trusted assessor model. Improve timeliness of DST/CHC processes in community beds - integrated discharge model and implementation of Integrated Discharge Team. 	<p>Baseline data: Average LoS and No of discharges - acute:</p> <table border="1"> <thead> <tr> <th>Mar 25</th> <th>Apr 25</th> <th>May 25</th> <th>Jun 25</th> </tr> </thead> <tbody> <tr> <td>12.2</td> <td>10.8</td> <td>11.5</td> <td>9.5</td> </tr> <tr> <td>1986</td> <td>2159</td> <td>2328</td> <td>2284</td> </tr> </tbody> </table> <p>Average LoS and No of discharges - community:</p> <table border="1"> <thead> <tr> <th>Mar 25</th> <th>Apr 25</th> <th>May 25</th> <th>Jun 25</th> </tr> </thead> <tbody> <tr> <td>50.3</td> <td>61.2</td> <td>62.7</td> <td>46.3</td> </tr> <tr> <td>143</td> <td>153</td> <td>156</td> <td>151</td> </tr> </tbody> </table> <p>POCD – number of delays and days delayed</p> <table border="1"> <thead> <tr> <th>Mar 25</th> <th>Apr 25</th> <th>May 25</th> <th>Jun 25</th> </tr> </thead> <tbody> <tr> <td>248</td> <td>284</td> <td>246</td> <td>277</td> </tr> <tr> <td>14488</td> <td>13181</td> <td>11531</td> <td>11725</td> </tr> </tbody> </table> <p>Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following. Tier one and two measures plus Tier three C5.1 – C5.52. All will be assessed and reviewed monthly.</p>	Mar 25	Apr 25	May 25	Jun 25	12.2	10.8	11.5	9.5	1986	2159	2328	2284	Mar 25	Apr 25	May 25	Jun 25	50.3	61.2	62.7	46.3	143	153	156	151	Mar 25	Apr 25	May 25	Jun 25	248	284	246	277	14488	13181	11531	11725	<p>Acute: Positive reduction in avg LoS in Q2 average at 9.7 – 18.5% reduction from baseline March 25 at 11.9 Number of discharges with average for Q2 at 2318 – 11% higher than March 25 baseline of 2086.</p> <p>Community: Negative increase in avg LoS in Q2 average at 54.3 – 7% increase from baseline March 25 at 50.3</p> <p>Q2 data comparison: LoS Acute Sites (on discharge – avg days) No of discharges monthly are provided in the table (right)</p> <p>LoS Community Sites (on discharge – avg days) No of discharges monthly</p> <table border="1"> <thead> <tr> <th>July 25</th> <th>August 25</th> <th>Sep 25</th> </tr> </thead> <tbody> <tr> <td>55,449</td> <td>158,4</td> <td>159,125</td> </tr> <tr> <td>158,4</td> <td>148</td> <td>148</td> </tr> </tbody> </table> <p>Acute: Positive reduction in avg LoS in Q2 average at 9.7 – 18.5% reduction from baseline March 25 at 11.9 Number of discharges with average for Q2 at 2318 – 11% higher than March 25 baseline of 2086.</p> <p>Community: Negative increase in avg LoS in Q2 average at 54.3 – 7% increase from baseline March 25 at 50.3</p>	July 25	August 25	Sep 25	55,449	158,4	159,125	158,4	148	148		Please refer to the tables on the right	A
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Six Goals Plan/ Programme	<p>Key actions included in 50-day challenge guidance have been included in the delivery plan of 5 ministerial priorities for 2025/2026 across workstream 1, 2 and 3:</p> <ul style="list-style-type: none"> Point 1 - 'Refresh focus on embedding six goals programme Optimal Hospital Flow Framework (workstream 3) Point 2 – 'Apply 7 day working to enable discharge of patients during weekend' (workstream 1 and 3) Point 3 – 'Undertake Decision Support Tool (DST)/CHC process in the community (workstream 3) Point 4 – 'Regional collaboration to ensure that an integrated approach to system navigation exists' (workstream 1 and 2) Point 5 – 'Regional weekly review of LOS 21-28 days and 20 longest LOS patients with focused actions to progress discharge (workstream 3) Point 8 – 'Trusted Assessor model for all care settings' (workstream 3) Point 9 – Home first should be the default for all patients clinically optimised – discharge planning begins on admission' (workstream 3) Point 10 – 'Community services to focus on 7 day community-based falls response pathways' (workstream 1) <p>Point 6 – 'Proactive management of identified 0.5% high risk population group by clusters and multi professional community teams' and Point 7 – 'Improving Primary and Community Care Integration for People Most at Risk of Admission or Readmission due to Frailty and/or co-morbidity – within the scope of Primary Care Transformation Board linking to 6 Goals UEC Programme Board re delivery of outcomes and collaborative/enabling actions.</p>	<p>Key benefits measures as defined above and per attached document.</p> 	<p>Key benefits measures as defined above and per attached document.</p>		 2025-26 6 Goals Refresh Monthly Da	A																																													

Q2 data comparison:
LoS Acute Sites (on discharge – avg days)
No of discharges monthly

July 25	August 25	Sep 25
9.9	9.5	9.8
2478	2137	2339

LoS Community Sites (on discharge – avg days)
No of discharges monthly

July 25	August 25	Sep 25
55.4	49.1	58.4
159	125	148




Thematic Area: Operational Productivity – Planned Care
 Objective: Improving timely access to care, reducing unwarranted variation in clinical productivity
 Summary Statement: Cwm Taf Morgannwg University Health Board's Productivity Improvement and Transformation Board (PIT) provides the governance and delivery structure for the following actions. These are also reflected in the plans of the relevant care groups (Planned Care and other care groups providing planned care services). Each service area has a service improvement group within the PIT structure.

Enabling Actions	CTM Plan Reference	Adoption Status and Monitoring	Baseline Position - 1 April 2025	Progress report - October 2025 (Q2)	Challenges/risk to delivery	Evidence	RAG rating
Improving timely access to care, reducing unwarranted variation in clinical productivity							
Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	PIT Programme/ Planned Care	The health board will adopt this action. Guidance on the publication of the guidelines is awaited. Within the PIT programme, the Outpatients Group will provide the mechanism for monitoring and delivery for these actions. Each service area will implement and report through their service improvement group (SIG). The health board has set requirements for PIFU and SOS. Confirmation of expected completion date is requested.	No baseline as currently not part of standard measures. Orthopaedics has been identified as the first priority area TARGET DELIVERY DATE: Orthopaedics Q1 25/26 Ophthalmology Q2 25/26 Other appropriate services Q3 25/26 Key enabler: Digital support	Ophthalmology, Dermatology and ENT have confirmed they are in line with CIN guidance. Urology, General Surgery and Gynaecology have plans to move conditions that aren't in line with CIN guidance to CIN guidance. No plan received from Orthopaedics as yet. Benchmarking of SOS/PIFU activity against other HBs will be used to check CTM level of use.			A
All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	PIT Programme/ Planned Care	Adopt This requirement is included in the Planned Care priorities for the IMTP 2025-2028.	No baseline as currently not part of standard practice at CTM. TARGET DELIVERY DATE Q3 25/26 Key enabler: availability of POW theatre capacity	Cataracts now under review at regional level aligned to SE Wales Programme and direct listing has commenced.			B
Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	PIT Programme/ Planned Care	Adopt The health board has set this standard for DNA rates/ overbooking and will review the impact of CNA rates to align with the requirements of this action.	DNA rate 8% (Jan – Dec 24) CNA rate 10% (Jan – Dec 24) No baseline as currently not part of standard practice at CTM TARGET DELIVERY DATE Q2/3 25/26 Key enabler: service-level implementation, mitigation planning	•Monitoring of DNA/CNA rates is in place for every Outpatient clinic and available in the Outpatient Power BI dashboard. •DNA/short notice CNA analysis is complete and has been shared with specialties. This was discussed at last the Outpatient meeting. The group agreed to proceed with the additional clinic template slots collated through the analysis, but requested further details on resource requirements to change the templates and the additional ongoing booking of patients. •Medical Records are drafting a paper on the resource impact of clinic template changes and corresponding ongoing additional booking.			C
Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	PIT Programme/ Planned Care	Adopt The health board will adopt this action and will monitor through operational and PIT monitoring processes.	See enabling action no 1 (above)	Prospective being addressed through first action in table. Cohorts are being identified for retrospective application, with plan needed for roll out since this will all fall on the same staff to implement (medical records). Next steps to be discussed at Transformation of Outpatients meeting October 2nd.			A
On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	PIT Programme/ Planned Care	Adopt The health board currently actively works to protect planned care services and avoids cancellation of surgery other than when in high escalation (business continuity impact level). This will be monitored through the Theatre Project within the PIT programme.	TARGET DELIVERY DATE Monitoring dashboard Q1 25/26 Performance mgmt. Q2/3 25/26	NHS P&I have shared a screenshot of report under development that is using the postponed admitted procedures data set based on cancellations due to "Emergency Admissions" and "ward beds unavailable" This report is still under review due to inconsistencies in the data, however, it does show that CTMUHB has one of the lowest absolute numbers of cancellations for these reasons			A
Ensure effective utilisation of theatre capacity through: - reducing late starts to less than 20%; - reducing early finishes to less than 10%; and - increasing session utilisation to the GiRFT standard of 85% by March 2026	PIT Programme/ Planned Care	Adopt This requirement aligns with the existing health board internal targets and will be delivered and monitored via the Theatre Project within the PIT. The CTMUHB team currently reviews all missed opportunities extending beyond the other than the late start/ early finish monitoring, to understand the causes and to seek to maximise theatre utilisation.	TARGET DELIVERY DATE Q1 25/26 Key enabler: job planning	Rolling 3 M Average : LS – 56% EF – 51% UT – 71% The PIT programme has now been reset and will now focus on a reduced scope of activity to concentrate effort and includes late starts and early finishes to expedite theatre performance improvement. Theatre utilisation has been impacted by the critical incident affecting the roof at PoW Hospital.			R
Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: - Arthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per by end of Q2 - 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2.	PIT Programme/ Planned Care	Adopt The health board will adopt these standards and will monitor delivery through the PIT programme. The health board anticipates a longer delivery timeframe due to current constraints in the health board estate that impact on operational delivery. Arthroplasty – The health board anticipates delivery by the end of Q3 (following completion of all work on the PoWH site by the end of Q2). In the interim period, the current bed footprint allows only three cases per day. Cataracts – the health board current operates an average of 4/5 per list. Noting the impact of the loss of the eye unit space at PoWH, on some of our improvement work, a delivery date of end of Q3 is anticipated. General surgery lists are affected by our current limitations on bed base and theatre capacity. Delivery is anticipated to require until the end of Q3.	Baseline: Cataract 5.5 p/list 30% of list cap Arthroplasty 4 p/list 100% list cap during Oct 24 pre-POW critical incident. Specific HVLC lists will be actively monitored through PIT programme monthly TARGET DELIVERY DATE Q3 25/26 Key enabler: availability of POW theatre capacity	Arthroplasty (Sep25) – Ave Cases per session = 1.5 cases against a target of 1.8 cases. Cataracts (Sep 25) – Ave Cases per session = 4.5 cases against a target of 6.3 cases		Refer to embedded data (right)	A
Deliver improvements in day surgery rates, with an expectation to achieving a BACDS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025	PIT Programme/ Planned Care	Adopt The health board will adopt these standards and will monitor delivery through the PIT programme.		BACDS day case rate confirmed to be 74%.			C

Thematic Area: Maximising Value for Money
Objective: Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness
Summary Statement: The Value and Sustainability and Individual Commissioned Patient Care Programmes have provided the structure for delivery of the requirements of the V&S programme. The health board is reviewing the structures to implement robust programme delivery mechanisms for all actions.

Enabling Actions	CTM Plan Reference	Adoption Status and Monitoring	Baseline Position - 1 April 2025	Progress report - October 2025 (Q2)	Challenges/risk to delivery	Evidence	RAG rating
Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness							
Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.		Adopt This is adopted and the principles are embedded in the care group plans and processes.		All procurement adheres to public procurement regulations, and at the core includes the requirement for transparency, encouraging competition and maximising Value for money (VfM) These regulations are formally applied via NHS Wales Shared Services Partnership's 'Document Management System' to ensure high standards of process are continually applied. Work is undertaken both locally and nationally to standardise and rationalise usage to deliver greater VfM and minimise wastage, whilst maintaining optimum clinical care The CTM Procurement team includes a Clinical Procurement Nurse (CPN) to be the bridge between Procurement and Clinical to ensure optimum outcomes can be delivered. In competitive procurements, the evaluation criteria must include a minimum 10% Social Value weighting.			G
Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)	Medicines Management Value and Effectiveness Portfolio	Adopt The Medicines Management Value and Effectiveness Portfolio aims to optimise the value, safety, and clinical effectiveness of medicines. The programme will focus on ensuring appropriate medicine use, reducing waste, improving patient outcomes, and delivering cost savings for healthcare systems. A PID has been developed for the 2025-26 work plan.	There is a PID setting out all requirements for delivery in 2025-2026. A copy is available, if required.	Update pending			R
CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.	Individual Commissioned Patient Care Programme	Adopt The Individual Commissioned Patient Care Programme is undergoing a review to reframe the programme and priorities for action in 2025-26. These will include a continued focus on improving clinical and financial effectiveness for packages of care and work towards a digital solution. The priorities identified include: 1. An all Wales digital system for CHC 2. All Wales support for NHS CHC assessors and reviewers training and competency 3. A process to identify opportunities to ensure value through consistent pricing 4. A continuation of the High Cost Mental Health & Learning Disabilities Placements Reviews 5. CHC Health and Social Care Co-operation group 6. Strategic Commissioned Care Planning 7. Improving governance and oversight national and local CHC work	CTMUHB will participate in work undertaken nationally. Locally, the work programme has been reviewed and refreshed to focus as set out below: 1. Patient Optimisation 2. Refining and standardising the CTM Commissioning Cycle (Governance, Finance and Procurement) -Procurement -Data/Benchmarking -Lifecycle Process/ Improvement -HR/ Structure -Finance 3. Alternative approaches to Commissioned Services (Transformation) Quality & Safety is cross-cutting				A
Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.		Adopt The health board will continue to review and revise the use of its estate in alignment with both the Acute Clinical Services Plan and the Integrating Community Services Programme. The ongoing work on Prince Charles Hospital and Princess of Wales Hospital, the Maesteg Programme and the Llantrisant Health Park Programme will be significant contributors to this work.		Initial priorities for disposal identified as Pontypridd Health Centre and Pontypridd Cottage Hospital. Pontypridd Health Centre has been declared surplus under the Land Transfer protocol for public bodies. There were no expressions of interest received within the requisite timescale on EPIMS consequently the property was put on the open market. Multiple offers were received. Pontypridd Cottage Hospital: moves ongoing to vacate the building but it is anticipated that it will be possible to recommend to Board that the building can be declared surplus and available for disposal. Work is currently ongoing.			A

Thematic Area: Improving Value, Optimising Outcomes, & Minimising Variation
 Objective: Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes.
 Summary Statement:

Enabling Actions	CTM Plan Reference	Adoption Status and Monitoring	Baseline Position - 1 April 2025	Progress report - October 2025 (Q2)	Challenges/risk to delivery	Evidence	RAG rating
Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes							
Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme	Cancer services	Adopt	SCP Dec 2024 63% Improvement trajectory for 2025-26 Quarter 1 Quarter 2 Quarter 3 Quarter 4 66% 69% 72% 75% TARGET DELIVERY DATE Q4 25/26	Final SCP Q2 position will be available approx. 03/11 This is monitored via the cancer services structure and via the PIT programme board.			A
Ensuring full compliance with straight to test guidance		Adopt The health board is committed to delivery of straight to test pathways and has implemented a number of these.	This is a fundamental tenet of the Community Diagnostic Hub plans and the health board's plans to develop a CDH will facilitate significant increase in the ability to refer straight to test. The delivery of the CDH is facilitated by the Llantrisant Health Park programme and has supporting delivery plans.				A
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	Strategy group chapter	Adopt The Diabetes Programme Board has adopted the high-impact diabetes pathway as part of its broader metrics to monitor progress against the developing 5yr Diabetes plan.	The dashboard will be in place and in use from Quarter 2 to monitor delivery of the pathway.	A full update is provided in the associated ministerial template and a summary is provided below. Consultation complete on the 5-year diabetes plan, which is awaiting noting at Nov Board Workstream plans finalised – monitoring via Operational and Strategic Board. Monitoring is ongoing.			A
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	Strategy group chapter	Adopt The Fracture Liaison service has commenced and adopted the high-impact Bone Health pathway and data reporting has commenced on the National audit platform. The team is working with the CTM VBHC Team and ABUHB to develop a National PROM which will be implemented during 25/26.	Delivery will be during 2025-2026	The FLS in CTM UHB has been operational since November 2024. There has been ongoing work to develop the PROMs and PREMs, progress was slightly delayed due to the loss of some of the administrative staff	 IMTP Q2 Update.docx		
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)		Adopt Work will commence with the service to adopt the high-value Arthroplasty pathway. Once relevant PROMs have been updated and agreed nationally they will be implemented across CTM.		All elective surgery is now undertaken at PoWH and there is a task and finish group undertaking planning for the future service model at the Llantrisant Health Park.			
Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	Digital	Adopt The health board has approved investment to support the implementation of the digital maternity system and is working towards the implementation of the NHS Wales app.	Maternity – Q4 2025/2026 NHS App – Ongoing Q1-Q4				A
Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.		Adopt The health board is team working with the national programme to ensure alignment and development of core capabilities that will drive benefits across NHS Wales.	NHS App – Ongoing Q1-Q4				A
Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.		Cyber Security Assurance Plan will be a key priority for the Health Board through the lifetime of this IMTP.	Deliver Cyber Assurance Framework / Plan Ongoing Q1-Q4	The work programme is ongoing throughout the year.			A
Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.	PIT Programme	Adopt INNU are part of the PIT programme. The health board will work to incorporate the requirement for the 8 priority procedures.	Ongoing during 2025-26	This work is being led by the Medical Director and there is a plan to lift and adopt AoRMC EBIU approach Within the region there is the intention for the three HBs to adopt uniformly – can be difficult to do Agree a set recommendation and position across the region These matters always take more time than intended.			R
Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	PIT Programme	Adopt The health board will align the approach being led by the PIT Programme to the national requirements.	Ongoing during 2025-26	Please refer to the response above.			R
Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.		Adopt The CTMUHB Health Pathways team has overachieved on the national targets for 2024/25 (100 localised pathways by end of March 2025 was achieved in October 2024). Work is progressing well with the CIN/SN priorities. This is monitored and reported on a monthly basis to the following meetings/groups: • PIT via the PIT Outpatient Cross Cutting Group. • National Health Pathways Programme Group. • Planned Care Recovery meetings with the NHS Executive. Targets for 2025/26 have not yet been set by the national programme but the team will endeavour to ensure these are met. (Please note that Pathways Alliance has rebranded to Streamliners UK.)	Ongoing during 2025-26	The CTMUHB HealthPathways team is on track to over achieve on the national target for 2025/26 (234 localised pathways by end of February 2026 will be achieved by mid-October 2025 and a further 60 pathways are in progress). Work is progressing well with the CIN/SN priorities with 74% of available pathways localised and 23% in progress. Progress continues to be monitored and reported on a regular basis to the following meetings / groups: PIT Outpatient cross-cutting group (monthly) National Health Pathways Programme Group (six-weekly) Page views have been averaging between 4-5,000 per month but this is steadily increasing and in Sept 2025 there were 6,061 page views.	WG has agreed to fund the programme for 2026/27 but has asked HBs to cover the Clinical Editor costs.  		

Workforce Productivity

Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.

Cwm Taf Morgannwg University Health Board's Corporate People Team will provide the structure for delivery and governance for the workforce productivity actions

CTM Plan Reference	Adoption Status and Monitoring	Baseline Position - 1 April 2025	Progress report - October 2025 (Q2)	Challenges/risk to delivery	Evidence	RAG rating
<p>People Chapter Monitoring via Operational Delivery Committee</p>	<p>Adopt</p> <ul style="list-style-type: none"> Enhancing quality and safety of patient experience by delivering more care by our own workforce who are employed in and familiar with our organisations and processes. Transparent, consistent, and equitable application of existing agreed national terms and conditions, ensuring we pay our employed workforce for their contractual and any additional hours worked at the appropriate contractual or agreed national rate. Transparent, consistent, and equitable application of national terms and conditions in pay and reward for those people who work flexibly through the NHS Staff Bank. Better value for money for NHS resources – reducing the additional costs associated with avoidable deployment of agency workforce into the NHS at premium rates (covering all professional groups). Avoid inter-organisation competition for people leading to increase in costs for the NHS with no extra workforce capacity for the additional costs. Identify measures to address long standing hard to fill roles which are reliant on agency cover. 	<ul style="list-style-type: none"> CTM Workforce Shape and Supply Steering Group established to improve supply pipelines. Subgroups on Attraction/Resourcing and Retention in place, alongside current staff development and promotion of bank working. These are delivered in partnership to develop strategies to recruit and retain our substantive workforce to reduce agency cover and spend. This all aligns to the IMTP Education Training Commissioning returns. Local people policies ensure that our workforce is paid in accordance with the applicable Agenda for Change, Medical and Dental and ESP Pay Scales. CTM is an accredited Real Living Wage Employer, committed to ensuring the workforce, including workers are paid above the National Minimum Wage. The Agenda for Change Pay rates for band 1 – 3 posts are increased on 1 April annually and applied to employees and worker, to comply with our accreditation requirements. CTM has an in-house Staff Bank for nursing, midwifery, healthcare support workers, as well as for administrative staff. Work is being undertaken to establish the feasibility of creating a bank for facilities workers. Payment of bank workers is accordance with all Wales AfC rates of pay for each band. A Bank modernisation will promote recruitment to the bank and improve rostering practices, to reduce reliance on agency cover. There is also a plan to develop bank and rostering KPIs to monitor improvements reported to the Nurse Productivity Programme. CTM is participating in the work with NHS Employers to develop an All-Wales Rate Card for M&D staff. CTM applies the All -Wales agreed national rates of pay. There are no provisions in place to increase capacity, outside of agreed national terms and conditions. There is a targeted action plan in place to address M&D long standing agency cover arrangements, into either substantive contract of employment or alternative, flexible workforce models to address hard to fill post and to reduce agency usage and spend by 31 March 2026. CTM has submitted a bid to the WG to recruit 17 International educated doctors. A response is expected by April 2025. 	<p>We continue to increase the proportion of care delivered by our substantive staff and bank. Between June and August 2025, our FTE in post increased by 39.62.</p> <p>We continue to raise our (CTM) profile through Social Media campaigns to attract and fill substantive posts. We completed seven 'on the day' recruitment exercise including trialling an event for HCSWs, to date, increasing opportunities for our local communities. A further three local careers fairs and produced a suite of materials alongside the Communications Team for jobseekers to support them in applying to CTM.</p> <p>Our Lateral Moves Scheme enabled 104 employees to internally transfer (43 B2 HCSWs and 61 B5 RNs) which may have left. This is a 45% increase since Q1. The scheme will expand to B3 HCSWs, with further expansion for other staff groups pending engagement with key stakeholders.</p>		<p>Please refer to full schedule of actions for further detail and individual RAG rating.</p>	
<p>People plans Monitored via the Value and Sustainability Board</p>	<p>Adopt</p> <p>CTM already has in place a targeted programme of work to drive down agency spend across all hard to fill posts.</p> <p>The governance structure for driving down agency spend in CTM is overseen by the CTM Values and Effectiveness Portfolio Board.</p> <p>Two programmes are in place:</p> <ul style="list-style-type: none"> Medical and Dental agency reduction is managed via our monthly Medical Workforce Productivity Programme. Nursing agency reduction is managed via our Nurse Productivity Programme <p>The Health Board is actively working towards delivery of this requirement. It is anticipated there is an opportunity for the further reduction in M&D in 2025/26 from the 2024/25 outturn. A continued and sustained reduction in nursing agency expenditure is likely to take longer due to the complexity service demands and the HB specific challenges which will continue to impact 2025/26 (e.g. POW critical incident, stroke services, ACSF, LHP etc.).</p>	<p>Total medical agency in M10 £676k. This has reduced on average by £530k per month when compared to 23/24.</p> <p>The introduction of consultant and non-Consultant pay rate cards in 2024/25, with a target for 2025/26 to maintain 95% compliance by 31 March 2026.</p> <p>There is focussed work being undertaken to substantively recruit or redesign the workforce to reduce vacancies and hard to fill posts, by 50% by 31 March 2026.</p> <p>International Medical Recruitment bid submitted to WG to support the recruitment of 17 M&D posts. Update on the funding available is expected in April 2025.</p> <p>CTM's NMR agency spend in M10 2024/25 £1,886k compared to £1900k at the same period in 2023/24.</p> <p>CTM has not used off contract NMR agency workers via Thornbury, since September 2024.</p>	<p>M&D Agency spend YTD at Mth5 is £3,358k (compared to £4,528k in Mth5 24/25)</p> <p>The new cap is escalation up to 5% over rate card to CG MD and over 5% to EMD office.</p> <p>M&D Bank Spend YTD at Mth5 is £8,485k (compared to £10,160k in Mth5 24/25)</p> <p>NMR Agency spend YTD at Mth5 is £6,415k (compared to £9,343k at Mth5 24/5)</p> <p>NMR Bank spend YTD at Mth5 is £1,752k (compared to £1,219k in mth5 24/25).</p> <p>CTM continues not to use off contract NMR agency workers via Thornbury or any other off contract framework.</p>		<p>Please refer to detailed schedule of actions and RAG rating of individual areas.</p>	

<p>People plan</p> <p>Monitoring is at Nursing Productivity Board for HCSW and Admin & Clerical and Estates & Ancillary agency spend is monitored at Operational Delivery Committee</p>	<p>Adopt</p> <p>Focused workforce planning to ensure we are enabling opportunities for workforce redesign, improved attraction, retention and bespoke recruitment drives to reduce agency usage for hard to fill/specialised roles where, skills are in short supply.</p> <p>The Health Board is actively working towards delivery of this requirement. It is however anticipated that the trajectory to zero usage is expected to be after 30 September 2025. A Facilities Bank is in discussion to reduce the agency spend.</p>	<p>HCSW</p> <ul style="list-style-type: none"> CTM significantly reduced using HCSW agency workers from 1 October 2023 and only in exceptional circumstances were such requests to be approved for the area of Mental Health. CTM has been using, on average 50 WTE HCSW agency per month. Usage reduced in October 2024, with a spike in December 2024. However, by February 2025, usage had reduced to 28.12 WTE per month. CTM undertook a bespoke bank recruitment campaign for Mental Health HCSWs in November 2024. The numbers are being worked through as the recruitment process progresses. <p>Admin and clerical</p> <ul style="list-style-type: none"> Within CTM A&C agency spend during Month 10 of 2024/25 was £397,197 down from £1,088,579 for the same period in 2023/24. The main areas of spend for A&C workers are within specialist areas where skills are in short supply. Focused recruitment to attract specialist digital resource is underway and alternative options are being considered. <p>Estates and Ancillary</p> <ul style="list-style-type: none"> Within CTM the E&A agency spend during Month 10 of 2024/25 was £2,752,953, an increase of 50% on the same period in 2023/24 when expenditure was £1,367,215. CTM is currently in discussion to develop a Facilities Bank in 2025/26 to reduce the reliance on premium agency cover. 	<p>Agency HCSW usage continues to reduce with 15.39 WTE in August 2025, there has been a reducing trend since the spike in May 2025, and the robust authorisation process remains in place.</p> <p>HCSW YTD Agency spend at mth5 is £524k and HCSW Bank spend at Mth5 is £5,886k</p> <p>The Bank continues to recruit Bank HCSWs via the student nurse and leave and return pipelines.</p> <p>A&C YTD Agency spend at Mth5 is £122k (compared to £178k at Mth5 24/5)</p> <p>Spend within specialist corporate areas have reduced, but there continues to be some spend in specialist corporate areas and Clinical Care Groups.</p> <p>E&A YTD agency spend at M5 was £744k (compared to £1,220k at M5 24/5)</p> <p>The majority of E&A agency spend above will relate to Facilities. Facilities continue to focus on recruiting into vacant posts and have introduced fixed term contracts to limit the amount of agency utilisation. To further improve the position and to stop usage completely a Facilities bank is required and is being prioritised to support the use of substantive and bank workforce to reduce agency utilisation. Further updates in Q3 on progress.</p>	<p>Please refer to detailed schedule of actions and RAG rating of individual areas</p>	
<p>People plan</p> <p>Monitoring is via Medical Workforce Productivity Programme Board</p>	<p>Adopt</p> <p>The Health Board has an existing structure to oversee the delivery and compliance of job planning. This is overseen by the Executive Director for People and the Executive Medical Director.</p> <p>The Health Board is actively working towards delivery of this requirement. It is however anticipated that the time to achieve a completion rate of 90% of job plans, is likely to be later than 30 September 2025.</p>	<p>Job planning compliance within CTM, as of January 2025 was 34% (Consultants and SAS combined).</p> <p>The Care Group with the highest level of completed job plans was Children and Families with 75% (Consultant and SAS combined).</p> <p>Delivery targets are milestones are:</p> <p>50% by Q2 30 June 2025; 60% by Q3 30 September 2025; 85% by Q4 31 March 2026; and 90% compliance timescales to be agreed at MWPP.</p> <p>From 1 March 2025, the current job planning process will be amended from 10 to 4 weeks, to support faster sign off plans. This process amendment should assist with the achievement of the target compliance rates.</p>	<p>Job planning compliance within CTM, as of Aug 2025 was 35% (Consultants and SAS combined).</p> <p>The Care Group with the highest level of completed job plans was Mental Health and Learning Disabilities Care Group with 67% (Consultant and SAS combined).</p> <p>4 x Care Groups continue to work towards the September target of 60%.</p> <p>Children and Families Care Group & Mental Health and Learning Disabilities Care Group are exceeding the September target of 60%.</p> <p>Assurance has been given by Care Groups that more substantial increases will be evidenced soon, and that there is a significant volume of job plans completed but awaiting input on the system.</p>		
<p>People plan</p> <p>Monitoring is via Operational Delivery Committee</p>	<p>Adopt</p> <p>To support a reduction in sickness absence, CTM is focussing activities under three areas:</p> <ul style="list-style-type: none"> Policy awareness Skills development Case management. <p>This will be monitored by Care Groups, via People Directorate.</p> <p>The People Directorate produce weekly sickness absence monitoring reports. This data forms part of the Care Group's monthly Performance Dashboard and is reviewed at Senior Leadership Team meetings, to identify hot spots and interventions. The People Services Team hold regular case management meetings with the Care Group Heads of People, to ensure action is taken.</p> <p>CTM is also part of the national working group reviewing the current All- Wales Managing Attendance at Work policy.</p> <p>It is anticipated that there is currently some under-reporting of sickness absence on ESR, so an increased focus on sickness absence is anticipated to result in an initial spike in absence rates.</p> <p>CTM is making good process implementing the All-Wales Occupational Health Minimum Service Levels and KPIs.</p>	<p>Rolling 12-month sickness rate at the end December 2024 was 7.98% against the Welsh Government target of 4.5%. 2024/25 sickness absence will be included once data is available. The focus in 25/26 will be to reduce sickness rates in our highest sickness % areas.</p> <p>Within CTM the staff group with the highest sickness levels is estates and ancillary with an average absence rate of 11.16%.</p> <p>77% of our workforce live in the CTM area. The Census 2021 confirmed that only 76.6% of the CTM population reported having very good or good health, which is lower than the Wales position of 78.6%.</p> <p>It is anticipated that there is currently some under-reporting of sickness absence on ESR. The increased focus on sickness absence is anticipated to result in an initial spike in recorded absence rates, in addition to seasonal variations.</p> <p>At January 2025 CTM was complaint in 43 of the 49 activities and was making progress in implementing the outstanding 6 activities.</p> <p>This information is monitored and reported on a quarterly basis. This information will next be reported in April 2025.</p>	<p>Q2 actions included:</p> <p>Rolling 12-month sickness rate as at August 2025 is provisionally 7.04%. Further action is being taken as follows:</p> <p>CTM undertaking a deep dive analysis of sickness absence data to inform the development of an action plan that will include initiatives/activities that target specific priority areas. The action plan will be launched during October 2025.</p> <p>A sickness absence dashboard has been developed to enable consistent measurement and reporting across all care/staff groups at a granular level. This dashboard will also be rolled out during October 2025.</p> <p>To better understand whether there is underreporting of medical workforce sickness absence, an advisory internal audit will be undertaken. It is anticipated that this will commence in November 2025.</p>		